Government of JERSEY

Business Plan
Health and Community Services

Contents

Foreword

Health and Community Services operate all day, every day, all year round to give islanders the access to health and social care services they need.

The Government Plan 2020 – 2023 defines this ambition as:

We will improve Islanders' wellbeing and mental and physical health by supporting Islanders to live healthier, active, longer lives, improving the quality of access to mental health services, and by putting patients, families and carers at the heart of Jersey's health and care system."

The health and wellbeing of islanders is of paramount importance, and over the coming weeks, months and years, Health and Community Services want to continue their commitment to offering the very best health and social care services to islanders - and this can only be achieved through transformation.

We know that not only what we offer must be high quality now, but we need to be fit for the future as well to meet the needs of everyone – particularly as we must meet the needs of a growing, older population in Jersey.

My department is embarked on an ambitious and continuing programme of change throughout 2020 and beyond, as we do all we can to make this happen, while continuing to provide the services islanders need now.

So, as we plan for the future, we need to ensure that there's a focus on:

- Easy and swift access to health and social care services for all
- Doing all we can to help Islanders to manage their own long-term conditions
- Offering our services in the community wherever possible - currently, too much routine treatment and care is focused on the hospital
- Increased working with our expert community and voluntary sector partners and primary care colleagues
- Mental health services being on a par with those we offer for physical health

- Catering for the needs of Jersey's growing, older population by ensuring that we can care for people at home wherever possible
- More emphasis on services which support people who need care, but don't need to be in hospital
- More capacity to treat islanders in Jersey who in the past have had to have treatment in the UK
- Establishing an urgent treatment centre, to offer Islanders the urgent care they need, while ensuring that our Emergency Department only treats genuine emergencies
- Doing more day surgery to keep people out of hospital

We look forward to sharing our progress with you as we aim to continue to work to deliver what is needed to give all islanders the health and social care services they need and deserve.

Caroline Landon
Director General

Department Overview

Department: Department of Health and Community Services (DHCS)

Services covered: Health and community services

Director General: Caroline Landon

Minister(s): Minister for Health and Social Services

Purpose, responsibilities and functions of the department

In HCS, we deliver services that touch the lives of all Islanders and many of our visitors. Our work directly contributes to improving the island's quality of life, the fairness and balance of our society, and the health of our economy.

Recognising the importance of our services, we have a very clear ambition for the department:

Our ambition for Health and Community Services is to create a healthy island with safe, high-quality, affordable care that is accessible when and where our service users need it.

Our ambition is fully aligned to the Council of Ministers' Common Strategic Policy, in which improving Islanders' wellbeing and mental and physical health is one of their five strategic priorities. Our ambition also builds on the long-term strategic direction set out in the 2012 white paper 'Health and Social Services: A New Way Forward' (often referred to as P82) and supports the Future Jersey health and wellbeing vision that Islanders enjoy long, healthy, active lives.

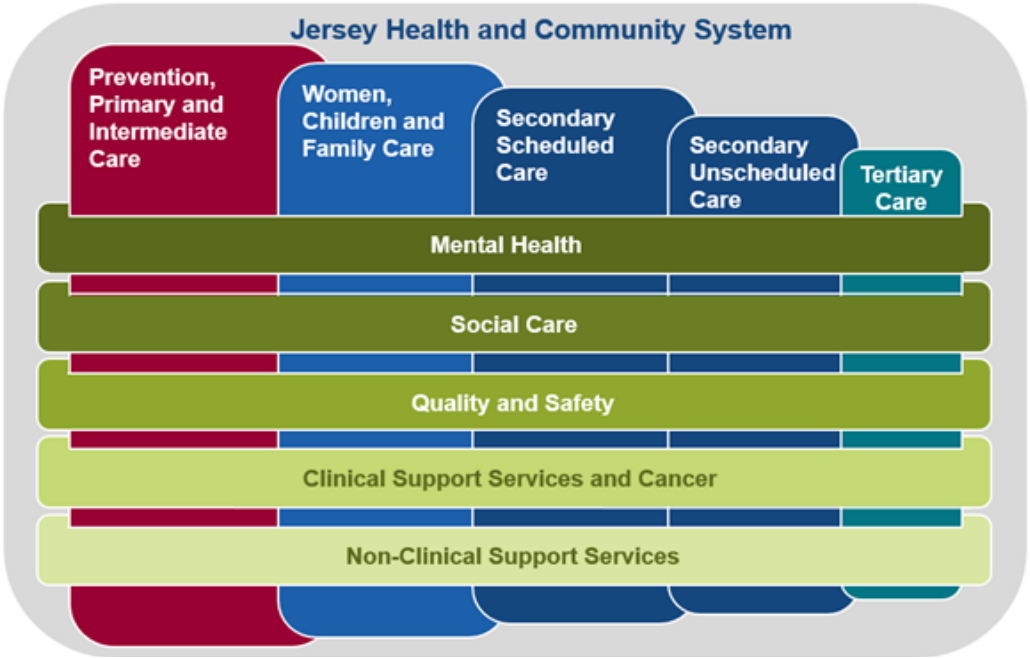
Public services in Jersey are changing. DHCS with support from Team Jersey is modernising services to meet long-term goals for the economy, customers, people, service and place. Plans are being designed to meet not only the opportunities and challenges of today but also those which are coming over the next thirty years. Whilst modernising is essential, it is equally important that Team Jersey builds upon the good work which is already going on and the strategies and plans which are in place.

Overall, Health and Community Services aims to enable Islanders to live longer, healthier and more productive lives by ensuring the provision of safe, sustainable, affordable and integrated services that are delivered in partnership with others. To achieve this aim there are five key objectives:

- Redesign of the health and social care system to deliver safe, sustainable and affordable health and community services
- Improved health outcomes by reducing the incidence of mortality, disease and injury in the population
- Improved consumer experience of Health and Community Services
- Promotion of an open culture based on good clinical and corporate governance with a clear emphasis on safety

- Manage the Health and Community Services budget to deliver services in accordance with the Medium-Term Financial Plan, Government Plan and our aligned efficiency programme.

The responsibilities of the Department of Health and Community Services includes care provision functions across Care Groups.



Our Care Groups include:

- Prevention, Primary and Intermediate Care: Within this care group we support the care co-ordination, primary care governance and operational oversight and partnership working with our Primary and Community Care providers
- Women, Children and Family Care: This care group provides services throughout the Hospital and Community that relate to Women, Children and Families. These include functions like maternity, gynaecology, assistive reproduction and the special care baby unit. This Care Group provides leadership in our partnership work with the Department of Children, Young People, Education and Skills around Child and Adolescent Mental Health services
- Secondary Scheduled & Tertiary Care: Relates to many of our specialist hospital functions covering our inpatient wards, acute medicine and surgical services. This Care Group leads on partnership with our colleagues in Justice and Home Affairs who lead the Ambulance Service which is a critical part of our unscheduled care pathway.
- Tertiary Care: This is the function of our department that facilitates and enables off island care in emergency and planned circumstances. All of our tertiary care services are provided by NHS hospitals within the UK.

- Secondary Unscheduled Care: Supports our emergency care services covering the Accident and Emergency Department and Emergency Assessment Unit at the hospital.
- Tertiary Care: This is the function of our department that facilitates and enables off island care in emergency and planned circumstances. All of our tertiary care services are provided by NHS hospitals within the UK.
- Social Care: Is our function that commissions personal care and co-ordination which is led by the Social Worker profession. This service also has oversight of our Learning Disability services and close working with our Mental Health Care Group.
- Mental Health: Covers our inpatient units and community facing services including functions like Jersey Talking Therapies and Drug and Alcohol services.
- Quality and Safety: Overarching over all of our Care Group functions is our Quality and Safety Care Group which incorporates the offices of the Chief Nurse and Group Medical Director. This care group ensures our services are delivered to the required professional and quality standards with the required level of oversight and assurance. Infection prevention and control is also part of this Care Group.
- Clinical Support Services and Cancer: Brings together all of our diagnostic functions such as pathology and radiology as well as important support functions like pharmacy. This care group is responsible for servicing all of our Care Group functions and objectives and will also develop our Cancer Strategy for the Island.
- Non Clinical Support Services: Has all of our estate, facilities and non-patient facing services such as administrative services.

In addition to the Care Group structures HCS also has a Modernisation portfolio which drives our strategic change programme including important initiatives such as the Digital agenda.

Our key objective as a department is to drive the integration of Health and Community services, enabling continuity of care for our patients and clients to the required care standard.

To deliver care in line with our proposed care model, DHCS must also organise itself around the future model of care. This implies teams that bring together professionals and organisations involved in each different type of care with the need to put clinical and professional leaders in charge of those teams. To that end, HCS' structure is built around this premise across all of our care groups.

Within the Care Groups, the organisation will align its people and resources to the service requirements. Each will:

- have direct accountability for delivering a group of related services
- be clinically and professionally led
- be required to work collaboratively with other groups for the benefit of the whole system.

These arrangements are very different from what has previously been in place across the island and within the former Health and Social Services Department (HSSD). We recognise that they will be challenging to implement. It will involve:

- aligning to the Care Model to truly integrate services and ensure that the entirety of the HCS is working to common principles and objectives
- putting a much greater focus on prevention, care closer to home and mental health
- being much more transparent about quality standards and how we measure up against them
- tackling some longstanding issues relating to funding mechanisms and user-pay arrangements that seem to have become barriers to change.
- working in a much more agile way across teams and across locations.
- reducing our reliance on hospital-based care delivered during the working week and creating new options for care closer to home with more flexible working hours.

However, we believe it is the right model for service users, the services we aspire to provide and the ways of working we want to engender. We will engage with key stakeholders including our partners, primary care and the voluntary and community sector on our proposed model to ensure we receive their feedback on our proposals.

Service Users and Projected Demand for Services

The developing Jersey Care Model outlines the opportunity to deliver Health and Community Services differently for our patients. Informing the care model is an analytical appraisal of the current state which in turn underpins modelling of the future state. This section highlights the key areas of analysis informing the Jersey Care Model. Key messages;

- On average, a 65 year old in Jersey will live another 20.6 years -13.5 of which will be in good health
- 15% of adults smoke daily or occasionally (22% in 2013)
- 20% of reception children and 32% of Year 6 children were overweight or obese
- 80% of children are not doing recommended levels of physical activity
- 23% of Jersey adults who drink alcohol do so at potentially hazardous or harmful levels
- £46.97m paid to support 1,320 people in long term care
- 194,728 patients attended outpatient appointments in 2018 (up 4.8% on 2017).
- 19,001 instances of people failing to attend for scheduled appointments (up 5.3% on 2017)
- A&E had just under 40,000 attendances in 2018
- 85 people were supported each month (on average) to continue living at home with a domiciliary care package, where the individual needs are particularly complex and costs exceed the Long Term Care Benefit

In this section we explore key activity positions and expectations around

- Unscheduled Care in Hospital
- Scheduled Care in Hospital
- Mental Health Inpatient Activity
- Social Care commissioned activity for Residential and Nursing Care

HCS is interrogating data outputs to further gather detailed information regarding activity within commissioned services such as FNHC – Community Nursing as well as home facing social care commissioning – Domiciliary Care.

Bed Modelling

Calculating bed requirement is a simple equation which divides the total number of bed days (A bed-day is a day during which a person is confined to a bed and in which the patient stays overnight) by target occupancy and then by operational days.

Demand modelling is the key to accurate bed modelling as the bed requirement needs to factor in any growth in demand in order to be sustainable.

The States of Jersey Statistics Unit produced demographic growth rates in the 'Jersey population projections 2016 release' (Figure 1) which were applied to hospital data to forecast future activity up to 2065 by Ernst & Young (EY) (Figure 2). Consequently, the proposed bed requirement up to 2065 was based upon managing the significant growth in the Jerseys > 65 population in an acute hospital setting.

Age Group	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027-2036	2037-2046	2047-2056	2057-2065
0-4	-1.0%	0.5%	1.4%	0.8%	0.2%	0.3%	0.3%	0.4%	0.4%	0.5%	6.2%	8.0%	4.5%	4.0%
5-17	1.7%	1.4%	0.7%	1.2%	0.9%	1.0%	1.0%	0.7%	0.6%	0.5%	4.1%	5.9%	6.5%	3.9%
18-64	0.5%	0.5%	0.5%	0.5%	0.5%	0.4%	0.3%	0.4%	0.4%	0.4%	2.8%	5.7%	5.5%	4.7%
65-79	2.4%	2.2%	2.3%	2.0%	3.2%	3.2%	3.2%	2.3%	2.7%	1.8%	22.1%	-2.4%	2.6%	6.3%
80+	3.1%	3.2%	3.0%	3.3%	1.6%	1.8%	2.8%	3.9%	2.8%	5.3%	43.9%	38.5%	13.3%	6.3%

Figure 1: Demographic Growth Rates (2017-2065)

Activity	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027-2036	2037-2046	2047-2056	2057-2065
Inpatient Episodes (EL & NEL)	13104	13283	13468	13653	13825	14001	14200	14414	14616	14863	17226	19350	20784	21925
Daycase	13215	13367	13525	13678	13847	14015	14191	14364	14540	14719	16501	17781	18870	19878
Regular Attender	9562	9698	9839	9973	10134	10295	10467	10630	10800	10967	12698	13686	14519	15339
ED Attendances	39551	39960	40382	40801	41180	41562	41966	42392	42798	43257	47620	51954	55327	58122

Figure 2: Predicted Activity to 2065

In 2020 we anticipate the existing bed capacity within Jersey General Hospital which is just under 200 beds will be suffice to manage hospital occupancy to below 80% which is much better that the UK benchmark at +85%.

Our focus for 2020 will be to further drive our length of stay improvements with a greater focus on Ambulatory Care and community-based pathways. In addition, we plan to build upon our reductions in longer lengths of stay and patients remaining in hospital when medically fit to leave with the right level of support.

Our capacity analysis demonstrates our base level of beds at the General Hospital will enable the Hospital and wider system to demonstrate effective patient with minimal bed pressures. Our capacity planning considers pressures and flu related activity.

Length of stay

Whilst the acute service provides comprehensive secondary care to the island population the Jersey Care Model recognises that there are inefficiencies within current service delivery. There has been an improvement in length of stay over the past 18 months; this has been the result of focussed attention on stranded patients and review of discharge processes. Figure 3 below demonstrates the improvement in length od stay whilst Figure 4 demonstrates that despite significant improvement there remains significant opportunity in relation to stranded patients (patients with a LOS > 7 days), particularly amongst that elderly admissions.

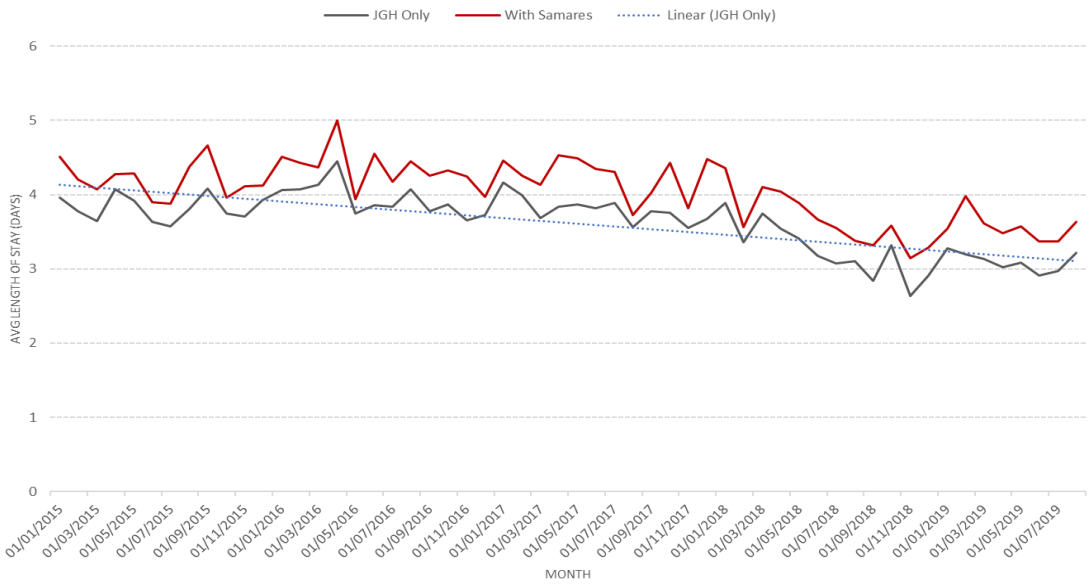


Figure 3: Jersey General Hospital Elective and Non-Elective Length of Stay Since 2015

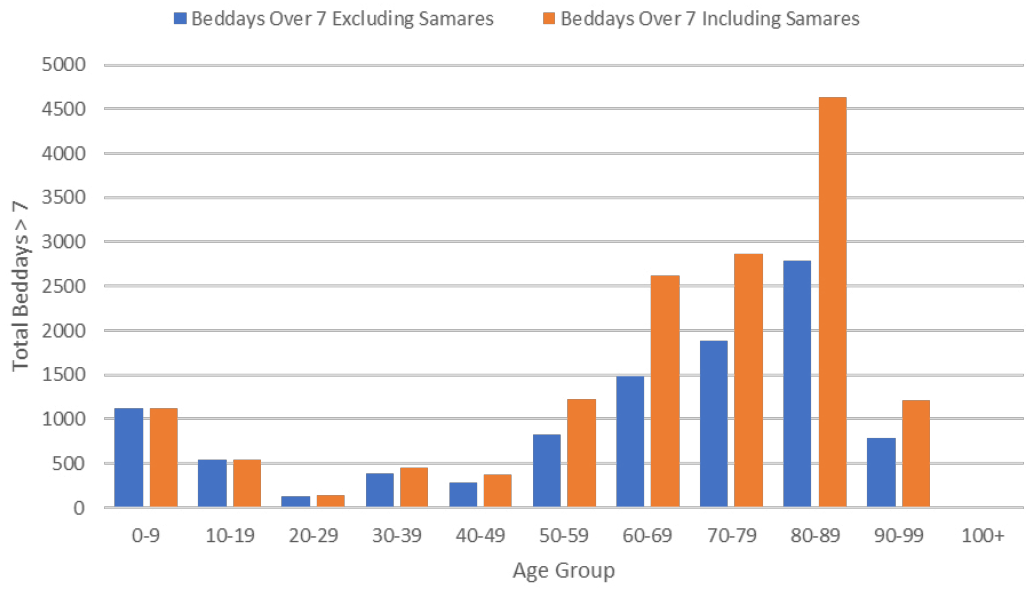


Figure 4: Jersey General Hospital Total Beddays > 7 Split by age group in 2018

Emergency department activity

In 2018 the Emergency Department treated 39,492 attendances as highlighted in Figure 5; an average of 108 attendances per day. In 2019 to date (August) there have been 26,119 emergency department attendances, a 2% decrease in activity when comparing the same period in 2018. Subsequently since 2016 there has been no significant growth in ED attendances with 2019 predicted to be similar to 2017.

TRIAGE CATEGORY	2014	2015	2016	2017	2018
P1: Resus	154	187	147	136	155
P2: Very Urgent	1435	1732	1745	1816	1666
P3: Urgent	10833	11862	13027	13009	12762
P4: Standard	23007	22432	22932	22345	22595
P5:Non-Urgent	1061	1025	1047	1236	1991
Blank	265	231	266	235	323
TOTAL	36755	37469	39164	38777	39492
GROWTH	N/A	714	1695	-387	715
%CHANGE	N/A	1.90%	4.50%	-1.00%	1.80%

Upon presentation all patients are assigned a 'triage category' to determine the priority of treatment (based on the severity of condition). This process is known as the Manchester Triage System guided by a classification protocol to determine the patient's level of risk. Figure 6 highlights the five Manchester triage categories whilst Figure 3 details the number of patients presenting to Jerseys Emergency Department under each category.

1	Immediate resuscitation	Patient in need of immediate treatment for preservation of life
2	Very urgent	Seriously ill or injured patients whose lives are not in immediate danger
3	Urgent	Patients with serious problems, but apparently stable condition
4	Standard	Standard cases without immediate danger or distress
5	Non-urgent	Patients whose conditions are not true accidents or emergencies

Figure 4: Jersey General Hospital Total Bed days > 7 Split by age group in 2018

THEATRE UTILISATION, DAY CASE RATE

Whilst the acute service provides comprehensive secondary care to the island population the Jersey Care Model recognises that there are inefficiencies within current service delivery.

DAY SURGERY (British Association of Day Surgery Analysis):

Analysis of 2017 data suggests that we are not maximising the opportunity to perform day case procedures. In 2017, 1,824 out of 2,792 procedures were completed as a day case; this equates to 65%. The overall BADS target for day case surgery is 86%. It is recognised that where clinically appropriate, patient experience and outcome is enhanced when surgical procedures are delivered as day case wherever possible, reducing patient's length of stay and exposure to Hospital acquired infections.

THEATRE UTILISATION:

Our theatre utilisation data suggests our utilisation hovers at between 60-70%, our starts and finishes are erratic (Figure 7) and our turnaround time is not standardised

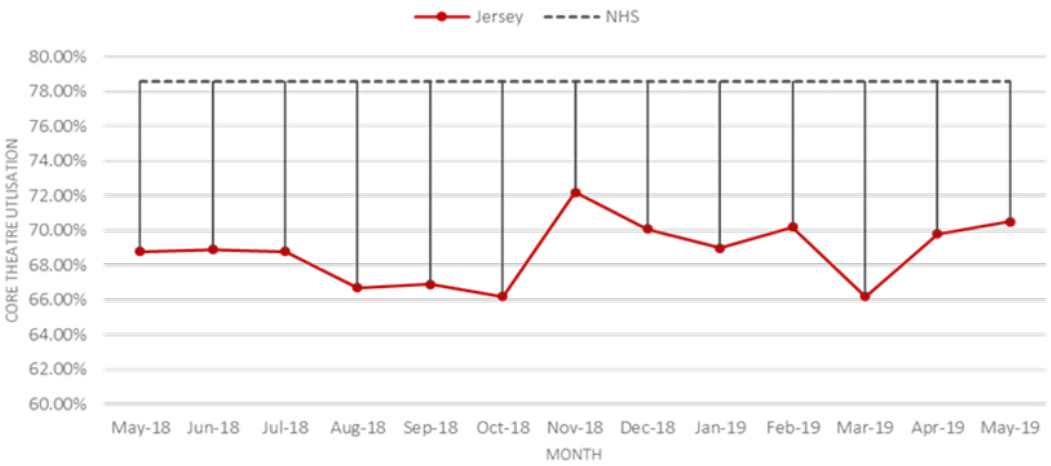


Figure 7: Jersey Theatre Utilisation VS NHS Average (2018)

If we address our scheduling, list management and utilisation challenges in theatres then there will be the opportunity to repatriate work that we are currently

outsourcing back to Island and look at how we incentivise utilisation of our capacity to generate Private Patient income or offer 'procedure packages' to challenged acute providers within the UK.

SOCIAL CARE – RESIDENTIAL AND NURSING HOME ACTIVITY

There are currently 327 nursing home and 730 residential home beds in Jersey, however this is in the context with Jersey having a considerably high proportion of older adults in care homes, more than double the rate of UK comparators. Figure 8 demonstrates Jersey comparison for Residential and Nursing Home beds.

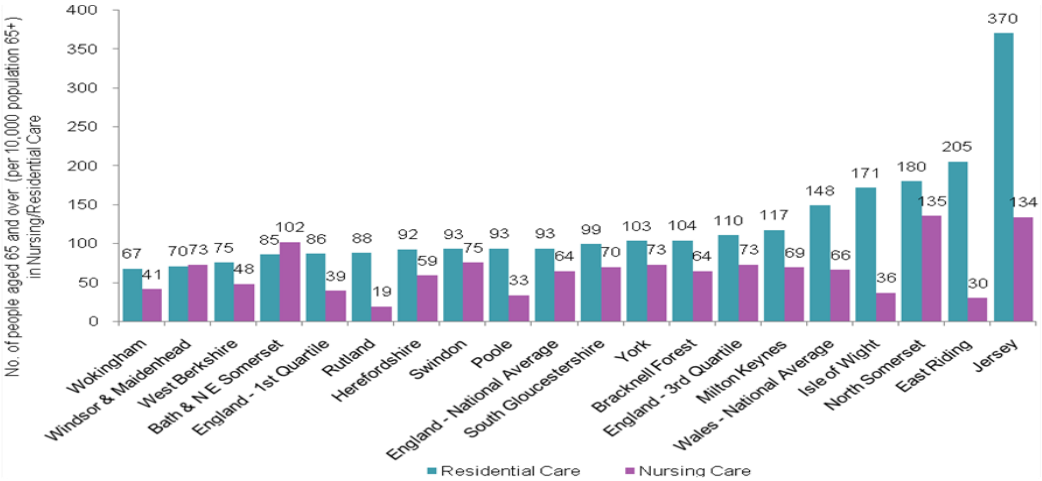
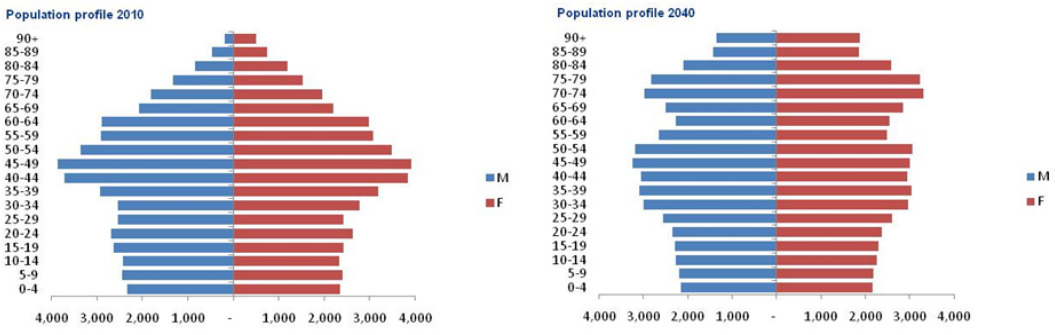


Figure 8 Residential & nursing Home beds

Over the 30 years from 2010 to 2040 the numbers of residents over 65 will rise by 95%; in the period to 2020 the increase is projected to be 35%. This demographic change will create a surge in demand for health and social care services which will it is anticipated overwhelm the current capacity of the existing services.



While noting the international trend, it is also prudent to consider the local context when compared to the UK where Jersey has a far higher percentage of people over 65 in nursing and residential care.

To conclude it may be the case that a mixed market tiered approach would help support the current and future demands on the residential estate through

supported and sheltered accommodation as well as residential and nursing establishments.

MENTAL HEALTH INPATIENT ACTIVITY

Orchard House

- Data Range Jan 2015 – May 2019
- Get it Right First Time (GIRFT) Length of Stay Benchmark = Average Length of Stay 2017/18
- Increase in admissions in 2018

All current data activity is expected to continue on trend in the absence of introducing a Crisis Prevention service. We anticipate this new service will impact on Inpatient and Community capacity.

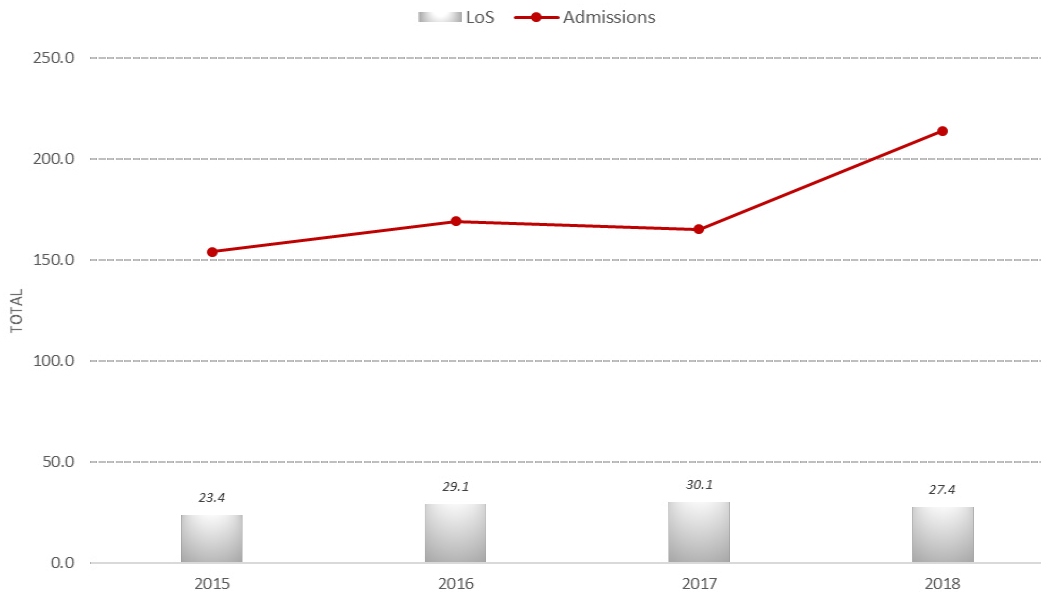


FIGURE 9 : Orchard House Admissions & Length of Stay 2015 - 2018

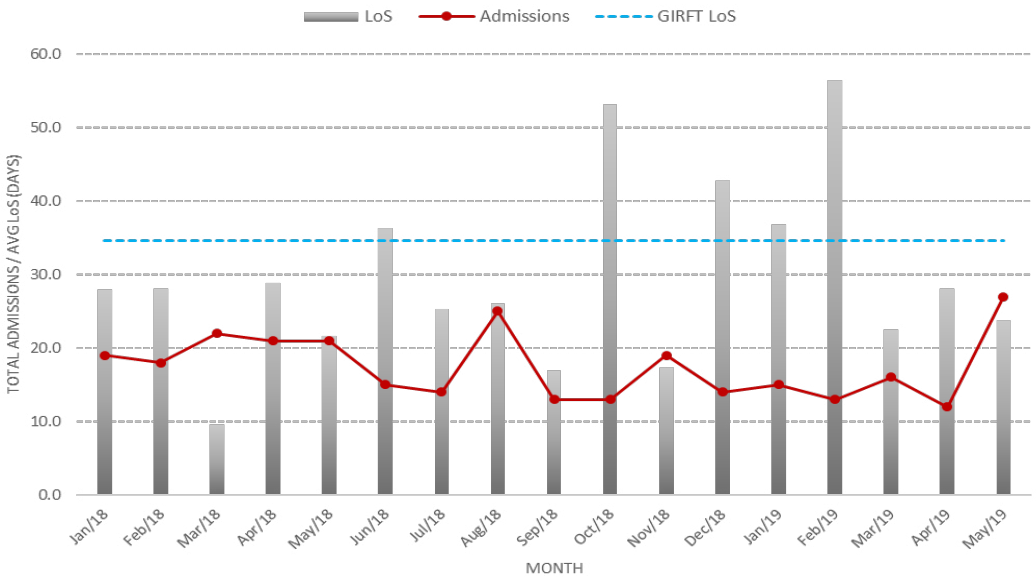


FIGURE 10: Orchard House Admissions & Length of Stay 2018 -2019 (YTD) split by month

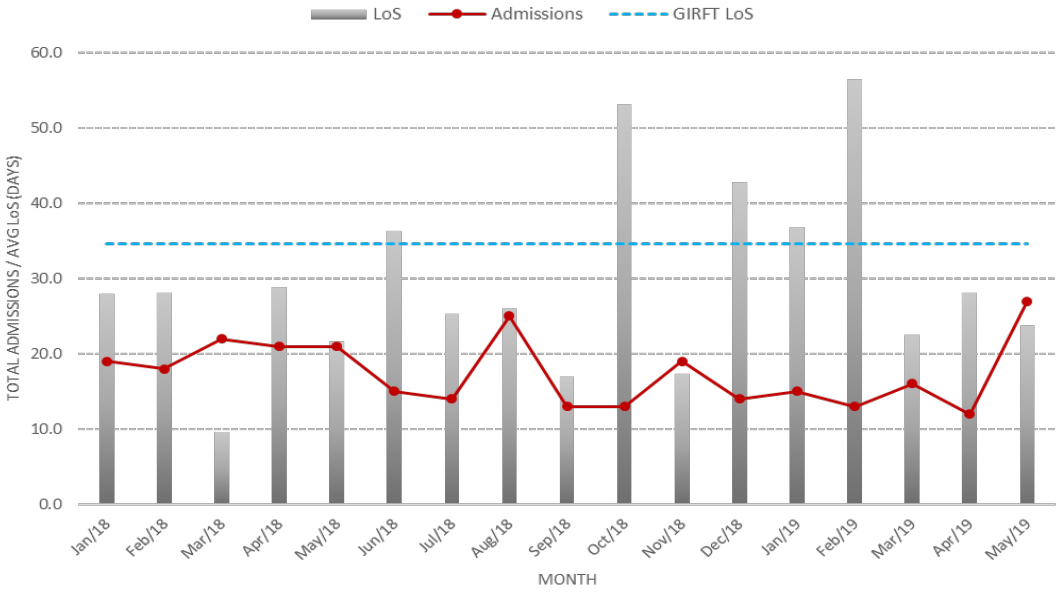


FIGURE11: Beech & Cedar ward admissions and Length of Stay 2018 – 2019 (YTD) split by month

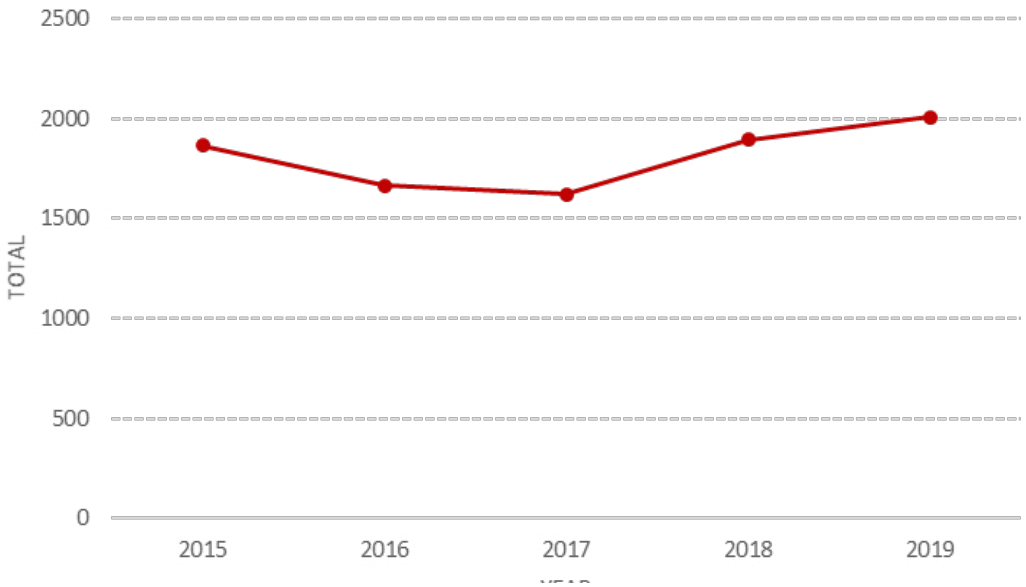


FIGURE 12: Community Mental Health Team Caseload 2015 – 2019 (YTD – April)

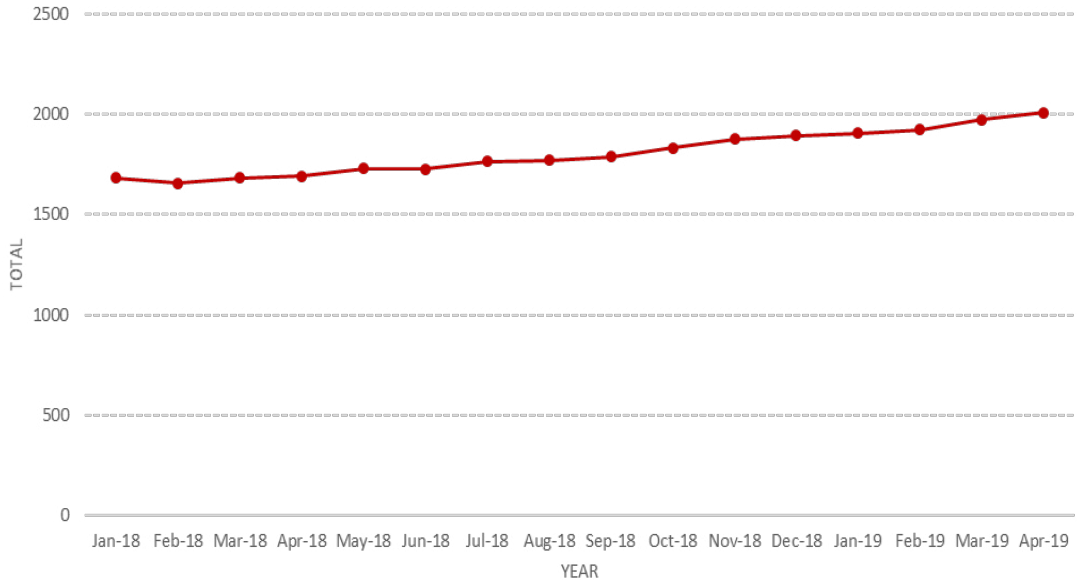


FIGURE 13: Community Mental Health Team Caseload 2018 – 2019 (YTD) split by month

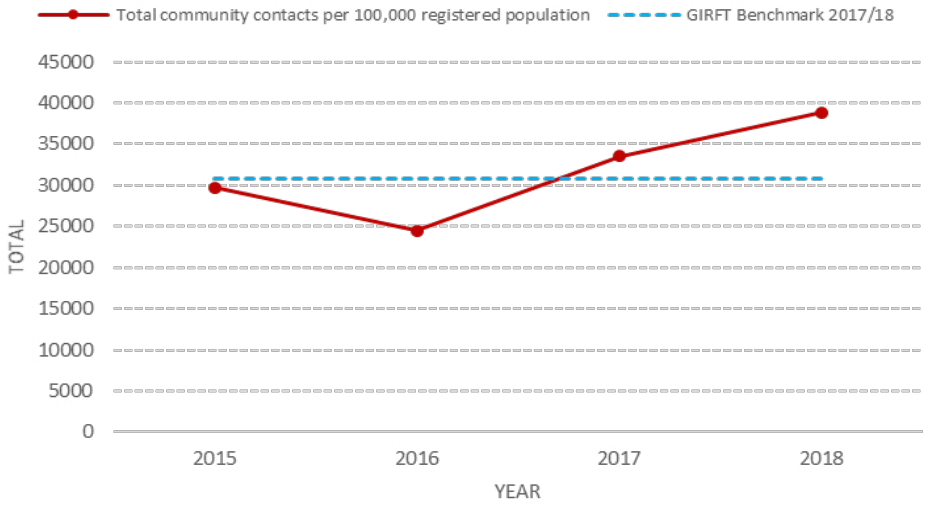


FIGURE 14: Total Community Contacts per 100,000 Population 2015 - 2018

The introduction of a Crisis Prevention and Intervention service is anticipated to have an impact on caseload activity and future community contacts will be stratified on caseload priority rather than volumes.

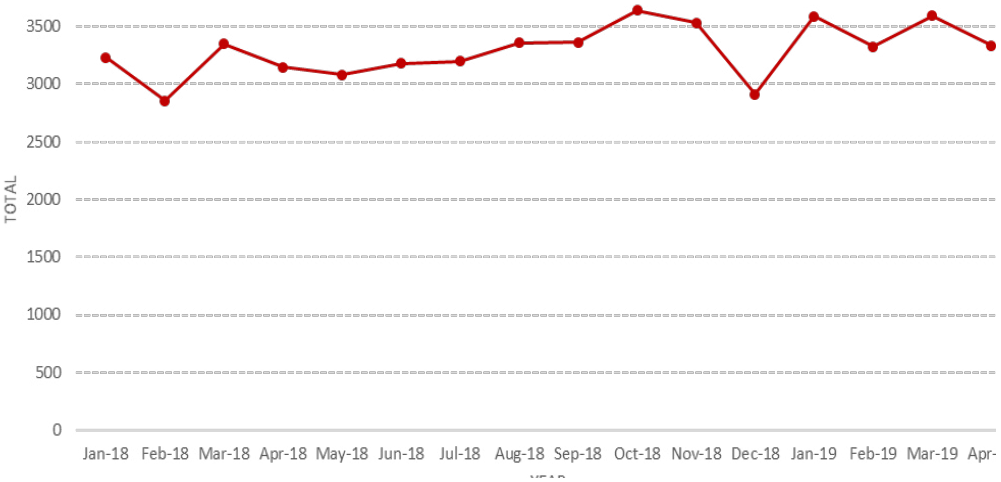


FIGURE 15: Total Community Contacts per 100,000 Population 2018-2019 (YTD) split by month

OUTPATIENTS

Our Outpatient new to follow-up ratio (NFU) is significantly challenged when benchmarked against a recognised standard of 1:2.4 (GIRFT 2018). If Jersey achieved the 1:2.4 benchmark in 2018 then 47236 Follow-up appointments would have been saved. By 2036, the population increases by another 11%, to

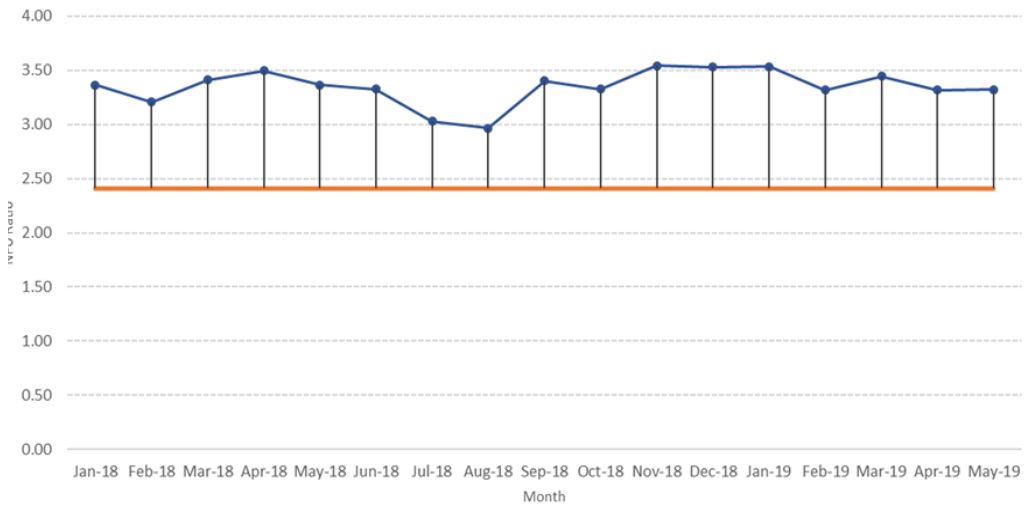


FIGURE 16: New to Follow-up Ratio 2018-2019 (YTD) VS NHS Small Peer Group

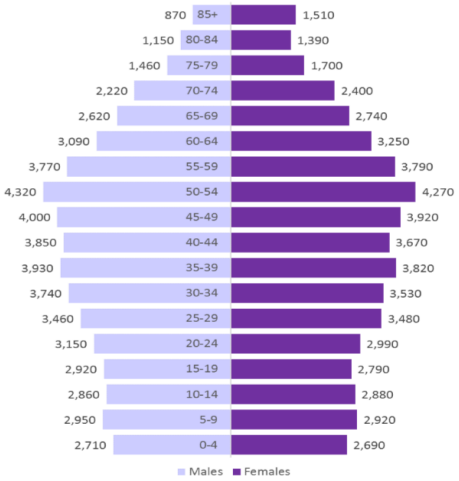
PREVENTION AND PRIMARY CARE:

Population demographics and multi-morbidity projections

In the next decade Jersey will face a growing and ageing population, a rising tide of chronic illness, higher expectations of care from the next generation, and the availability of new treatments and technologies.

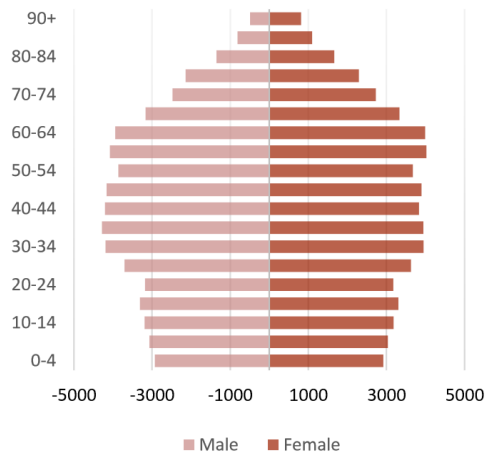
The resident population of Jersey at year-end 2018 is estimated as 106,800.

Estimates of the distribution of people in each age and gender group is demonstrated as follows:

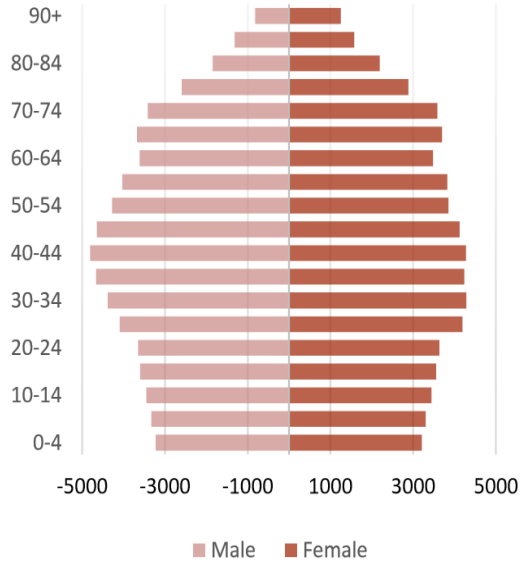


Jersey Resident Population 2018 Estimate

In 2026, the projected population is 117,100, an overall increase of 12%. The proportion of those aged 65 or over is projected to increase from around 17% in 2018 to 19% in 2026.



130,000. Around one in five (22%) of the population would be aged 65 or over.



Having a larger population of those aged 65 or over has implications for the health service, especially if these individuals have accumulated morbidities over their lifetime.

The projected increase in population size and change in its age profile will be reflected in an increase in GP consultations:

- It is estimated that there will be an additional 70,000 GP consultations each year by 2026, bringing the total to 502,000 (an increase of 16%)
- by 2036, it is estimated there will be an additional 143,000 consultations compared to 2016 (an increase of 33%) bringing the number of consultations to 575,000 per year

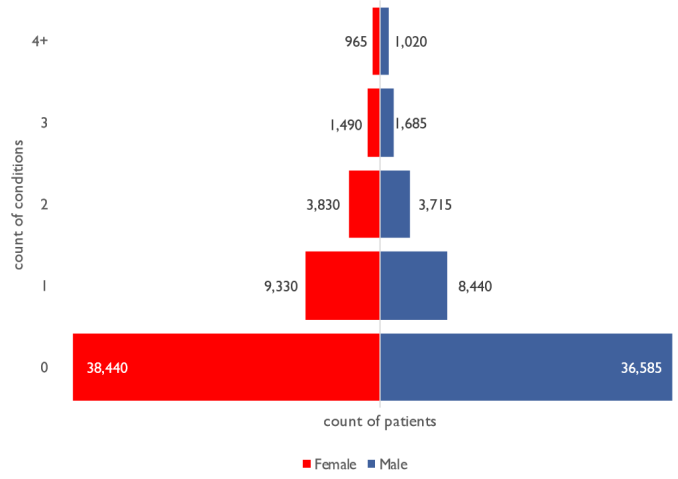
Figures from the General Practitioner Central Server (GPCS) showed 105,490 people as registered with a Jersey GP and active on 31 December 2017. An analysis of the numbers of patients with 13 identified long-term conditions was conducted by Statistics Jersey, including the 12 long-term conditions recorded

as part of the Jersey Quality Improvement Framework (JQIF) and cancer (with the exception of non-melanoma skin cancer).

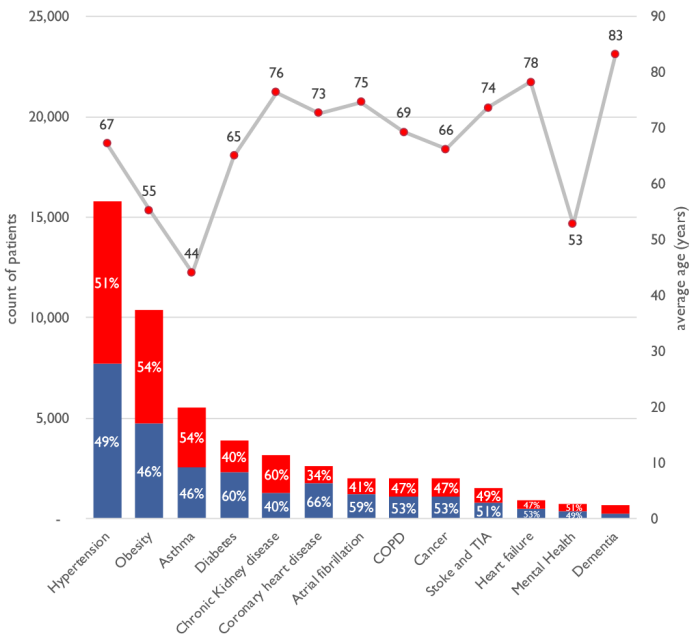
Of people registered with a Jersey GP at the end of 2017, 75,020 (71%) had none of the 13 long-term conditions considered; 17,765 (17%) had a single long-term condition and 12,705 (12%) had two or more long-term conditions.

Progressively fewer patients had a higher number of the conditions:

- 17,765 (17% of all patients) had a single condition
- 7,545 (7%) 2 conditions
- 3,175 (3%) 3 conditions and
- 1,985 (2%) had 4 or more conditions.



The below graph shows the count and average age of Jersey GP patients with each type of morbidity (note: patients with multi-morbidity are linked to more than one condition)



Objectives for 2020

Mission Statement

Overall, the Department of Health and Social Services aims to enable Islanders to live longer, healthier and more productive lives by ensuring the provision of safe, sustainable, affordable and integrated services that are delivered in partnership with others

Objectives for 2020

HCS has set clear objectives for delivery in 2020. These include;

- Developing the Jersey Care Model to deliver the long-term care requirements, building on P82 and in line with Our Future Hospital requirements.
- We will implement the Mental Health Improvement Plan and drive our ambition to have 'no health without mental health' and parity of esteem with physical health.
- We plan to enhance care in the community, building on the Closer to Home Initiative. We will see greater volumes of activity coming out of the Acute Hospital sector and into the Primary Care and Community area.
- Our Social Care function will shape the market requirements for future care delivery with an enhanced commissioning function.
- We will address our estate related issues across our estate including Hospital backlog maintenance, with plans to improve mental health facilities and to make improvements to meet the requirements of care regulation.
- We will ensure our services deliver high quality care and that we have effective quality assurance across our directly provided and commissioned services.

Our objectives are in line with the Team Jersey guiding principles;

- Customer-focused by ensuring services are co-designed and quality assured by those receiving care, their families and carers with a greater focus on prevention
- One government by working not only as 'one government' but also as 'one island', recognising that services are delivered by a diverse mix of providers, with re-grouping of services to secure a more joined up approach to care.
- Simple structures by streamlining management structures and arrangements to give clinical and professional leaders across the island more say in the way their services develop and operate.
- Cross-cutting and agile with the system recognising a need to reduce our reliance on hospital-based services and facilitate care closer to home, with better use of our valuable resources.
- Digital with service users and patients being supported by technology at home, in the community and in hospital in the future, with improved information sharing across our health and care partners.

- Integrated financial control with the future model recognising that we have to deliver a wide range of services within [a limited and reduced budget.] finite resources.
- Clear, transparent and accountable - replacing the complex governance structures that were previously in place with a new Board and committee structure to improve the way the quality and performance of services are overseen.
- Commercial with the new operating model helping to eliminate unnecessary duplication, drive efficiency and support further development of private practice.

The DHCS performance for 2020 will performance manage a comprehensive range of key indicators covering the delivery of health and social care services. These indicators are divided into five main categories:

A. Safety and experience

B. Access to services

C. Activity volumes

D. Service transformation

E. Resource utilisation.

These areas are the basis of our Integrated Performance report.

External / Internal Influences

Since the advent of P82, DHCS has been clear about the need to evolve our health and care system to meet patients' needs, particularly as Islanders live longer. P82 was itself the result of a major consultation exercise and its focus on prevention and on developing a more flexible and coordinated service with community and primary care partners has been reaffirmed in the proposed Jersey Care Model which takes account of today's clinical and healthcare practice and technology, tailored to our Island context.

In terms of the priority given to investment in mental health services, this reflects the recognition – as set out in the Panel's own report on mental health services – of the absolute need for greater investment to improve access to services and create parity of esteem for mental health services. Upgrade work to the existing general hospital is required to allow us to continue to provide hospital-based care to an acceptable level, while a long-term solution for developing new hospital facilities is agreed and progressed.

DHCS has identified there are key cross government relationships required to take forward our strategic ambition This is particularly relevant to the delivery of the new Jersey Care Model; Our new Jersey Care Model can only be successful through effective collaboration and support from our cross-government departments. The above table outlines some of the key areas of interface and partnership required across the wider government departments.

DHCS has established key relationships with the required department officers to ensure there is effective interface between portfolios.

CUSTOMER AND LOCAL SERVICES

- Development of Long Tern offer for personalisation
- Support in Market Development
- Further development of Closer to Home

CHILDREN, YOUNG PEOPLE, EDUCATION AND SKILLS

- Children's care co-development
- Workforce education for sustainable health and care
- Prevention workstream

JUSTICE AND HOME AFFAIRS

- Co-development of emergency services for health
- Interface with States of Jersey Police
- Emergency planning

OFFICE OF THE CHIEF EXECUTIVE

- Communications and engagement support
- One Gov approach
- Our Future hospital

TREASURY AND EXCHEQUER

- Support to develop funding model for whole system
- Support to finance transition to new model

GROWTH HOUSING AND ENVIRONMENT

- Housing development to support patient and service users
- Housing development to support essential workers

STRATEGIC POLICY, PERFORMANCE AND POPULATION

- Island planning to support care model
- Policy development to support islanders to live healthy lives
- Public health

CHIEF OPERATING OFFICE

- workforce strategy to support sustainable health and care
- Digital platforms to support joined up health and care

The Mental Health Improvement Board, Primary Care Group and Children's Transition Steering Group are evidenced as key forums to enact our partnership objectives.

Guernsey

We have worked closely with our partners in Guernsey and identified a significant opportunity to develop inter island partnership across health and community services. DHCS intends to build upon our success in 2019 with a key focus on further initiatives for collaboration including;

- Clinical Pathways – Mutual Support: We are planning to accommodate further orthopaedic activity from Guernsey for treatment in Jersey. In addition there are opportunities in other specialities such as Dermatology, Radiotherapy and Rheumatology.
- Integrated Leadership: Where possible we will integrate further with specialist leadership roles being explored to service both Islands.
- Procurement: We have aligned our TRAKCARE procurement and will work together between 2020-2023 to develop joint requirements for future IT solutions with joint procurement. In addition, we will explore further capital replacement joint purchasing.

Tertiary Partners in the United Kingdom

DHCS partners with several UK providers for specialist tertiary care that cannot be provided on island. In 2020 we will further explore delivering better value for money with our external tertiary pathways as well as more seamless experiences for our patients. We have a key objective to repatriate as much activity as possible back to Jersey to minimise travel for our Islanders and we are developing this through our new Jersey Care Model.

Voluntary Sector

The voluntary sector in Jersey have a long and proud tradition of delivering services across all Parishes using a mixed model of paid staff and volunteers. Part of the remit of the P82 programme was to develop services in the community including the voluntary sector. While some progress was made not all the potential benefits were realised. Work has been undertaken to further develop relationships with the sector and the sector is keen to work in partnership with Government of Jersey as part of delivering services across the community.

Government of Jersey needs to build the trust and goodwill, the work of the Closer to Home Project has demonstrated that shared assets and resources can support the successful delivery of services in the community and this needs to be firmly embedded across the sector.

We are fortunate to have a strong voluntary sector and a social care market that is looking to expand. While this is a strength, we need a robust commissioning framework built around clinical outcomes.

In terms of the local landscape, The Charity Commissioner has received 450 applications for charity registration and the Association of Jersey Charities has around 330 members.

A KPMG report in 2016: The Jersey Charity Survey highlighted the following;

- £80m is raised annually within the sector
- 1 in 8 adults on the island are volunteering
- Advancement of health was the joint top aim of organisations surveyed and was top of generating income based on organisational aims
- 2/3rds of organisations operate without any paid staff
- Those 34% with paid full-time staff have the biggest incomes
- The vast majority report a constant and increased level of volunteers of which it is estimated there are 11,000
- Most volunteers are between 25 and 55 years old
- 70% of all organisations agree that the relay on regular volunteers but 35% struggle with retention
- The largest 4% of organisations raised £48m accounting for 62% of all income in the sector
- The most common income bracket (50% of responding organisations) was 10-25k for organisations
- 81% of all funding applications made were successful – however 50% had not made applications in the previous 2 years

- 44% were not aware of how to tender for public services
- Most organisations feel their work is valued and respected but they don't feel informed and involved appropriately by the Government of Jersey

We have traditionally procured services instead of following a commissioning process based on needs. We have not reviewed these arrangements and many of our current contracts are outdated.

The future model of a seamless health and social care system for Jersey must be built around partnerships, quality outcomes and with a focus away from acute care where practicable. It will rely on a skilled and enthused workforce with an engaged patient voice central to policy developments and governance.

To deliver this vision will require a change from all sectors to work in a collaborative manner where the patient experience is at the heart of every decision made.

For DHCS it will require delivering on the agreed model of care working in partnership across all sectors working to a shared goal with shared accountability and governance. It will require working to deliver outcomes with external partners and supporting them to develop as an equal partner.

It will see some traditional DHCS services moved away from the hospital setting and delivered in Parish locations, using Parish knowledge to support early identification and prevention.

For the voluntary sector it will mean closer working relationships in cluster type arrangements across the care groups to maximise resource and focus on service delivery using existing assets. It will see clearer commissioning through co-production of specifications focused on outcomes and will see longer term partnerships developed through business planning and regular training opportunities as well as an ongoing relationship where the sector is an equal partner.

It will see opportunities for the private sector to help support the digital transformation and supporting people to live longer and safely in their homes.

Commercial Sector

In addition to the voluntary sector DHCS has to work closely with the commercial care sector as there is a great deal of commissioned activity and partnership interface in this area. We will establish an effective provider board across the entirety of the health and care landscape which also represents our commercial sector partners. The key aims of our approach in 2020 will be to build effective partnership arrangements with these key stakeholders.

Major Projects and Service Improvements planned for 2020 - 2023

DHCS has set an ambitious programme of improvement for 2020 – 2023 which incorporates key strategic objectives from the Government Plan and the Model of Care intentions for services going forward.

From 2020 these include key service improvements;
Secondary Unscheduled Care

We anticipate the delivery of the Acute Floor model will be a key enabler to drive quality improvements and a significant efficiency saving for 2020. We believe this new pathway approach to hospital admission will reduce the numbers of patients coming into our hospital wards for avoidable clinically unnecessary overnight admission.

The 'Acute Floor' will operationalise an ambulatory emergency care model – a model of care, tried and tested in other general hospitals, and whose benefits are supported by peer reviewed evidence. The model of care is based on a default assumption that all unscheduled care patients (medical and surgical) will be considered as 'zero length of stay' unless clinically inappropriate to treat as such. 'Zero length of stay' patients are those who are admitted as in patients but who do not stay overnight. They are not counted in the 'midnight census' from which hospital activity is derived.

Safety, clinical outcomes and patient experience can be improved for unscheduled care patients using a clinical model based on a default assumption that all unscheduled medical and surgical care admissions are 'zero length of stay' unless clinically inappropriate to treat as such according to peer reviewed evidence based practice. A significant proportion of patients presenting to the hospital already have a zero length of stay. A proportion also have one overnight stay with the potential to be treated with a zero length of stay i.e. avoiding staying overnight. There is an opportunity therefore to increase the number of patients with zero length of stay by managing all patients differently whose condition can be safely treated without an overnight stay. There is a substantial body of peer reviewed evidence and a large number of hospitals who have practical experience of operating this model of care

Benefits of an Acute Floor in the General Hospital include:

- Increasing the number of patients with zero length of stay and 24-hour length of stay
- Through integrated working across functions reducing the length of stay for inpatient admissions
- Reducing in-patient bed numbers in medical wards.
- Enabling workforce redesign in nursing and allied health professional roles to add resilience to middle grade medical rota.
- Reducing demand on critical care beds as capability to care for Level 2 (HDU) patients develops on the acute floor.
- Improving unscheduled care patient flow and reducing variation in demand for in-patient beds in the general hospital both through the working day and week.

- Encouraging whole health community working, thereby attenuating the boundaries between hospital, community and primary care.
- Delivering more care closer to home by increasing community services outreach and in-reach capability and capacity.
- Creating new business opportunities for colleagues in community and primary care whose services are better placed to support patient for whom an overnight admission has been prevented and/or whose stay has been foreshortened

Secondary Scheduled Care

Will focus on our efficiency objectives which relate largely to improved productivity around our Theatres, Day Surgery activity and waiting times across our main medical and surgical specialties.

2020 will see a key focus on waiting list reductions for key areas including endoscopy, dermatology, community dentistry and any specialties where we are not meeting timely response as set out in our KPI's. We will also improve our theatre efficiency and day case prevalence as part of our efficiency programme.

2021 – 2023 will see DHCS begin to implement key changes that align to our future care model ambition. This will see a reduction in the current circa 189,000 outpatient appointments at the General Hospital with an increase in activity within Primary Care instead. We have identified the opportunity for a reduction of 40,000 appointments as a key target with this ambition.

Our Outpatient new to follow-up ratio (NFU) is significantly higher than best practice using benchmarked recognised standard of 1:2.4 (Getting It Right First Time benchmark 2018). If Jersey achieved the 1:2.4 benchmark in 2018 then c 47,000 follow-up appointments would have been saved = 22.69% reduction in total outpatient activity. Recognising that patients require different pathways dependent upon different presenting conditions or patients living with long term conditions, there is no standardised delivery model across outpatients nevertheless the data suggests we are not serving our patients according to need and clinical outcomes.

In the future healthcare would not necessarily be delivered by a traditional healthcare practitioner but islanders need would be assessed by presentation. The vision is that, similarly to the service delivery model presented at La Motte Street, islanders would be serviced by a variety of 'health providers', these health providers would consist of GP's, nurses, health advisors, social workers, healthcare assistants, alternative therapists, counsellors, support workers and access to consultant assessment if required. Primary care will have effective pathways which would enable access to secondary care expertise if required but in a way that utilised our consultant expertise more flexibly utilising the specialty consultant of the week model, covering the ward and responding to Primary Care referrals as required.

Primary and Community Care and Preventative Health

In 2020 we will deliver a revised Jersey Doctors Out of Hours service (JDOC) that incorporates our community units and wider community services. We also aim to work closely with our colleagues in States of Jersey Police to support

changes to the way Forensic Medical Examination services are delivered. The cost of treating chronic non-communicable disease to Health and Community Services and wider society in Jersey are considerable. In high-income jurisdictions such as Jersey, non-communicable diseases (those that cannot be spread from person to person), are a large burden on population health, wider society and the economy.

Our local data shows that projected increases in these diseases, the most common of which include heart and circulatory disease, cancer and diabetes, are exponential and unsustainable. These diseases, which are often chronic and require life-long treatment, lead to high healthcare costs and years of healthy life lost through early death - yet they are largely preventable.

The aim of the Reducing Preventable Disease (RPD) portfolio is to reduce the burden of preventable disease and avoidable, early death in the Jersey population, and in doing so to achieve the Government of Jersey's Common Strategic Policy (CSP) priority to 'Improve Islanders wellbeing and mental and physical health'.

The RPD portfolio sets out a suite of funded programmes which complement the wider strategic work of the Public Health Team. It therefore plays a crucial part in achieving the following objectives to:

- Reverse the current upward trend in overweight and obesity
- Increasing the number of Islanders eating recommended levels of fruit and vegetables
- Reducing smoking rates
- Reducing rates of hazardous and harmful alcohol consumption

How best to invest in prevention to achieve our objectives and value for money is a complex but well-researched subject. Public Health research highlights the need to shift from reliance on public messaging campaigns and health promotion which has little impact on behaviour in isolation, to an approach addressing the 'wider determinants of health'. This refers to the context in which we make decisions and health-related behaviour. To bring about sustained behaviour change, education and public health messaging must be accompanied by strong policy that ensures our local environments, and the context in which we make every day decisions are supportive of health - allowing Islanders to choose options which benefit their health with as fewer barriers and limitation as possible. A wider determinants of health approach can look to the built environment and access to green space, education and housing, and can include strategies targeting legislation, fiscal policy levers and affordability. It involves cross-disciplinary partnership within both governmental and the community. This has been recognised in the development of the CSP priority area to Improve Islanders Wellbeing and Mental and Physical Health, in the bringing together of colleagues and Ministers from across government, and in the CSP commitment to develop a 'Health in All Policies' approach.

We will continue to deliver key initiatives across Primary Care including;

- Diabetic Supplies programme
- GP Cluster initiative for Social Prescribing in Mental Health
- GP Cluster Pilot in Frailty and Hospital In -Reach

- The Shelter Clinic partnership
- Dressing clinic initiative
- Revised Diabetes Pathway
- Access for Vulnerable Groups

We will also develop our plans for greater focus on prevention services;

- In 2020 – Comprises general health promotion and a pilot to provide meals for those being educated in primary schools.
- In 2021 primary school meals is further expanded to an increased number of schools
- In 2021 – a new programmes are planned - Healthy Start and Food Dudes (giving access to fruit and vegetables for low income groups) and whole school Cooking and Growing programme.
- In 2022 there is introduction of breakfast clubs, Family Weight Management begins and increased focus upon smoking cessation
- In 2023 family weight management gets broader roll out

We plan to expand 24-hour community nursing to ensure that are appropriate to meet the needs of those who require care, this will use a multi-disciplinary approach and expand the provision, there is currently no overnight provision of general community nursing care.

The impact of not having access to a 24 hour community nursing service are:-

- Limiting and slowing patient flow in the general hospital
- Reducing the number of patients being discharged back into the community
- Increasing emergency attendance and admission of avoidable patients
- Inappropriate use of specialist clinical nurses (provided by Jersey Hospice Care) to provide generalist care, resulting in specialist provision to support palliative patients being over stretched and unavailable to patients in need

The provision and access to 24 hour primary care support will help to:

- Increase discharges and patient flow
- Prevent some avoidable emergency attendances and hospital admissions
- Allow specialist nurses to provide a specialist expertise and care to patients
- Support access to the 24 hour care model across the integrated care system

Other new models of primary care include: -

- Expanding 24-hour primary care medical model as the current model for overnight provision is not sustainable.
- Develop a model of dental services for children to have a preventive focus that will result in the best outcomes for oral health, including decay, missing and filled teeth. The plan will consider reviewing the challenges and opportunities within Jersey's dental provision, agree a new model for

- dental services, including education, prevention, screening, examinations and treatment, extend primary school prevention and education, review the way dental screening is undertaken, review Jersey Dental Fitness Scheme and consider whether there are other options to provide an appropriate 'safety net' and review HCS community dental provision.
- Developing a mechanism to support individuals living with diabetes to access diabetes care in primary care.
- The plan will consider the model of diabetes care in Jersey (in partnership with the HCS Diabetes Centre and Diabetes Jersey) and agree and implement a new model for diabetes in primary care, including specialist HCS support in community and a free-to-access podiatry service for high-risk feet.
- Developing a mechanism to support access to primary care for financially vulnerable individuals.

A working group will be established in order to review both short and longer term options to address these issues. The aim is to agree and implement a new model of support which reduces or removes barriers to primary care services due to the use of co-payments in the primary care system.

Social Care

We will establish a commissioning framework and revised function. This will expand on the Closer to Home initiative and stabilise the homecare market. Over the 3 years we will see a shift in focus from institutional residential and nursing care towards home focussed care with home based reablement offered for clients and patients having escalating need. Our Social Care system will operate an effective brokerage system and improve commissioning processes so that Social Worker professionals are released to support greater case management.

In our Learning Disability services, we will address our immediate estate related issues at Aviemore with a clear intention of finding alternative supported living environments. We will implement recommendations from the recent safeguarding review into learning disability services and adult social care and ensure all of our commissioning and direct provision functions meet quality assurance requirements and are prepared for care commission inspection and review.

A different adult social care model is required to achieve sustainable services for adults who need care, and sufficient choice for adults with varying needs which may change over time. Personalisation means recognising people as individuals who have strengths and preferences and putting them at the centre of their own care and support.

The traditional service-led approach has often meant that people have not been able to shape the kind of support they need or received the right help. Personalised approaches like self-directed support and personal budgets involve enabling people to identify their own needs and make choices about how and when they are supported to live their lives. People need access to information, advocacy and advice so they can make informed decisions.

Personalisation is also about making sure there is an integrated, community-based approach for everyone. This involves building community capacity and local strategic commissioning so that people have a good choice of support, including that provided by user-led organisations. It means ensuring people can access universal services such as transport, leisure, education, housing, health

and employment opportunities. All systems, processes, staff and services need to put people at the centre.

- Personalisation is not just about personal budgets, but about achieving choice and control in many ways and in different settings, including basic needs such as being able to access public transport if you are disabled.
- Personalisation is about the dignity and well-being of the individual.
- Delivering personalised services will mean different things to different people – it's about self-determination and self-directed care.
- The relationship between social workers/PAs and service users should be based on respect and a recognition of equality.

Personalisation is a social care approach that enables every person who receives support, whether provided by statutory services or funded by themselves, to have choice and control over the shape of that support in all care settings.

While it is often associated with direct payments and personal budgets, under which service users can choose the services that they receive, personalisation also entails that services are tailored to the needs of every individual, rather than delivered in a one-size-fits-all fashion.

It also encompasses the provision of improved information and advice on care and support for families, investment in preventive services to reduce or delay people's need for care and the promotion of independence and self-reliance among individuals and communities. As such, personalisation has significant implications for everyone involved in the social care sector.

Care Closer to Home

DHCS as well as Customer and Local Services (CLS) have started to map a local offer of services that could initially include dementia, mental health, loneliness, social prescribing, and developing a Good Gym model.

This approach includes negotiating the flexible use of local community buildings including schools, Parish and community halls for the provision of activities. It is envisaged that this local offer will be extended to all Parishes based on demographic need and delivering a seasonal offer.

It is proposed that the appropriate redirection of existing resources to a more local, community setting will both have a positive impact on service delivery and will reduce inappropriate referrals to emergency and acute services through a preventative approach. The vision is for services to be delivered closer to or in people's homes.

Closer to home builds on existing strengths and supports self-care and prevention, key components of the Jersey Care Model.

The approach also seeks to work with all age groups, not just older, vulnerable residents. Fundamentally the approach is not only about delivering more accessible services but is also about providing more preventative services

which will ensure long term efficiencies for the Government through keeping people in their home for longer and avoiding costly care provision reducing both GP and hospital visits and stays.

This model is an asset-based approach rather than a traditional needs-based approach, whereby services are provided to individuals based on their whole needs of individual support rather than their symptomatic problems. An asset-based approach builds on the strengths of communities and existing services. This approach should lead to increased independence and self-care for individuals in the community and create a menu of services and support that can be universal or part of bespoke packages of care.

To consider an asset-based methodology in providing a range of services in Jersey across all ages, members of the HMT have met with representatives of the Community and Voluntary Sector, Jersey Sport, Children, Young People, Education and Skills (CYPES), mental health services and with the Comité des Connetablés.

A pilot hub has been developed in the west of the island at the Communicare community facility which is situated in a central location within the Parish of St Brelade. Communicare provides a wide range of community activities which successfully attracts a large number of residents accessing the existing offer. The activities include a mother and toddler group, after school club, nursery, youth club, and luncheon club as well as a wide range of other community uses. Both its central location and use by all age groups in large numbers make it an ideal facility to build on. Colleagues from HCS, CLS and CYPES have worked together with staff at Communicare to determine additional services that are offered from the centre.

A steering group has been formed and now includes the local Connetablé of St Brelade, who was selected by the Comité des Connetablés, to oversee the delivery of a rota-based system of services from various providers that is delivered at the Communicare centre and, therefore, closer to peoples' home.

The rota of additional services could in the future include health services such as mental health, chiropody, diabetes clinics and smoking cessation groups, as well as a range of Children's Services such as parenting and family support sessions. Other services such as Social Security drop-ins, Police advice surgeries, and voluntary sector services including Jersey Citizen's Advice Bureau, Mind Jersey are currently delivered there. To maximise the use of a facility that is already incredibly well used a rota system has been developed that publicises the range of services on offer and when they will be available. The "Closer to Home" pilot commenced at the beginning of March with a soft launch and was formally launched in July 2019.

The initial rota has services delivered by the following organisations: Age Concern Jersey, Brook, Jersey Sport, Citizens Advice Jersey, Mind Jersey, Adult Community Services, Library Service, Call and Check, Youth Service, FNHC and Community Police Officers. It is anticipated that this offer will grow and that the steering group will flex and change.

Work has started to look at existing facilities in the east, the condition and capacity of each facility, the services being provided from them and the potential to expand the use of each facility. This should help to develop an appropriate community hub offer in the east of the island. It is anticipated that the "Closer to Home" service will

reach across all Parishes working with Connetablés and Parishioners to identify and meet needs.

Women, Children and Family Care

We will undertake extensive recruitment in this area to stabilise our medical cover and ensure delivery of the maternity improvement plan. Children's services will focus on the early years and early help programme with closer working across Government and with key partners such as GP's.

Mental Health

Mental Health will see our greatest amount of focus as set out within the Government Plan. We aim to provide 'Parity of Esteem' between physical and mental health care and we will ensure there is no health without mental health on our Island. There are 6 key programmes for delivery in 2020 that will continue beyond into 2023.

Child Adolescent and Mental Health Services (CAMHS)

In the Target Operating Model of the Government of Jersey the Child Development Centre and CAMHS are to transfer from Health and Community Services into the Children and Young people's services. The service is in the process of transition during 2019. This aim is to achieve a fully integrated children's system with clear and effective pathway that work for children and their families.

A memorandum of understanding has been agreed between HCS and C&YPS which includes but is not limited to:

- Performance and Outcomes
- Handover arrangements relating to staffing and workforce management; clinical governance & data protection; records management; health & safety and pathways and referrals.

The business case for CAMHS seeks to secure resources to facilitate transition of CAMHS services from health and community services to Children and Young People's services; clarify and improve operational accountability and responsibility for delivery of the CAMHS pathway and commence a programme of redesign work to shape a future service model for CAMHS and relevant pathways of care and support. The proposal responds to changes in operating arrangements aligned to the implementation of the Target Operating Model which proposes the transition of CAMHS services from health and community services to Children and Young People's services.

The programme of transition is devised in 2 phases over one year and will require dedicated project management support.

Phase 1 to commence focuses on

a. securing recruitment to vacant team manager post
b. undertaking a funding review of complex cases (off island) to understand costings and identify efficiency savings
c. completing a full financial analysis of the service. It is anticipated financial support could be secured 'in house' and work alongside the project manager without the need for external resource.

a. An additional Child and Adolescent Mental Health Consultant post is needed to address the needs of 19-25 years old as part of this model of transition.

Phase 2 will focus on (a) completion of a business case to secure support to assist with service redesign.

Additional resources are required to manage the cost of 'off island' placements until the redesign work can identify relevant efficiencies and a more realistic budget can be set for funding 'off island' placements.

We will establish a Mental Health Crisis Prevention and Support Service

This will include the introduction of a consultant psychiatrist with expertise in crisis intervention and two full time equivalent staff grade psychiatrists. Following these appointments, a multi-disciplinary team including alcohol and drugs and physical health care services will be established in line with the review of evidence by the National Audit Office on the role of crisis resolution and home treatment teams. It is envisaged that the full specification of crisis support service will be in place Q3 2020.

We will establish a Listening Lounge service

This development has been expedited by the Mental Health Improvement Board. A decision was made at the Mental Health Improvement Board on the 31st of July 2019 to allocate existing monies to the initiation of a two year pilot. The enabling work to refurbish the venue in the latter part of 2019. Multi agency meetings are taking place within Health and Community Services to agree the collaborative provision of services by third sector partners.

A Complex Trauma Pathway will be established in 2020

Evidence based psychological therapies training has already begun using non-recurring monies from the Jersey Care Enquiry. It is estimated the pathway will be operationalised by the end of Q3 in 2020. Costs are for forensic consultant, clinical psychologists, sexual health / domestic violence counsellors, assistant psychologists and non-pay (training).

Ensuring the Island operates within the required Mental Health Legislation

The legislation under which directs the standards required has been introduced. This project will seek to ensure that the legislation requirements will be met and will begin in 2020. The initiative will involve new posts;

1 FTE Team Manager, 1 FTE Authorised Officer (AO) OOH, 1 FTE Authorised Officer (AO) BAU, 3 FTE Capacity and Liberty Assessor (CLA,) 1 FTE trainer and 1 FTE Capacity and Self Determination Law implementation lead. With dedicated Capacity and Liberty Assessors and operational management, the 'student' CLA resource can also be utilised. This will speed delivery of the intended outcomes of the development.

The Mental Health Strategy will be further developed in 2020

Further development of the Mental Health Strategy aligned to the new Jersey Care Model is required in 2020. This will focus on the co-located MH Campus development as part of the long-term plans for Mental Health inpatient Care. It will also expand upon the Community and Voluntary sector role and opportunities

going forward so that Mental Health partners are clear of future long term strategic plans and can have certainty regarding their roles and functions within the future care model. This will commence Q1 2020.

The revenue investment identified in the draft Government Plan is as set out below

CSP Priority	Sub-priority	CSP Ref	Programme	Minister	2020 Allocation (£000)	2021 Allocation (£000)	2022 Allocation (£000)	2023 Allocation (£000)
Put Children First	Protecting and supporting children	CSP1-1-02	Independent Jersey Care Inquiry P108	Minister for Children and Housing	70	70	71	71
		CSP1-1-03	Policy/legislation service delivery	Minister for Home Affairs	31	43	45	47
	Protecting and supporting children Total				**101**	**113**	**116**	**118**
Put Children First Total					101	113	116	118
Improve Wellbeing	Support Islanders to live healthier, active, longer lives		Inspiring an 'Active Jersey'	Minister for Health and Social Services	0	0	0	0
		CSP2-1-02	Preventable diseases	Minister for Health and Social Services	300	1,200	2,500	2,800
	Support Islanders to live healthier, active, longer lives Total				**300**	**1,200**	**2,500**	**2,800**
	Improve the quality of and access to mental health services	CSP2-2-02	Mental Health	Minister for Health and Social Services	3,200	4,800	4,100	4,200
	Improve the quality of and access to mental health services Total				3,200	4,800	4,100	4,200
	Put patients, families and carers at the health of Jersey's health and care system	CSP2-3-01	Digital Health and Care Strategy	Minister for Health and Social Services	0	700	800	800
		CSP2-3-02	Health P82 reinstate 2019 new and recurring	Minister for Health and Social Services	3,597	3,597	3,597	3,597
		CSP2-3-03	Maintaining health and community care standards	Minister for Health and Social Services	4,179	11,464	15,907	21,513
	Put patients, families and carers at the health of Jersey's health and care system Total				7,776	15,761	20,304	25,910
Improve Wellbeing Total					**11,276**	**21,761**	**26,904**	**32,910**
Reduce Inequality	Improving social Inclusion	CSP4-3-01	Care Needs at Home	Minister for Social Security	0	70	70	70
		CSP4-3-02	Disability social inclusion	Minister for Social Security	122	147	147	147
	Improving social Inclusion Total				122	217	217	217
Reduce Inequality Total					**122**	**217**	**217**	**217**
Grand Total					**11499**	**22091**	**27237**	**33245**

HCS one gov "capital" programme submission for 2020 to 2023

Health and Community Services (HCS) has capital funding of £59m identified in the draft Government Plan over the next 4 years (2020 to 2023). The table below shows the planned use of the additional capital investment.

Equipment Replacement - £11m across the 4 years

The Department requires a significant number of equipment related assets to provide services to the population it serves. These will include diagnostic and laboratory equipment, operating equipment etc. The timely replacement of these assets is essential to the provision of safe patient / client care as well as the effective operation of the hospital and other HCS services. Many pieces of medical equipment have 'fixed' lives where suppliers recommend / require replacement / upgrade as such timing replacement is necessary.

Five Oaks upgrade – £3.5m over 2 years

This capital looks to invest in the replacement of boilers and associated infrastructure in support service facilities provided out of Five Oaks. Such investment will ensure that the fundamental infrastructure remains effective and is able to provide seamless service provision to the front-line services e.g. laundry.

Building Infrastructure Upgrade

Consists of Mental Health, General Hospital, Community sites and Learning Difficulties.

Mental Health - £3.9m (this excludes £2m of funding being carried forward from 2019 held in GHE. The total budget is therefore £5.9m

Investment is required to:

- "Make safe" Orchard House for the delivery of care to Adults with a Mental Health need who require admission. The need for the relocation of the service provided within Orchard House is primarily driven due to the clinical, operational and environmental risks and the newly implemented mental health law
- and the current Orchard House to be able to deliver high quality safe mental health care. The proposed upgraded environment will accommodate all mental health assessment and treatment beds
- Prepare Rosewood House to house Beech ward from Clinique Pinel and reduce beds in Maple and Oak wards.

It is also integral to the Mental Health Strategy, the Crisis Mental Health Service and the Jersey Health Strategy.

The investment also includes the upgrade work required for La Chasse offices.

This has been allocated the highest priority for HCS to meet the improvement requirements needed for Mental Health.

Health infrastructure investment (including IT) - £20m over the 4 year period

Additional funding is required to support

- a programme of upgrade work to the existing General Hospital. The request for funding follows the political decision to cease the Future Hospital project, revisit the project brief and review the site selection process. The impact of this decision is that existing facilities in the Hospital will need to remain operational for a longer period than was envisaged. The Our Hospital project has begun and looks to secure a new hospital in the future, however to ensure that the quality of environment is maintained until "Our Hospital" proposals are complete, approved and operational on-going improvements and upgrade are proposed.
- backlog maintenance in community buildings where there is no specific capital funding identified.

Failure to address the maintenance needs identified will result in facilities being unavailable, closed for unscheduled works and reactive maintenance, or because they fail to meet appropriate standards. An updated Condition Survey was commissioned in the first quarter of 2019. The output of the report will further inform the programme of works for 2020-2023.

- the delivery of a Digital Strategy - HCS's digital programme focuses on two main areas:
- the replacement of legacy systems which are incapable of capturing and sharing information & reduction of paper-based processes
- improving the information flow between health care organisations and the service users

Currently, health and social care systems are heavily customised and bespoke in design and implementation, acting as simple stand-a-lone solutions with little integration capabilities to other health and cares services. Many of the health and care technology platforms are developed on out of date technologies and computing power which make these systems expensive to maintain, offer very little in the way of integration and interoperability and pose a serious risk in security, performance and capacity.

Learning Difficulties - £6.8m over the 4 year period

Funding is required to provide appropriate accommodation for people who are supported by the Learning Disability Service. It will also ensure that there is sufficient and quality accommodation to meet the needs of service users, future proof services noting the need to ensure that services are safe, cost effective and flexible. There is also a need to plan for those with increasingly more complex care needs, ideally services should be able to provide care close to home, and minimise the need for service users going "off Island"

In the short term it is a priority to make improvements in Aviemore – an establishment which is home to 4 individuals

Status GP20 Submission

Department HCS

Capital Programme area	Head of Expenditure	2020 (£000)	2021 (£000)	2022 (£000)	2023 (£000)
Information Technology	Digital Care Strategy	0	0	0	0
Information Technology Total		0	0	0	0
Replacement Assets	Replacement Assets (Various)	2,900	2,750	2,600	2,750
Replacement Assets Total		2,900	2,750	2,600	2,750
Estates including new Schools	Five Oaks Refurbishment	2,000	1,500	0	0
	Health Services Improvements (including vital IT Investment)	5,000	5,000	5,000	5,000
	Learning Difficulties	0	2,300	2,195	2,350
Estates including new Schools Total		7,000	8,800	7,195	7,350
Grand Total		**9,900**	**11,550**	**9,795**	**10,100**

Operating Context

Strategy/Plan	Planned / Developed	Delivery Timeframe
Mental Health Improvement Plan	Developed throughout 2019	• 2020
Education, Learning and Development Strategy	Developed throughout 2019	2020
One Health and Community Services: Playing our part within Team Jersey – delivering the Target Operating Model	Developed throughout 2019	2020
Quality and Safety Strategy	Developed in 2019	2020
Cancer Strategy	To be developed in 2020	2020 Q3-4
Health and Community Workforce Strategy	Developed throughout 2019	2020
Jersey Care Model	Developed throughout 2019	Further work and phase 1 implementation in 2020

Staff Development and Capability

The DHCS has a strategy for education, learning and development with the following objectives:

- Providing an affordable workforce, at a time of significant financial pressures and growing clinical demand, which is compassionate, caring, competent, productive, effective and efficient.
- Making sure that regulatory and mandatory training requirements are met.
- Promoting the organisation as an attractive place to find employment and work, where staff have fulfilling jobs and rewarding careers.

- Enabling the management of change so that staff can get the training they need to take up new roles and extended responsibilities.
- Guaranteeing patient safety and excellent outcomes for patients.
- Encouraging staff retention through personal and professional development.
- Securing engagement and involvement by staff in the organisation's decision-making processes and the development and delivery of its strategic aims.
- Making sure that the organisation's commitment to diversity and equality is fulfilled.
- Compiling a set of management information which is available for a range of activities, such as performance review, clinical audit, and employment checks.
- Underpinning the organisation earning the reputation as an employer which provides high quality and education.
- Enabling the organisation to influence the wider education environment in terms of direction, priorities and resource allocation.

The overall approach towards workforce development, managing change and staffing clinical and support services is determined by the following commitments;

- Respect for every individual.
- Fair treatment.
- Development of personal and professional skills.
- Involvement and engagement in key decisions.
- Supporting individuals through coaching and mentoring.

These commitments will underpin the management of change over the coming years and determine the approach towards:

- Pay and reward system.
- Staff recognition schemes.
- Annual performance appraisal system and personal development plan.
- Investment in training, education and development.
- Communications, involvement and engagement.
- Employment policies and procedures.
- Promoting diversity, equality and inclusion.
- Leadership and management development.
- Health and well-being at work support.

Equality and Diversity

The Government recognises the value of diversity and aim to create a working environment where all decisions made are fair, transparent and based on merit. We recognise the value and importance of building a diverse workforce that reflects the Island society to whom we deliver services. We're committed to eliminating discrimination, harassment and victimisation. As part of this commitment, the States of Jersey Equality and Diversity Policy was reviewed in 2017. The policy aims to protect employees from all types of discrimination, ensure all employees are encouraged to develop to their full potential.

The Government of Jersey adopts a flexible and equitable approach to the employment and retention of people who have or develop an individual employment need. Our diversity and inclusion policy promotes diversity in our job shortlists and on our interview panels. We will provide a guaranteed interview for a candidate who has a recognised disability. We provide agile working arrangements where possible to support the flexibility that employees need to manage their work/life balance. We offer support to those returning to work after an extended period of leave. At all times there are employees with individual employment needs undertaking a wide variety of paid, therapeutic and unpaid roles across all Departments and occupational groups.

The first gender pay report has been published <insert link> and we commit to support agreed actions to improve gender equality in our organisation. The Departments leadership and management teams will work with the governments Women Into Leadership network (IWiLL) in supporting and inspiring women into leadership roles. We will provide mentor and shadowing opportunities and encourage our people to engage in these opportunities. We will work to provide clarity on career pathways and remove barriers to career progression.

We will support colleagues of differing backgrounds, genders, sexual orientations and abilities through Pride and by forging alliances with employee, community interest groups and by ensuring an inclusive work environment. Our leadership team will promote a positive respectful culture and work to embed and uphold the Government of Jersey values and behaviours. We will engage in a promote diversity training opportunities.

As a department in particular we commit to ensure that:

- Diversity, equality and inclusion is central to everything that the DHCS does in order to make sure that patients, users and clients, as well as the overall workforce, are treated fairly.

We know that diversity and inclusion leads to improved health and greater staff and patient experiences of the HCS department; and we welcome the challenge of enabling staff from all backgrounds to develop and excel in their roles. From those just starting out to more senior colleagues, we're here to support every staff member to develop their potential and to promote leadership at every level. We're playing our part in addressing underrepresentation at senior levels and ensuring that HCS truly represents our diverse patient population now and into the future.

As part of this work, we are engaging with Liberate Jersey to undertake work that will lead to their employer accreditation scheme, and to train all our staff in the DIFERA (Diversity, Inclusion, Fairness, Equality, Respect and Acceptance) programme as well as training around unconscious bias.

Our People and Organisational Development Committee which is chaired by one of our Assistant Ministers will be a key driver in ensuring DHCS operates in a manner that is inclusive and in line with the principles of our Government and department.

Staff Development and Capability

We will fully participate in the Team Jersey programme for line managers and colleagues and will work with the delivery team to ensure that sessions are delivered in a way that all staff can access this opportunity. We will encourage our staff to become involved in the wider Team Jersey initiatives including the senior leadership development working and project groups. We will ensure the development of Team Jersey leads within our workforce providing them leadership support to enable them to deliver programme activities.

We will ensure all new starters engage in the My Welcome corporate induction programme following its launch later this year and provide new starters with the framework, support and training they need to be successful in their role.

We will encourage our employees to use the recently launched personal development portal 'MyDevelopment' as a flexible accessible platform that provides self directed learning opportunities.

We are committed to support an engage in central learning initiatives and will ensure department representation on the corporate learning and development forum to ensure a joined up approach to the creation and delivery of generic learning and development activities. We will continue to work with People Services to ensure the embedding of 'My Conversation My Goals' ensuring all staff are provided with regular opportunities to discuss their performance and development.

Financial Overview

DHCS is responsible for the largest single budget in the Government of Jersey, approximately 28% of the Government total revenue budget gross expenditure, with a total opening budget of £218m in 2020. This is prior to the requirement for HCS to deliver efficiency savings in 2020 of £9m.

Near Cash 2019 Net Revenue Expenditure £'000	Service Area	Income £'000	AME £'000	DEL £'000	Near Cash 2020 Net Revenue Expenditure £'000
7,764	Hospital and Community Services	(21,937)		215,117	193,180
188,681	Chief Nurse	(156)		7,919	7,764
1,443	Medical Director	(308)		1,751	1,443
197,888	**Net Revenue Expenditure**	**(22,401)**	**0**	**224,788**	**202,387**

Near Cash 2020 Net Revenue Expenditure £'000	Service Area	Income £'000	AME £'000	DEL £'000	Near Cash 2021 Net Revenue Expenditure £'000
193,180	Hospital and Community Services	(21,937)		225,709	203,772
7,764	Chief Nurse	(156)		7,919	7,764
1,443	Medical Director	(308)		1,751	1,443
202,387	**Net Revenue Expenditure**	**(22,401)**	**0**	**235,380**	**212,979**

Near Cash 2021 Net Revenue Expenditure £'000	Service Area	Income £'000	AME £'000	DEL £'000	Near Cash 2022 Net Revenue Expenditure £'000
203,772	Hospital and Community Services	(21,937)		230,855	208,918
7,764	Chief Nurse	(156)		7,919	7,764
1,443	Medical Director	(308)		1,751	1,443
212,979	**Net Revenue Expenditure**	**(22,401)**	**0**	**240,526**	**218,125**

Near Cash 2022 Net Revenue Expenditure £'000	Service Area	Income £'000	AME £'000	DEL £'000	Near Cash 2023 Net Revenue Expenditure £'000
208,918	Hospital and Community Services	(21,937)		236,863	214,926
7,764	Chief Nurse	(156)		7,919	7,764
1,443	Medical Director	(308)		1,751	1,443
218,125	**Net Revenue Expenditure**	**(22,401)**	**0**	**246,534**	**224,133**

Table 1-4 Detailed service analysis

2019 Net Revenue Expendture £'000		2020 Net Revenue Expendture £'000	2021 Net Revenue Expendture £'000	2022 Net Revenue Expendture £'000	2023 Net Revenue Expendture £'000
	Income				
0	Taxation Revenue	0	0	0	0
0	Duties,Fees,Fines & Penalties	0	0	0	0
(21,538)	Sales of goods and services	(22,260)	(22,260)	(22,260)	(22,260)
0	Investment Income	0	0	0	0
(863)	Other Income	(863)	(863)	(863)	(863)
(22,401)	Total Income	(23,123)	(23,123)	(23,123)	(23,123)
	Expenditure				
64	Social Benefit Payments	64	64	64	64
137,424	Staff Costs	136,525	138,042	137,489	137,618
73,777	Supplies and Services	79,696	88,686	94,419	100,292
1,276	Administrative Expenses	1,477	1,562	1,527	1,534
7,455	Premises and Maintenance	7,455	7,455	7,455	7,455
37	Other Operating Expenses	37	37	37	37
255	Grants and Subsidies Payments	255	255	255	255
0	Impairment of Receivables	0	0	0	0
1	Finance Costs	1	1	1	1
0	Contingency Expenses	0	0	0	0
220,289	Total Expenditure	225,510	236,102	241,248	247,256
197,888	**Net Revenue Near Cash Expenditure**	**202,387**	**212,979**	**218,125**	**224,133**

Table 5 - Statement of Comprehensive Net Expenditure

	2020 £'000	2021 £'000	2022 £'000	2023 £'000
Base Department Budget as per Government Plan	197,888	211,387	221,979	227,125
Base Adjustment & Commitments				
Price Inflation Department Net Expenditure	0	0	0	0
Price Inflation - Provision for General Pay Awards	0	0	0	0
Price Inflation - Provision for Specific Pay Awards	0	0	0	0
Provision for Re-forecast of benefit levels	0	0	0	0
Investments				
Put Children First	101	12	3	2
Improve wellbeing	11,276	10,485	5,143	6,006
Vibrant Economy	0	0	0	0
Reduce Inequality	122	95	0	0
Protect Environment	0	0	0	0
Modernising Government	0	0	0	0
	11,499	10,592	5,146	6,008
Inflation and Legislative Decisions	2,000	0	0	0
Departmental transfers	0	0	0	0
Other Variations	0	0	0	0
Net Revenue Near Cash Expenditure as per Government Plan	211,387	221,979	227,125	233,133
2020 Efficiency Programme	(9,000)	(9,000)	(9,000)	(9,000)
Net Revenue Near Cash Expenditure	**202,387**	**212,979**	**218,125**	**224,133**

Table 6 - Reconciliation of Net Revenue Expenditure

CSP Priority	Sub-priority	CSP Ref	Programme	Minister	2020 Allocation (£000)	2021 Allocation (£000)	2022 Allocation (£000)	2023 Allocation (£000)
Put Children First	Protecting and supporting children	CSP1-1-02	Independent Jersey Care Inquiry P108	Minister for Children and Housing	70	70	71	71
		CSP1-1-03	Policy/legislation service delivery	Minister for Home Affairs	31	43	45	47
	Protecting and supporting children Total				101	113	116	118
Put Children First Total					101	113	116	118
Improve Wellbeing	Support Islanders to live healthier, active, longer lives		Inspiring an 'Active Jersey'	Minister for Health and Social Services	0	0	0	0
		CSP2-1-02	Preventable diseases	Minister for Health and Social Services	300	1,200	2,500	2,800
	Support Islanders to live healthier, active, longer lives Total				300	1,200	2,500	2,800
	Improve the quality of and access to mental health services	CSP2-2-02	Mental Health	Minister for Health and Social Services	3,200	4,800	4,100	4,200
	Improve the quality of and access to mental health services Total				3,200	4,800	4,100	4,200
	Put patients, families and carers at the health of Jersey's health and care system	CSP2-3-01	Digital Health and Care Strategy	Minister for Health and Social Services	0	700	800	800
		CSP2-3-02	Health P82 reinstate 2019 new and recurring	Minister for Health and Social Services	3,597	3,597	3,597	3,597
		CSP2-3-03	Maintaining health and community care standards	Minister for Health and Social Services	4,179	11,464	15,907	21,513
	Put patients, families and carers at the health of Jersey's health and care system Total				7,776	15,761	20,304	25,910
Improve Wellbeing Total					11,276	21,761	26,904	32,910
Reduce Inequality	Improving social Inclusion	CSP4-3-01	Care Needs at Home	Minister for Social Security	0	70	70	70
		CSP4-3-02	Disability social inclusion	Minister for Social Security	122	147	147	147
	Improving social Inclusion Total				122	217	217	217
Reduce Inequality Total					122	217	217	217
Grand Total					**11,499**	**22,091**	**27,237**	**33,245**

Table 7 - Revenue EoI

Capital Programme area	Head of Expenditure	2020 (£000)	2021 (£000)	2022 (£000)	2023 (£000)
Information Technology	Digital Care Strategy	0	0	0	0
Information Technology Total		0	0	0	0
Replacement Assets	Replacement Assets (Various)	2,900	2,750	2,600	2,750
Replacement Assets Total		2,900	2,750	2,600	2,750
Estates including new Schools	Five Oaks Refurbishment	2,000	1,500	0	0
	Health Services Improvements (including vital IT Investment)	5,000	5,000	5,000	5,000
	Learning Difficulties	0	2,300	2,195	2,350
Estates including new Schools Total		7,000	8,800	7,195	7,350
Grand Total		**9,900**	**11,550**	**9,795**	**10,100**

Table 8 - Capital EoI

Efficiencies

It is recognised that because of demographic change, new treatments and drugs etc. that the cost of health and care services will continue to rise, in order to keep the DHCS on a sustainable financial path it is essential that a programme of efficiency activities is undertaken to ensure that DHCS is able to contain its costs within the resources allocated.

It is important that the efficiency programme is seen in the context of achieving best value from the resources available with the aim being;

- To reduce the growth in demand for care through prevention and better integration of service provision
- To reduce unwarranted variation
- To eliminate waste and increasing time to care
- To drive up productivity
- To learn from good practice
- To take advantage of technological advances and new ideas

Engagement and communication are important; without which there is a risk that the programme is seen as a cost cutting exercise only, whilst in reality the programme is designed to achieve modernisation, transformation and value for money as well as budgetary savings.

The department has developed a robust efficiency plan that is part of the modernisation plans for the department and linked intrinsically to the new model of care. All the department efficiencies have been assessed for quality impact by the Office of the Chief Nurse and Medical Director. There is a close connectivity to improved quality of service and greater efficiency and the department has established a robust assurance process through an Efficiencies Board with close oversight to the Finance and Modernisation and the Quality and Performance Assurance Committees. DHCS has an ambitious efficiency target for 2020 of £9m. Efficiency opportunities have been developed building on the success of the £6m efficiency programme in 2019.

Efficiency Targets	£'000
Departmental	3,666
Efficient commercial operations	2,523
Modern and efficient workforce	2,811
Total	9,000

Engaging Islanders and local Communities

Exercise: There is a wide range of stakeholders with whom the DHCS works in order to provide health and social care services. This partnership involves engaging with various bodies in order to get their input into how best to provide services and rely on their direct contribution to that provision.Consultation

Informal/formal: It is anticipated that continued dialogue will be both informal and formal

Who we will engage with: Age Concern Jersey, Headway, Shelter Trust, Arts in Healthcare, Jersey Alzheimer's Association, Silkworth Lodge, Brook Advisory Centre, Jersey Employment Trust, Jersey Recovery College, Citizens' Advice Bureau, Jersey Care Leaver's Association, Independent Advocacy Jersey, Communicare, Jersey Homeless Outreach Group, Jersey Council on Alcoholism For patient to receive compassionate care, Family Mediation, Jersey Women's Refuge, Jersey Hospice Care, Family Nursing and Home Care, MIND, Care Federation, Good Companions Club, Relate, Call and Check, Autism Jersey, Les Amis, NSPCC, Brighter Futures, New Horizons, Centre Point, Co-op, Primary Care Body, Royal Pharmaceutical Society, LV Home Care, Diabetes Jersey, Cheshire Homes, Mental Health Cluster, Learning Disability Cluster, Older Persons Cluster, Jersey Sport, Tutela, Closter to Home Steering Group, Disability Partnership, Red Cross, St John's Ambulance, Mencap, Oxygen Therapy, Beresford Street Kitchen, Stroke Association, Eyecan, dDeaf, Jersey Association of Carers Incorporated, Enable Jersey, Jersey Cancer Trust, CLIC Sargent Cancer Care for Children, Donna Annand Melanoma Charity (The), Friends of Jersey Oncology, Jersey Brain Tumour Charity (The), Jersey Cancer Relief, After Breast Cancer Support Group, Macmillan Cancer Support Jersey

What we want to achieve with the engagement / consultation

The purpose of engagement is to make sure that relevant organisations can influence strategic and operational decision-making in order to improve the quality of health and community services.

Consultation will be undertaken on a formal and informal basis depending upon the nature of the matters under consideration.

We want to maximise the potential our partners have to work in collaboration to deliver a sustainable model of care that improves islander's health, mental health and wellbeing.

It is our intention to understand the local market position on the island as well as working in partnership to address issues such as workforce development and training.

Delivery Assurance and Reporting Controls

Summary of Reporting Arrangements for Monitoring Progress against the Business Plan for this Period

Performance reporting underpins the new HCS governance structure implemented in 2019. Both the Management Executive and Quality and Performance Committee receives the Quality and Performance Report (QPR) designed around the new care group structure on a monthly basis. The report contains performance metrics specific to care groups on a rolling 13 month basis with monthly and year to date comparisons. Each metrics is 'RAG' rated following an extensive benchmarking exercise from NHS and Island Peers to set performance criteria focussed on what good looks like in Jersey.

The QPR uses aggregated data from specific care group scorecards used in monthly care group governance and performance reviews (the layer of working groups beneath the committees in the governance structure) for reporting and/or escalation into the committee structure. The performance reviews also utilise additional dashboards (specific to areas such and inpatients, outpatients or theatres for example) to interrogate and analyse data in further detail to understand the contributing factors to operational performance.

In addition to the QPR and Care Group reporting framework; specific systems allow for bespoke reports which contribute to the assurance within the governance structure. For example Allocate (the e-rostering system for nursing workforce), reports on specific details around the staffing of wards such as fill rates by shift, the use of bank/agency nursing and the impact staffing levels from an above or under requirement position has upon patient care.Within DHCS we have established a revised governance framework

Corporate Governance is concerned with the structures, systems and processes by which the Health and Community Services Department leads, directs and controls its functions, in order to achieve organisational objectives and by which it relates to its partners and the wider community.

Assurance provides evidence and certainty to the Board that what it intended to be happening is actually happening in practice. It helps the Board answer a key question “Do we really know what we think we know?”

Purpose of the DHCS Board and its Committees

The HCS Board

The Board is the oversight body of the Health and Committee Services Department. Its role is to provide oversight of healthcare strategy for the Departments services, establish and uphold its governance and accountability framework, including its values and standards of behaviour and to ensure delivery of its aims and objectives. It does this through effective challenge and scrutiny of performance across all HCS activities. The Board will therefore hold HCS executives to account by seeking assurance about HCS activities. The Board will have oversight of any major risks to HCS not achieving its strategic objectives

Quality and Performance Committee

The purpose of the committee is to enable the Board to obtain assurance that high standards of care are provided by Health and Community Services and, adequate and appropriate governance structures are in place throughout HCS.

Finance and Modernisation Committee

The purpose of the committee is to support the Boards strategic direction and stewardship of Health and Community Services (HCS) finances, investments, assets and financial sustainability.

Risk Committee

The purpose of the committee is to assist the Board in the oversight of risk management and the effectiveness of internal control within Health and Community Services (HCS)

People and Organisational Development Committee

The purpose of the committee is to assure the Board that the People and Organisational development function is able to deliver its strategic objectives

Management Executive Committee

The purpose of the committee is to serve as the senior decision making group beneath the Board and to assist the Director General as the accountable officer in achieving the strategies, aims and objectives of Health and Community Services (HCS).

Risk Management Reporting Arrangements for this Period

DHCS has a risk policy, risk management strategy and revised governance framework in place which reflects the requirements of the department, and, incorporates recommendations from the Comptroller Auditor General's review of governance across HCS.

DHCS uses an electronic risk management system called Datix. Every member of DHCS has access to report incidents and risk registers on this system. The system is constantly reviewed specifically trawling for incidents to support safety in HCS and identify risk. The system produces our risk registers which are divided into Care Groups. This supports the production of the HCS Corporate Risk Register (risks scored greater than 16 and greater than 12 in children's services) are discussed at the monthly HCS Board.

The quality and safety team have recently disaggregated in order to support the development of governance and risk in the care groups by wrapping governance facilitators around the care groups. Each care group has an allocated governance lead who works with the management teams to support governance in the care group particularly around the management of risk, compliance and horizon scanning for the future. Monthly governance meetings now feature in each Care Group with agreed terms of reference and minutes. Each care group discuss all their risks on the risk register not only those that feature on the corporate risk register.

Before the corporate risk register reaches the board it is reviewed and validated at the Management Executive Committee (MEx) level before receiving assurance through both related assurance committees, (Quality and Performance and Risk Committee) both of which are chaired by Assistant Ministers.

The Chief Nurse also has weekly meetings with the lead nurses as part of an Accountable Care Framework encompassing quality indicators for nursing care both within HCS and externally for services at arm's length from HCS, and, those services encompassed under the emerging commissioning framework as part of the new Jersey Model. This supports ward to board reporting and provides the chief nurse with line of sight on ward and external care outcomes and indicators.

In addition to this information from additional systems such as Datix and e-rostering allow for bespoke reports on the quality of care, staffing levels and safety of individual services across HCS for assurance within the Board and Committee structure. Human Resources have an emergent system for reporting and recording staffing metrics.

The Government of Jersey Corporate Risk Register with risks particularly relevant to HCS are incorporated in to the HCS Corporate Risk Register enabling read across to all areas in OneGov.

Given the department's inherent high level of risk it also essential that the department has robust business continuity plans and there is a senior Head of Business Continuity role within the department to provide this function.

Measuring progress against Deliverables Planned for 2020

Objective	Projects currently "in flight"
Planned Deliverable 1	Produce a framework within which the ambulance service will be held accountable for the provision of health care by HCS
Completion Date	EPrescribe or EMPA is scheduled to go live February 2020. Clinical trials begin November 2019 and subject to successful trials then we're on track for a Feb go live.
Intended Outcome	Complete electronic integration of medication prescribing.
Success Measures	• Reduced medication errors • Improved patient outcomes as a result of better medications management • Cost efficiency • Reduction in adverse infection control issues • Greater stock management for medicines
Planned Deliverable 2	Primary Care Integration as an Integration platform is complete and sign off will be this month (September).GP
Completion Date	Nov 2019 through to 2020
Intended Outcome	Improved continuity of care for patients
Success Measures	• Greater information sharing between Primary Care and Secondary Care system • Improved continuity of care for patients • Less duplication and transactional care between care partners
Planned Deliverable 3	Order Communications – Radiology: is currently in clinical trials and all being well will formally go live 1st November 2019.
Completion Date	Q1 2020
Intended Outcome	Improved continuity of care for patients
Success Measures	Improved access to diagnostics impacting on increased speed for test results Improved quality of care around key chronic disease and cancer pathways
Planned Deliverable 4	GP Order Communications – Pathology: Q1 2020 is the target go live date again subject to clinical trials
Completion Date	Q1 2020
Intended Outcome	Improved continuity of care for patients

Success Measures	• Improved access to diagnostics impacting on increased speed for test results • Improved quality of care around key chronic disease and cancer pathways

Objective	**Mental health deliverables**
Planned Deliverable 1	CAMHS In the Target Operating Model of the Government of Jersey the Child Development Centre and CAMHS are to transfer from Health and Community Services into the Children and Young people's services. The service is in the process of transition during 2019. This aim is to achieve a fully integrated children's system with clear and effective pathway that work for children and their families.
Completion Date	Q1 2020
Intended Outcome	Improved pathways for CAMHS
Success Measures	• Early assessment and intervention from the specialist system • Early help for vulnerable children • Improved access for CAMHS services • Long term plan development for CAMHS strategy • Reduced prevalence for Off Island placement • Reduced admissions to the Acute ward (Robin) at Jersey General Hospital • Increased community case load for CAMHS • Improved interface with Primary Care and multi professional partners
Planned Deliverable 2	Crisis Support Service for Adult Mental Health
Completion Date	Q3 2020
Intended Outcome	Improved quality of care.
Success Measures	• Increased community case load • Admission avoidance to Orchard House • Reduced Length of Stay for inpatient adult unit (Orchard House) • Reduced attendance to the Accident & Emergency dept • Reduced contacts with the SOJP for inappropriate assessments for MH

Planned Deliverable 3	Establish a Listening Lounge This development has been expedited by the Mental Health Improvement Board and will ensure there is early help for persons with escalating need.
Completion Date	Q3 2019 into 2020
Intended Outcome	Early help for mental health crisis.
Success Measures	• Reduced waiting times for JTT • Improved direct access for counselling services • Onward referral for appropriate pathways • Reduction in inpatient activity
Planned Deliverable 4	Complex Trauma Evidence based psychological therapies training has already begun using non-recurring monies from the Jersey Care Enquiry.
Completion Date	Q3 2020
Intended Outcome	Improved Quality of Care
Success Measures	• A reduction in therapy waiting times at JTT Step 3 • Reduced ED attendance from self-harming trauma clients • Improve the service user experience • Improve collaboration between prison and criminal justice service
Planned Deliverable 5	Mental Health Legislation The relevant legislation has been introduced. The release of monies would trigger an immediate team recruitment.
Completion Date	Q2 2020
Intended Outcome	Compliance with Law
Success Measures	• The Capacity and Self Determination Law provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they may lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. In addition, it sets out the legal requirements, in terms of assessment and legal authorisation of Article 5 infringements under Human Rights (Jersey) Law 2000 (right to liberty), for people who lack capacity to consent to their deprivation of liberty.

Planned Deliverable 6	Mental Health Strategy Further development of the Mental Health Strategy aligned to the new Jersey Care Model is required in 2020.
Completion Date	Q1 2020
Intended Outcome	To deliver Parity of Esteem between Physical and Mental Health care
Success Measures	• This will focus on the co-located MH Campus development as part of the long term plans for MH inpatient Care. It will also expand upon the Community & Voluntary sector role and opportunity going forward son that Mental Health partners are clear of future long term strategic plans and can have certainty regarding their roles and functions within the future care model. This will commence Q1 2020.

Objective	**Maintaining health and community care**
Planned Deliverable 1	The impact of demographic changes – particularly the increasing need for domiciliary care
Completion Date	Q1 2020
Intended Outcome	To ensure effective and sufficient domiciliary care is in place
Success Measures	• Reduced prevalence of complex – high cost Packages of Care (POC's) • Reduced prevalence overall for POC's • Improved prevalence of reablement pathways
Planned Deliverable 2	Medical advances and drug development – new patented drugs emerging which will come with cost pressures particularly cancer drugs
Completion Date	Q1 2020
Intended Outcome	To ensure appropriate treatment is in place for the Island needs.
	• Improved Cancer & long Term condition outcomes.
Planned Deliverable 3	Cost of meeting professional standards – each professional regulatory body sets minimum standards for care such as staffing levels for safety, regulatory requirements for infection control etc Expansion of community services to provide 24/7-
Completion Date	Q1 2020
Intended Outcome	Improved standards of care

Success Measures	• Sustainability of a professional workforce • Sustainable regulatory links with the GMC-LNC and HCPC • Sustainable medical and professional indemnity for our health and care system on Island
Planned Deliverable 4	Use of off island services where there is increasing cost of tariff, need as population grows older
Completion Date	Q4 2020
Intended Outcome	Increased access to care
Success Measures	• Increased community activity • Reduced admission prevalence to the Acute Hospital • Reduced Length of Stay at the hospital
Completion Date	Q1
Intended Outcome	Sustained access to specialist pathways
Success Measures	• Repatriated activity to Jersey • Less off island activity • Better value for money through UK contracts with the NHS

Objective	**Mental health capital investment**
Planned Deliverable 1	"Make safe" Orchard House for the delivery of care to Adults with a Mental Health need who require admission. The need for the relocation of the service provided within Orchard House is primarily driven due to the clinical, operational and environmental risks and the newly implemented mental health law.
Completion Date	Q4 2019 Into Q1 2020
Intended Outcome	Compliance with Health and Safety requirements and improved care environment for patients.
Success Measures	• Improved patient and user experience • Reduced complaints • Improved therapeutic outcomes • Reduced LOS
Planned Deliverable 2	Prepare Clinique Pinel by undertaking building work to join Cedar Ward and the current Orchard House to be able to deliver high quality safe mental health care. The proposed upgraded environment will accommodate all mental health assessment and treatment beds.
Completion Date	Q4 2020

Intended Outcome	To ensure the MH estate meets inpatient pathway need
Success Measures	• The establishment of a new inpatient unit • Provision of specialist intensive care for mental health • The establishment of a Place of Safety on the Island for MH crisis. • Improved therapeutic outcomes • Reduced LOS • Increased community activity and caseload • Improved patient experience • Reduced complaints, incidents and risks

Objective	**Acute Floor Model at Jersey General Hospital**
Planned Deliverable	The 'Acute Floor' will operationalise an ambulatory emergency care model. The model of care is based on a default assumption that all unscheduled care patients (medical and surgical) will be considered as 'zero length of stay' unless clinically inappropriate to treat as such.
Completion Date	Q1 2020
Intended Outcome	Improved patient flow at the general hospital
Success Measures	• Reduced LOS at the general hospital • Fewer re-admissions to hospital • Fewer admissions to Hospital • Improved continuity of care • Reduction in clinical incidents and risk • Reduction in IPAC outbreaks

Objective	**Secondary Scheduled Care Plan: Will focus on our efficiency objectives which relate largely to improved productivity around our Theatres, Day Surgery activity and waiting times across our main medical and surgical specialties.**
Planned Deliverable	Our secondary scheduled care plan will see an improvement in productivity for our planned care services.
Completion Date	Q1 2020
Intended Outcome	Improved productivity

Success Measures	• Improved day case activity • Improved LOS across the inpatient units • A reduction in waiting times • A reduction in outpatient appointments at the general hospital • A reduction in clinical incidents

Objective	**Diabetic Supplies programme**
Planned Deliverable	Improved quality of care for diabetic patients
Completion Date	Q1 2020
Intended Outcome	Improved quality of care
Success Measures	• We anticipate this overall programme will result in more efficient use of resources and better patient experience

Objective	**GP Cluster initiative for Social Prescribing**
Planned Deliverable	Improved access for service users
Completion Date	Q1 2020
Intended Outcome	Improved quality of care
Success Measures	• Reduction in LOS at the orchard house • Reduction in readmissions at the orchard house • Reduction in mental health crisis and associated admissions to community case load and inpatient units.

Objective	**GP Cluster Pilot in Frailty and Hospital In -Reach**
Planned Deliverable	Continue GP in reach into the general hospital to improve continuity of care between Primary and Secondary care.
Completion Date	Q1 2020
Intended Outcome	• Improved continuity in care
Success Measures	• Reduced LOS at the General Hospital • Reduced re-admissions • Reduced medication errors • Reduced contacts with professionals

Key Performance Indicators (KPI) Monitoring Service Performance

Indicator	Reporting frequency
Ambulance	
Ambulance: Number of Emergency calls for ambulance response	Monthly
Ambulance: Red 1 Ambulance Response times (%within target)	Monthly
Ambulance: Red 2 Ambulance Response times (%within target)	Monthly
Emergency Dept: Total Attendances	Monthly
Emergency Dept: % of patients triaged within 15 mins of arrival in ED	Monthly
Emergency Dept: % of patients triaged as life/threatening/ urgent	Monthly
Emergency Dept: % of patients seen by a doctor within 60 minutes of arrival in ED	Monthly
Emergency Dept: Average time in ED (Mins)	Monthly
Emergency Inpatients: Number of Emergency Admissions	Monthly
Emergency Inpatients: Acute length of stay (Non-Elective)	Monthly
Emergency Inpatients: Emergency re-admissions within 30 days (JGH)	Monthly
Outpatients: Total outpatient activity	Monthly
Outpatients: % of patients waiting > 90 days for first outpatient appointment	Monthly
Outpatients: DNA Rate (%)	Monthly
Elective Inpatients: Number of elective admissions	Monthly
Elective Inpatients: % waiting > 90 days for elective admission	Monthly
Elective Inpatients: % elective surgery undertaken as a daycase	Monthly

Elective Inpatients: Acute length of stay (Elective)	Monthly
Older Adults MH: Number of Admissions to Older Adult MH Units	Monthly
Older Adults MH: Average Length of Stay In Older Adult MH Units	Monthly
Older Adults MH: % of re-admissions to Older Adult MH Units within 30 days	Monthly
Older Adults MH: % of beddays lost in Older Adult MH Units due to DTOC	Monthly
Adult MH: Number of Admissions to Adult Mental Health	Monthly
Adult MH: % of admissions under MH law	Monthly
Adult MH: % of admission to Adult MH that are re-admissions	Monthly
Community MH: Number of referrals to CMH	Monthly
Community MH: Number in initial assessments by CMH	Monthly
Community MH: Median waiting time for first appointment for CMH	Monthly
Community MH: % of re-referrals of all referrals	Monthly
Jersey Talking Therapies: Total referrals	Monthly
Jersey Talking Therapies: % patients completed treatment who have waited > 6 weeks	Monthly
Jersey Talking Therapies: % of patients completing treatment who have GAD/PHQ scores at both start and end of treatment	Monthly
Jersey Talking Therapies: % completed treatment and moving to recovery	Monthly
Jersey Talking Therapies: completed treatment and showing reliable improvement	Monthly
Number of alerts reported to Adult Safeguarding Team	Monthly
Number of guided conversations supported by Adult Safeguarding Tea	Monthly
% of clients who felt that people and services understood what they could do and what they needed help with	Monthly
Number of clients who felt the help they received made their stuation better	Monthly

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