



## **Health and Social Services Department**

### **Business Plan**

**2017**

**CONTENTS**

<b>Minister's Foreword</b>	<b>3</b>
<b>Introduction by Chief Executive Officer</b>	<b>4</b>
<b>SECTION 1</b>	
<b>Core Values and Key Priorities</b>	<b>5</b>
<b>Organisation Chart</b>	<b>6</b>
<b>SECTION 2</b>	
<b>Departmental key activities for 2017</b>	<b>7</b>
<b>SECTION 3</b>	
<b>Finance</b>	<b>17</b>
<b>SECTION 4</b>	
<b>Achievements in 2016</b>	<b>21</b>

## Minister's Foreword

Health and Social Services aims to improve the health and wellbeing of Islanders through the delivery of safe, high quality, value for money services. To do this, we work with our voluntary, community and independent sector partners, and with Primary Care, to continue transforming services in line with P82/2012 '*A New Way Forward for Health and Social Care*'.

Islanders are now seeing the benefits of this approach, with more care provided in their own homes by a range of organisations. I am confident that, with continued States support, this will continue with, for example, a further increase in Rapid Response and Reablement, which is delivered by Family Nursing and Home Care. This will mean that Islanders can stay in their own homes for longer, with greater independence and choice about their care.

I am delighted that we have now secured the agreement of States Members to the Future Hospital on part of the current site, and we have progressed the priorities from both the mental health and primary care strategies; in early 2017 the 'Recovery College' will open, bringing with it a renewed focus on mental wellbeing, and we will develop new ways to help people in crisis.

The Children's Service Improvement Board, chaired by the Chief Minister, has been overseeing developments to ensure an effective and timely response to children and young people (and their families) who are vulnerable or considered at risk. And the Independent Jersey Care Inquiry is due to publish its report in the first quarter of 2017.

Throughout 2016 we have also been working in collaboration with our colleagues in Primary Care to identify further services that can be delivered safely in the community. These services will require new roles and funding mechanisms, which will be tested in 2017.

Preventable disease and death continue to place an increasing burden and demand on health and social care services and the wider society. Tobacco continues to be the leading cause of preventable death on our Island, and we have released a refreshed cross-governmental Tobacco Strategy with an ambition of creating a smokefree generation. This strategy recognises that although the impacts of tobacco smoking are largely on health services, the actions required are broader with responsibility being shared across the States.

Reducing the incidence of vaccine-preventable infectious disease remains a key goal and I was delighted to extend nasal flu vaccine to increased numbers of school children during 2016 and to make shingles vaccine available for islanders reaching their 70<sup>th</sup> birthday.

Of course all of this would not be possible without the dedication and motivation of our staff. This is recognised through our Annual Achievement Awards. Funded through the generosity of sponsors, the event celebrates long service, academic achievement and higher education partnerships, the Quality Improvement Awards and the popular Unsung Hero Awards, which have now been introduced as a monthly recognition scheme.

Supporting our staff remains important; the Department's commitment to providing education and career opportunities continues and in 2016 our first 11 student nurses graduated from Chester University – of which seven achieved first class honours. Two students from Jersey also commenced their Operating Department Practitioner degree. To better support students' learning needs in clinical practice, a Clinical Skills training lab opened, funded with support from the Wessex Deanery. This enables staff to learn together using simulation, observation and assessment.

I would like to thank the staff of Health and Social Services, and our partners, for their continued hard work and commitment. 2017 and beyond will see more changes, but I am confident the staff will rise to the challenges and remain focused on providing safe, sustainable, affordable services, and delivering these in partnership with other care providers.

**Senator Andrew Green MBE, Minister for Health and Social Services**

### Chief Officer's Introduction

2016 was another challenging year in which high quality health and social care has been delivered once again through the hard work and commitment of our staff and our partners. I would like to thank all involved for the services they provide and the positive difference they make.

Islanders want and deserve good quality services that are also value for money. They want choice and have told us that they want to be cared for at home wherever possible. We continue responding to this by working closely with our partners in the voluntary and independent sectors and in Primary Care to improve existing services and develop new services as part of our transformation programme, which was set out in P82/2012.

We continue our focus on improving safety, quality and value. Our Lean programme has delivered significant improvements by, for example, speeding up hospital discharge and improving the value and quality of patient food on our wards.

Our focus on 'Safely Removing Costs' also meant that we were able to achieve £9m savings during 2016 without a significant impact on services.

We also made good progress in response to our Staff Survey, including introducing the "Don't be a Bystander" campaign which launched HSSD's Raising Serious Concerns Guidance, and Duty of Candour Policy. We supported our staff with 'resilience' workshops, and held our first annual Community and Social Services conference.

Celebrating success and saying 'thank you' is important; the 2016 Quality Improvement Awards overall winner was "Splashchat", a community swimming club for people with dementia and their families. Other winners in their categories were the Thomas House Care Leavers project, the Community Oxygen Service and the Pain Team's work on mindfulness.

Now that the States has agreed that our Future Hospital will be a new hospital on part of the current site we can further increase our focus on transforming the way services are delivered. This will include developing 'Ambulatory Emergency Care'; redesigning the planned surgical pathways to incorporate '23 hour' care facilities and revising our delivery of outpatient services.

Community and Social Services is restructuring to provide consistent services and a named keyworker for individuals, along with an easier and more straightforward point of access. Our Community health and care services will work together in multi-disciplinary teams, with stronger links to Primary Care. Children's Social Work services will also restructure so that one integrated team works with a child and family throughout their involvement.

In 2017, our Community Services transformation will continue, with the detailed planning for a Care Hub – a one-stop shop for information to help Islanders access the services they need in a more co-ordinated way. We will continue developing a palliative care pathway for children with input from families and will continue investing in Rapid Response & Reablement and in Older Adults Mental Health services, improving support for individuals in crisis and introducing the Recovery College and a Mental Health Network.

The Sustainable Primary Care pilots will test out new ways of working for GPs and Pharmacists, with extended roles and improved pathways of care. This will be supported by understanding how patients' care-seeking behaviours and clinicians' care-delivery behaviours could be affected by different payment systems. And we are working with colleagues in Social Security to identify how we can improve support for people on low income.

I am proud of the services we deliver and of our staff and partners who work together to deliver safe, good quality care. I know that their hard work and commitment is appreciated by Islanders, as it is by myself and my Minister.

**Julie Garbutt, Chief Executive Officer**

## SECTION 1

### 1.1 The States Strategic Plan

The States Strategic Plan 2015-18 identifies the transformation of health and social services as a key priority:

*"The transformation of our health and care services is already underway as Jersey prepares to meet the demographic challenge. System redesign on the required scale requires significant investment but trying to prolong the current system would cost far more in the long term.*

*It is vital that we see this change programme through, not only to keep pace with growing demand and ensure that services are safe and fit for the future, but also to deliver a health and social care model that is financially sustainable.*

*Our focus on increasing the health and wellbeing of our community, and ensuring that people can access quality health care if they need it, will help reduce social exclusion. It will also keep more people healthy and in the workforce helping mitigate the rising costs of health care."*

The impact of these changes goes beyond the health and wellbeing of Islanders. A safe, sustainable range of health and social services, including a new hospital, is essential to maintain the reputation of the island as a place to live and invest in.

### 1.2 Core Values

**The Department works within the core values of the States of Jersey:**

- Customer focus
- Constantly improving
- Better together
- Always respectful
- We deliver

### 1.3 Key Priorities

The Department's aim is to improve the health and wellbeing of the population of Jersey with particular emphasis on children and older people.

**The Health and Social Services Department has four key priorities:**

- Improving safety and quality
- Providing clinical capacity
- Providing sustainable health and social care
- Improving value for money

This aim and priorities are translated into the Department's key objectives, as stated in this Annual Business Plan and the Medium Term Financial Plan (MTFP):

**Objective 1:** Redesign of the health and social care system to deliver safe, sustainable and affordable health and social services.

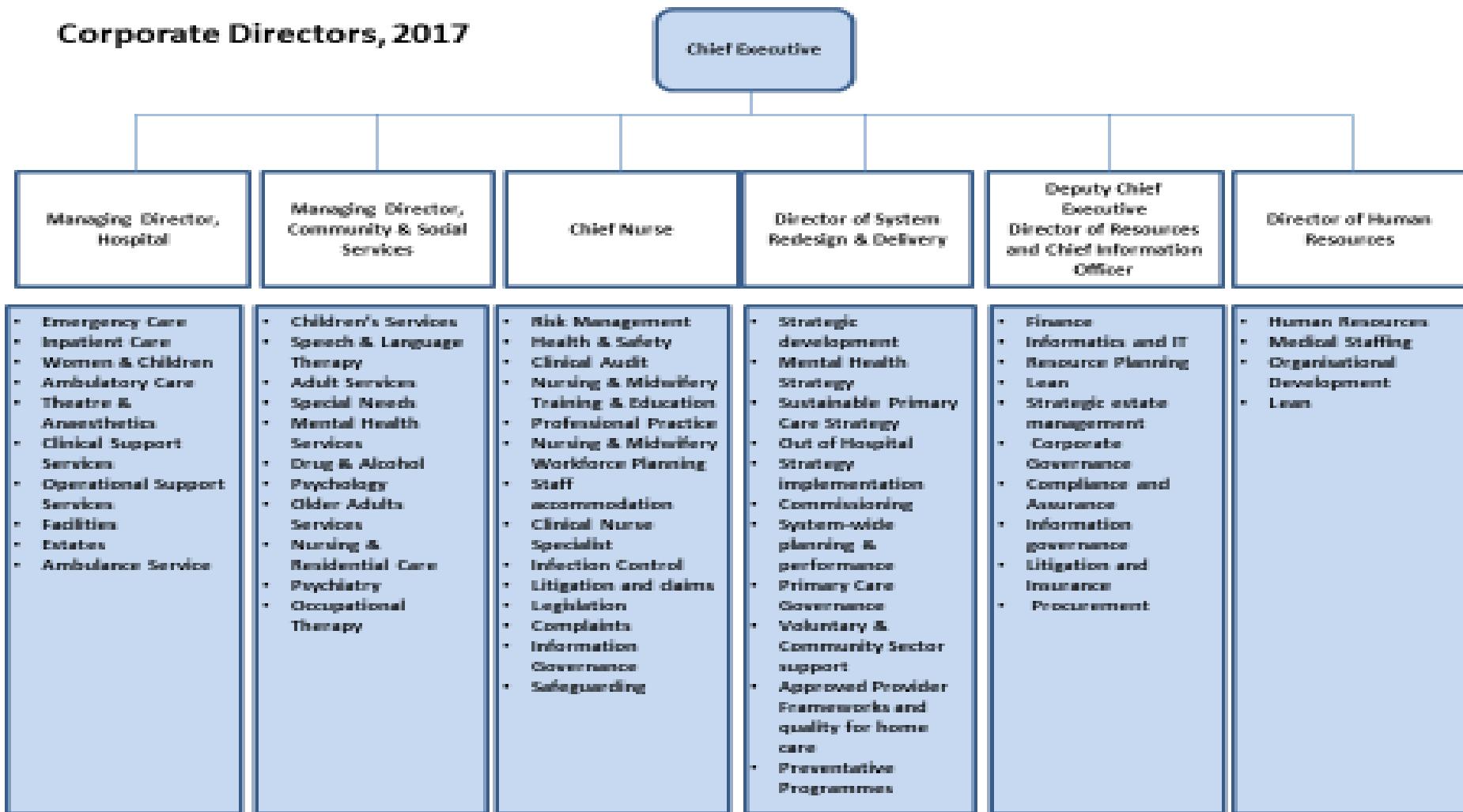
**Objective 2:** Improved health outcomes by reducing the incidence of mortality, disease and injury in the population.

**Objective 3:** Improved consumer experience of Health and Social Services.

**Objective 4:** Promotion of an open culture based on good clinical and corporate governance with a clear emphasis on safety.

**Objective 5:** Manage the Health and Social Services budget to deliver services in accordance with the Medium Term Financial Plan.

## Corporate Directors, 2017



**SECTION 2****DEPARTMENTAL KEY ACTIVITIES FOR 2017**

	<b>Success Criteria (from MTFP)</b>	<b>Lead Department</b>	<b>Measure</b>	<b>Target Date</b>	<b>Key Risks</b>	<b>MTFP Objective</b>
<b>1.</b>	<b>Redesign of the health and social care system to deliver safe, sustainable and affordable health and social services</b>					
i)	Transition Plan (P82/2012) implementation	Corporate	<p>Produce detailed plans (service specifications, metrics, implementation plans)</p> <p>Implement new services in accordance with plan</p> <p>Finalise design of the Care Hub and introduce 'quick wins'</p> <p>Implement the Children's Services Improvement Programme</p> <p>Review Phase 1 investments</p>	<p>Ongoing</p> <p>Ongoing</p> <p>December 2017</p> <p>December 2018</p> <p>December 2018</p>	<ul style="list-style-type: none"> <li>▪ Resource availability</li> <li>▪ Competing priorities</li> <li>▪ Ability to recruit staff to deliver services</li> <li>▪ Budget pressures</li> </ul>	1,3,4
ii)	Develop Future Hospital Outline Business Case (OBC)	Hospital	<p>Complete design brief</p> <p>Commence enabling works for relocation</p> <p>Gain outline planning permission</p> <p>Secure approval by the States</p>	June 2017	<ul style="list-style-type: none"> <li>▪ Ability to access external expertise</li> <li>▪ Failure to secure planning permission</li> <li>▪ Failure to secure States approval for the OBC</li> </ul>	1
iii)	Implement Mental Health Strategy	Corporate, working with Community and Social Services	<p>Establish a 'Recovery College'</p> <p>Roll out redesigned Older Adults Mental Health Service</p> <p>Pilot Mental Health Street Triage</p>	<p>January 2017</p> <p>February 2017</p> <p>May 2017</p>	<ul style="list-style-type: none"> <li>▪ Resource availability</li> <li>▪ Input and commitment from stakeholders</li> </ul>	1,3,4

	Success Criteria (from MTFP)	Lead Department	Measure	Target Date	Key Risks	MTFP Objective
			and crisis support alternatives  Review Mental Health Liaison Services  Implement a Mental Health Network that supports co-production  Introduce Young People's Primary Support Workers, creating additional capacity at tiers 2 and 3	April 2017  Oct 2017  April 2017		
iv)	Implement the Sustainable Primary Care Strategy	Corporate, working with Social Security Department	Operationalise pilots to test new service models, ways of working and funding flows  Complete workstreams for funding, workforce, needs assessment and governance  Define the future model	April 2017  September 2017  December 2017	<ul style="list-style-type: none"> <li>▪ Continued agreement from stakeholders</li> <li>▪ Ability to secure appropriate resources</li> <li>▪ Data sharing, information governance and lack of integrated electronic patient record</li> </ul>	1,5
v)	Improve clarity, value and support for voluntary and community sector organisations	Corporate	Provide targeted support for voluntary and community sector organisations, to assist in transforming services	Ongoing	<ul style="list-style-type: none"> <li>▪ Commitment from voluntary and community sector organisations</li> <li>▪ Capacity for change</li> </ul>	1,3,4,5
vi)	Implement the 1001 Days agenda (Community & Constitutional Affairs Department lead)	Corporate, supporting Community & Constitutional Affairs Department	Achievement of milestones to be set by Community & Constitutional Affairs Department	December 2017	<ul style="list-style-type: none"> <li>▪ Resource availability</li> <li>▪ Input and commitment from stakeholders</li> </ul>	1,4
vii)	Agree a sustainable funding mechanism for health and social care (Treasury lead)	Corporate, working with Treasury and Resources Department	Develop a policy for health and social care funding  Sustainable funding mechanism agreed by Council of Ministers	September 2017  2018	<ul style="list-style-type: none"> <li>▪ Complexity of the work</li> <li>▪ Political agreement</li> <li>▪ Treasury lead – resource availability</li> </ul>	1,5

	<b>Success Criteria (from MTFP)</b>	<b>Lead Department</b>	<b>Measure</b>	<b>Target Date</b>	<b>Key Risks</b>	<b>MTFP Objective</b>
viii)	Review services in priority markets	Corporate, with Community & Social Services	Produce review of Adult Respite market  Produce review of Day Services  Improve capacity in nursing home market	April 2017  April 2017  December 2017	<ul style="list-style-type: none"> <li>▪ Commitment and involvement from partners</li> <li>▪ Political agreement</li> </ul>	1,3,4
ix)	Deliver workforce modernisation	Corporate (HR)	Complete a HSSD-wide Workforce Plan  Implement the SoJ Workforce Modernisation  Introduce a new HR IT system which will eventually incorporate manager and staff self-service and produce improved workforce data and reports  Introduce e-rostering, creating significant improvements in the processes and costs associated with deploying staff  Complete a second Staff Survey and production of a dynamic action plan	December 2017	<ul style="list-style-type: none"> <li>▪ Commitment and involvement from partners</li> <li>▪ Conflicting work demands and priorities on clinicians and leaders</li> </ul>	1,4,5

	<b>Success Criteria (from MTFP)</b>	<b>Lead Department</b>	<b>Measure</b>	<b>Target Date</b>	<b>Key Risks</b>	<b>MTFP Objective</b>
x)	Introduce a new governance model for health and social care	Corporate	Finalise the proposed future governance model recommendations  Secure approval from the Minister and Council of Ministers  Secure funding  Introduce new governance arrangements	February 2017  March 2017  April 2017  December 2017	▪ Political agreement ▪ Continued engagement from stakeholders ▪ Ability to secure appropriate resources	1,3,4
xi)	Deliver the Digital Care Strategy	Informatics	Commence Hospital Electronic Patient Record project  Implement Jersey Care Record Governance  Implement GP Electronic Order Comms	March 2017  September 2017  December 2017	▪ Resolution of technical issues ▪ Engagement and participation of stakeholders	1,5
<b>2. Improved health outcomes by reducing the incidence of mortality, disease and injury in the population</b>						
i)	Develop health care programmes	Preventative Programmes (Corporate)	Extend roll-out of shingles 'catch-up' vaccination for islanders born 1937 to 1945  Produce Preventative Programmes Strategy	December 2017  June 2017	▪ Continued engagement from stakeholders ▪ Ability to secure appropriate resources ▪ External pressures ▪ Unexpected pandemic	1,2,3
ii)	Develop Legislation	Community and Social Services	Lodge Regulations for new Mental Health Law and Capacity and Self-determination Law  Identify legislation required as a result of the Independent Care Inquiry	September 2017  December 2017	▪ Complexity of legislation may delay the timetable ▪ States does not adopt the updated law ▪ Significant legislative changes required – resources available	1,2,3

	Success Criteria (from MTFP)	Lead Department	Measure	Target Date	Key Risks	MTFP Objective
<b>3.</b>	<b>Improved consumer experience of Health and Social Services</b>					
i)	Develop personalised care and choice	Community and Social Services Hospital External providers	Increase services available, including in different locations  Detailed planning for Care Hub  More Islanders making choices e.g. regarding long term care provision	Ongoing  December 2017  Ongoing	<ul style="list-style-type: none"> <li>▪ Requires some culture change</li> <li>▪ Financial impacts</li> <li>▪ Workforce capacity</li> <li>▪ Accommodation availability</li> <li>▪ Staff buy-in</li> </ul>	1,3
ii)	Continue to implement the Jersey Lean System	Corporate, Lean Certified Leaders working across Community and Social Services and Hospital	Completion of Lean interventions in accordance with plan  Clear benefits realisation, which reduces waste and duplication, improves productivity, quality and/or reduces cost always retaining a focus on patients and service users	Ongoing	<ul style="list-style-type: none"> <li>▪ Capacity to progress Lean in addition to frontline delivery</li> <li>▪ Multiple competing priorities</li> </ul>	1,3,4
iii)	Increased patient, service user and public involvement	Hospital, Public Health, Community and Social Services External providers	Introduce Public and Patient Advisory group  Views of patients routinely collected and used to develop services  Commission service to develop engagement of looked after children and create a Children in Care Council  Co-produce model for family-focused services for early years children with complex needs  Implementation of the Future Hospital engagement plan	December 2017  Ongoing  June 2017  Ongoing  Ongoing	<ul style="list-style-type: none"> <li>▪ Data collection systems</li> <li>▪ Managing expectations of the public</li> </ul>	1,3,4

	<b>Success Criteria (from MTFP)</b>	<b>Lead Department</b>	<b>Measure</b>	<b>Target Date</b>	<b>Key Risks</b>	<b>MTFP Objective</b>
iv)	Improved patient outcomes	Hospital Community and Social Services External providers	Develop suite of measures to benchmark with peers  Fully embed the FACE Care Partner software  Introduce self-evaluation framework in Children's Services, informed by key quality indicators with annual self-evaluation statement  External scrutiny of Children's Services  Implement new Children's Services IT system	Ongoing  October 2017  December 2017  December 2017  December 2017	<ul style="list-style-type: none"> <li>▪ Ability to collect appropriate data</li> <li>▪ Ability to benchmark effectively</li> <li>▪ Lack of clinical engagement</li> </ul>	1

<b>4. Continued promotion of an open culture based on good clinical and corporate governance with a clear emphasis on safety</b>						
i)	Enhance clinical governance	Corporate – across the Department	<p>Support nurses and midwives in revalidation process</p> <p>Proactive management of risk</p> <p>Develop HSSD risk appetite</p> <p>Review Governance structures and assurance framework</p>	Ongoing	<ul style="list-style-type: none"> <li>▪ Consultation professionals</li> </ul>	1,4
ii)	Develop positive and open culture	Corporate - across the Department	<p>Embed Duty of Candour Policy and Raising Concerns Guidance</p> <p>Demonstrate learning from incidents and complaints</p> <p>Transparent reporting through Care Quality Groups and Integrated Report</p> <p>Hold Practice development sessions across Community and Social Services, with annual conference</p>	Bi-monthly sessions  Conference June 2017	<ul style="list-style-type: none"> <li>▪ Lack of an organisational development (OD) specialist (or OD support from central Human Resources)</li> <li>▪ Engagement of staff with Survey Action Plans</li> </ul>	1,3
iii)	Improve management performance	Corporate - across the Department	<p>Continued development of performance reporting through the integrated reporting process</p> <p>Continue to monitor staffing levels and undertake skill mix reviews</p> <p>Enhance staff skills through education and training linked into appraisals and personal development plans</p>	Ongoing	<ul style="list-style-type: none"> <li>▪ Managerial capacity to increase levels of application of capability procedures</li> </ul>	1,3

			Robust reflective supervision implemented in Children's Services			
iv)	Promote children's and adults' safeguarding	Community and Social Services Hospital External providers	<p>Compliance with the standards set out in the Memorandum of Understanding with the Safeguarding Partnership Board</p> <p>Embed safeguarding adults and children in all areas and levels of service</p> <p>Implement and embed recommendations from Serious Untoward Incident Reviews and Serious Case Reviews</p> <p>Review the function and capacity of Designated and Named Professionals structure</p> <p>Introduce Chief Social Work Officer</p> <p>Introduce Regulation of Care Commission</p>	<p>Ongoing</p> <p>December 2017</p> <p>December 2017</p> <p>October 2017</p>	<ul style="list-style-type: none"> <li>▪ Workforce capacity</li> <li>▪ Financial resources</li> </ul>	3,4
v)	Further development of an assurance culture across the organisation	Corporate - across the Department	<p>Provide regular assurance reporting on financial control framework.</p> <p>Develop and implement assurance process around Codes of Practice</p> <p>Develop and implement assurance processes around regularity of spend and income</p> <p>Introduce new governance model</p>	<p>Ongoing</p> <p>June 2017</p> <p>June 2017</p> <p>December 2017</p>	<ul style="list-style-type: none"> <li>▪ Lack of infrastructure required to fully embed the framework into the organisation</li> </ul>	1,2,3,4,5

			[see 1x) above]  Implement an assurance accreditation framework for wards  Participate in and respond to external reviews/audits and implement recommendations  Implement new system of quality assurance visits to residential children's homes by independent safeguarding service	December 2017  Ongoing  December 2017		
vi)	Continue to develop and report integrated performance information	Corporate - across the Department	Produce monthly Integrated Report including financial, workforce, activity and performance measures  Finalise 2016 accounts  Produce first set of Person Level Costing information	Ongoing  March 2017  December 2017	<ul style="list-style-type: none"> <li>▪ Successful IT procurement and implementation</li> <li>▪ Effective engagement of clinical and care staff</li> </ul>	1,4,5
vii)	Further strengthen Primary Care governance	Primary Care Governance Team	Further develop JQIF (the Jersey Quality Improvement Framework) as a robust tool for quality improvement  Increase patient participation  Further improve performance processes to involve local clinicians and lay representatives  Expanding the remit of Primary Care to include more professions e.g. nurses, pharmacists, dentists, optometrists	Ongoing  September 2017  Ongoing  Ongoing	<ul style="list-style-type: none"> <li>▪ Continued engagement from Primary Care professionals</li> <li>▪ Ability to recruit patient representatives</li> <li>▪ Requirements from external regulatory bodies</li> </ul>	1,4,5

<b>5. Manage the Health and Social Services budget to deliver services in accordance with the Medium Term Financial Plan</b>						
i)	Deliver services within budget. Staff and resources managed effectively in accordance with budgets	Corporate - across the Department	Achieve balanced out-turn against budget	December 2017	<ul style="list-style-type: none"> <li>▪ Unforeseen increase in demand for services</li> <li>▪ Unforeseen availability of new high cost treatments / drugs</li> <li>▪ Major incident</li> <li>▪ Further savings requirement</li> </ul>	1,5
ii)	Further develop medium to long term financial planning	Corporate - across the Department	Produce indicative financial plans for 2019/20  Finalise Health and Social Services Estates strategy	June 2017  June 2017	<ul style="list-style-type: none"> <li>▪ Short timescales for producing plans</li> <li>▪ Further savings required</li> </ul>	1,5
iii)	Deliver planned savings programme	Corporate - across the Department	Deliver £6m savings programme	December 2017	<ul style="list-style-type: none"> <li>▪ Unforeseen increase in demand for services</li> <li>▪ Unforeseen availability of new high cost treatments / drugs</li> </ul>	5

## SECTION 3

### FINANCE

As set out in previous Business Plans and the MTFPs 2013-2015 and 2016-2019, the Council of Ministers continues to provide funding to support the decision made in 2012 (P82/2012 'Health and Social Services: A New Way Forward') to invest in transforming health and social care services in order to meet the challenge of the ageing demographic in Jersey. This includes the following key objectives:

- Developing new models of care that are preventive rather than reactive
- Keeping people out of (inappropriate) hospital care by providing care in community settings, which also improves safety, outcomes and experience
- Developing proactive, integrated care which improves independence and a person's ability to stay in their own home for longer.

In addition to this programme of change, the Health and Social Services Department (HSSD) is committed to continuing to respond to changes in standards of care recommended by the Royal Colleges and other professional bodies; to maintain services at a comparable standard to neighbouring jurisdictions; to provide for increases in demand for specific care; and to meet healthcare-specific inflation costs (e.g. drugs) and make new drugs, treatments and therapies available to islanders where appropriate.

The financial allocations provided in the MTFP and 2016 Budget provide the resources to deliver this work in 2017. These are summarised in the following pages.

HSSD continues to work hard to deliver efficiencies and savings in order to meet the savings targets agreed by the Council of Ministers. In 2015, HSS launched the Safely Removing Costs (SRC) programme through which the department's savings commitments are being managed.

HSSD has successfully embedded Lean methodology. A number of benefits continue to be achieved, incorporating improvements in quality, safety and value. As part of the sustainability plan, our staff are now delivering training in-house. One of the key objectives is to empower front-line staff to use the skills they have acquired to improve the services they deliver and enhance efficiency and effectiveness.

HSSD continues to drive forward the reform of health and social care across Jersey, working with partners in the voluntary and community sector, in Primary Care and with other States Departments such as Education and Social Security. The vision is to ensure services are safe, sustainable and affordable, integrated and delivered in partnership.

As set out in the MTFP published in 2016, in the period 2017-2019, there will be a focus on the following areas. Resources have been provided to progress work in all these key areas during 2017:

- Children's Services – to support the delivery of safe and sustainable services for the future, providing appropriate care to those children who require it. Investment will enhance the ability to safeguard and promote the welfare of children, improving outcomes for the most vulnerable and at risk and delivering timely and high quality child protection services and services to Looked After Children. In particular, there will be a focus on improving the identification of children at risk to ensure a proportionate and sufficiently urgent response to promote and ensure the protection of vulnerable children.
- Mental Health services – implementing the Mental Health Strategy, including investment priorities relating to crisis, recovery, early intervention and criminal justice, for example, introducing a Recovery College, working to reduce stigma and improve workplace mental health and mental wellbeing support, improving services for individuals in crisis and improving prison mental health.
- Primary Care – implementing the Sustainable Primary Care strategy, which was published in 2015.

- 'Out of hospital care' – providing more care in individuals' homes, to ensure Islanders remain independent for as long as possible, through 'reablement', co-ordinated care which is designed around the individual, and support for carers. Examples of service improvements include expanding the Rapid Response and Reablement Team.
- Acute service – implementing the Acute Service Strategy whilst the Future Hospital is being developed, making changes in the way we provide the services now in order to continue improving quality and reducing cost and to ensure services are appropriate for the newly designed hospital. Work will continue on the development of IT systems and integration. Acute service developments will also include new theatres, 'ambulatory emergency services' and redesigning patient pathways to reduce hospital length of stay and ensure only those needing an inpatient stay are admitted.
- Healthy lifestyles – building on phase 1 where investment has been made into education and prevention of alcohol and smoking, continuing to raise awareness and encourage Islanders to take care of their own health and wellbeing in key areas such as obesity and sexual health.
- Continual improvement – completing a series of service reviews in order to improve value (improving quality and reducing cost), for example, in redesigning transfers of care from hospital to other settings.
- Legislation changes – including the Regulation of Care Law, Mental Health Law and Mental Capacity Law and Food Safety Law.
- Health and wellbeing strategies – a new, overarching Health and Wellbeing Framework, connecting existing health improvement and preventative strategies including the Food and Nutrition Strategy and the Tobacco Control Strategy.
- Regulations – including those governing care homes, care provided in individuals' own homes, dental practitioners, and dwellings in the rented sector.

Below are two financial tables showing how the funding for 2017 has been allocated to HSSD:

### 1. Statement of Comprehensive Net Expenditure

## Health and Social Services

<b>Statement of Comprehensive Net Expenditure</b>		
<b>2016 Net</b>		<b>2017 Net</b>
<b>Revenue</b>		<b>Revenue</b>
<b>Expenditure</b>		<b>Expenditure</b>
£		£
	<b>Income</b>	
(4,100)	Duties, Fees, Fines & Penalties	(4,100)
(24,753,000)	Sales of Goods and Services	(23,125,700)
-	Investment Income	-
(1,136,900)	Other Income <sup>1</sup>	(995,800)
<b>(25,894,000)</b>	<b>Total Income</b>	<b>(24,125,600)</b>
	<b>Expenditure</b>	
964,200	Social Benefit Payments	1,497,200
141,934,800	Staff Costs	148,272,500
77,861,500	Supplies and Services	77,416,300
1,278,500	Administrative Expenses	1,616,500
7,164,800	Premises and Maintenance	7,764,400
124,800	Other Operating Expenses	37,400
324,700	Grants and Subsidies Payments	324,700
-	Impairment of Receivables	87,400
17,500	Finance Costs	17,500
-	Foreign Exchange (Gain)/Loss	-
-	Contingency Expenses	
<b>229,670,800</b>	<b>Total Expenditure</b>	<b>237,033,900</b>
	- Reduction in Gross Expenditure - Removal of HIF transfer <sup>1</sup>	(5,000,000)
<b>229,670,800</b>	<b>Revised Total Expenditure</b>	<b>232,033,900</b>
<hr/>		
<b>203,776,800</b>	<b>Net Revenue Near Cash Expenditure</b>	<b>207,908,300</b>
3,556,900	Depreciation	3,291,100
<hr/>		
<b>207,333,700</b>	<b>Total Net Revenue Expenditure</b>	<b>211,199,400</b>

Notes:

<sup>1</sup> With the States rejection of the Health Charge, P.82/2016 from the Social Security Minister has been withdrawn, which means that the Health and Social Services gross expenditure and income are both reduced by £5 million in each of the years 2017-2019. However, the Council of Ministers is proposing that £5 million to replace the expenditure allocation for 2017 be earmarked as a first call on 2016 underspends to be carried forward and applied to Health and Social Services. The Council of Ministers will also explore sustainable expenditure measures with departments to identify £5 million on a recurring basis ahead of the Budget 2018.

## 2. Net Revenue Expenditure – Service Analysis

### Health and Social Services

Net Revenue Expenditure - Service Analysis							
Near Cash 2016 Net Revenue Expenditure	Service Area	2017					
		Income	DEL	Near Cash Net Revenue Expenditure	Non Cash Net Revenue Expenditure	Total Net Revenue Expenditure	FTE
£	£	£	£	£	£	£	
3,484,300	<b>Public Health Services</b>	(196,100)	3,024,700	2,828,600	-	2,828,600	34.0
18,702,400	<b>Hospital Services</b>	(362,700)	19,563,300	19,200,600	261,700	19,462,300	257.0
15,609,800	Surgical Services	(4,988,100)	21,049,900	16,061,800	759,600	16,821,400	240.0
14,777,700	Theatres	(558,200)	15,691,800	15,133,600	98,000	15,231,600	218.0
29,478,400	Women & Children	(1,482,000)	31,930,600	30,448,600	107,300	30,555,900	398.0
25,195,600	Medical Specialities and Emergency Care	(7,032,700)	33,925,200	26,892,500	1,947,100	28,839,600	364.0
4,235,400	Diagnostic and Clinical Support	(70,800)	4,866,000	4,795,200	85,500	4,880,700	65.0
13,510,600	Ambulance Emergency Services	(1,233,800)	14,538,900	13,305,100	1,200	13,306,300	7.0
18,450,500	Tertiary Care	(1,233,800)	14,538,900	13,305,100	1,200	13,306,300	7.0
18,264,800	<b>Community &amp; Social Services</b>	(1,819,900)	24,577,100	22,757,200	2,100	22,759,300	371.0
22,369,500	Adults and Older Adults Mental Health	(6,331,100)	22,580,900	16,249,800	18,000	16,267,800	346.0
9,154,200	Adults and Older Adults Other	11,100	23,577,600	23,588,700	2,100	23,590,800	332.0
10,543,600	Children's Services	(61,300)	9,581,700	9,520,400	8,500	9,528,900	159.0
10,543,600	Therapy Services	(61,300)	9,581,700	9,520,400	8,500	9,528,900	159.0
203,776,800	<b>Voluntary &amp; Community Sector<sup>1</sup></b>		12,126,200	12,126,200	-	12,126,200	-
203,776,800	<b>Net Revenue Expenditure</b>	(24,125,600)	237,033,900	212,908,300	3,291,100	216,199,400	2,791.0
-	Reduction in Gross Expenditure - Removal of HIF transfer <sup>1</sup>		(5,000,000)	(5,000,000)	-	(5,000,000)	-
203,776,800	<b>Revised Net Revenue Expenditure</b>	(24,125,600)	232,033,900	207,908,300	3,291,100	211,199,400	2,791.0

**Notes:**

<sup>1</sup> With the States rejection of the Health Charge, P.82/2016 from the Social Security Minister has been withdrawn, which means that the Health and Social Services gross expenditure and income are both reduced by £5 million in each of the years 2017-2019. However, the Council of Ministers is proposing that £5 million to replace the expenditure allocation for 2017 be earmarked as a first call on 2016 underspends to be carried forward and applied to Health and Social Services. The Council of Ministers will also explore sustainable expenditure measures with departments to identify £5 million on a recurring basis ahead of the Budget 2018.

## SECTION 4

### Achievements in 2016

This section presents a small selection of the Department's achievements in 2016:

#### Hospital

##### Safety

- The imaging department has been reassessed by external assessors and has retained its prestigious accreditation for the service
- The temporary theatres were completed and have opened to enable the refurbishment of the existing theatres, replacing essential air handling units
- All wards had their nurse call bell systems replaced, using better technology and ensuring that patients have a reliable nurse call system. The new system helps alert nurses to patients who may wander or try to move unsupervised
- The fire alarm system has been replaced

##### Clinical

- The first on-Island corneal transplants were successfully undertaken
- All mattresses in the wards were replaced by high specification mattresses that have a significant impact upon reducing pressure area damage
- Seven new Consultants were appointed in oncology, pathology, ophthalmology, radiology, dermatology and orthopaedics and trauma
- Waiting times significantly reduced in some specialties – especially orthopaedics

##### Efficiency and Productivity

Significant work has taken place in 2016 to make services more efficient and productive and to reduce waste. These include:

- Redesigning the patient food delivery system to provide choice and to more accurately predict meal volumes required – this has reduced waste by up to 50% in some areas
- Segregating and designating domestic and clinical waste in conjunction with DFI, which has reduced clinical waste for incineration by more than 50%
- Several LEAN events have resulted in improved processes and increased flow or productivity, including the patient pathway and flow on Corbiere ward, review of medical records, the cleaning and fogging regime of clinical areas and the work patterns of the portering staff

#### Estate

- Additional bed capacity created on Samares ward to assist with the anticipated increase in demand over the coming years
- The Assisted Reproduction Unit was relocated to a refurbished area on Rozel ward

#### Education and Training

- The annual Deanery assessment rated our junior doctor provision and experience as 'A rated'
- Several clinical staff presented Jersey audits and innovative clinical models at international conferences

#### Strategic

- The Hospital and Ambulance staff took a lead role, along with other emergency services, in Exercise Seaweed, a simulated major incident at the hospital. This tested key elements of our Major Incident Plan
- The States approved the progression to full feasibility for the Future Hospital proposal on the current (extended) site

## Community and Social Services

### Service and staff awards and recognition

- Three Quality Improvement Awards:
  - Thomas House – a partnership service with Barnardo's and Children's Services for care leavers
  - The pain management clinic – using mindfulness techniques in the management of pain
  - Splashchat – a service led and supported by the Occupational Therapy service using swimming as a means of improving outcomes for people with dementia
- National Autism Society National Autism accreditation achieved by learning disability, autism and Children's Services
- 150 nominations in the first Foster Carers Awards
- A foster carer was awarded an MBE for services to fostering
- Publication of "Challenging behaviours in adults with an intellectual disability: a total population study and exploration of risk indices" in the British Journal of Clinical Psychology with subsequent presentation at international conference

### Engagement, Partnership and Training

- Barnardo's (Thomas House) now provides care leavers with high quality accommodation which allows them their first taste of independence, alongside a level of support matched against their individual needs: 75% of residents are in education, employment or training and are engaging with additional support services. All of them have stated they feel safe
- Appointment of a Participation Worker for Looked After Children, in partnership with Barnardo's, to encourage children and young people to be involved in the service, its planning and to raise any issues that concern them
- Developed a child/young person-friendly complaints leaflet with young people
- Established a drop-in service for individuals on the autism spectrum, their families and carers, overseen by an advisory group of four service users
- Introduced a Parent Forum with an independent Chair to inform service development for children with complex needs
- Work is underway to develop an on-Island professional degree for Social Work with Probation and Highlands College, Jersey NSPCC and States of Guernsey
- Held the first year of bi-monthly practice development sessions
- Held the first annual conference
- Introduced 'Speak to the Managing Director' email address for staff along with informal 'meet the team' lunchtime session for new staff to engage with the senior management team
- Premiered the film 'J', which is aimed at helping children, families and professionals to understand the role and function of MASH (Multi-Agency Safeguarding Hub)
- Training with partners included:
  - Children's Services, with the Bailiff, Deputy Bailiff and Jurats
  - Autism awareness event for all GPs
  - Safeguarding training with Parish of St Helier, Parish of St Clement and Parish of Trinity, along with Abbeyfield and Liberty Bus
  - 25 days' training from Positive Behaviour Support 1 and 2 along with Maybo conflict management and disengagement courses; Maybo refresher courses to 416 staff

### Service Improvement

- Completed refurbishment of the Willows Day Centre; specialist dementia day services relocated
- Opened Greenfields Secure Unit for young people remanded or receiving a custodial sentence
- Opened a new children's home for a small sibling group to allow them to stay in Jersey
- Independent Safeguarding Service completed monthly quality assurance visits in all children's residential homes
- 'Good Practice Guide for Social Workers and Professionals Attending Child Protection Case Conferences' developed by the Independent Safeguarding Service

- Secured capital investment to redevelop the William Knott Centre to provide a hub for children with complex needs and their families
- Developed the Child Development Centre Early Years Pathway with designated key working support for families being provided by Parent Partnership Workers
- Supported individuals with complex needs become tenants in their own right in partnership with Jersey Property Holdings, Social Security, Andium Homes and private landlords
- Experienced a significant increase to 104 case work referrals for the Positive Behaviour Support Team
- Progressed a large recruitment process for Children's Services as a result of investment in services to vulnerable children

### **Chief Nurse**

#### Nursing and Midwifery Education

- First cohort of 11 adult nurses graduated from the University of Chester. Seven of the students graduated with first class honours degrees and are now all in employment in Jersey. The programme continues with an annual intake, and remains a popular choice of career for local students
- Two midwifery students are due to complete their degree in September 2017
- One paediatric nurse is due to complete their degree in September 2017, and two commenced in 2016
- Two Operating Department Practitioner (ODP) students commenced their degrees
- As part of the partnership contract between HSSD Nursing and Midwifery Higher Education Department and the University of Chester, the following programmes are delivered in Jersey. These programmes are available to health and social care staff who would like to develop higher levels of knowledge and expertise in their sphere of practice and is particularly relevant to those who are working at an advanced level to further develop critical thinking and analytical skills:
  - MSc Advanced Practice (Clinical Pathway)
  - Post Graduate Certificate Advanced Practice
  - MSc Professional Studies

#### Return to Practice Programmes

- Relaunched – this programme is aimed at people living in Jersey who have trained as nurses, have had a career break and wish to return to the profession

#### Clinical Skills Training

- Launched a suite of clinical skills training programmes which covers subjects such as Sepsis Management, Bedside Emergency Assessment Course for Hospital Support Workers (BEACH), Intravenous drug administration, Intravenous cannulation and venous blood sampling, Acute life threatening events recognition (ALERT) and ECG interpretation

#### Vocational training

- Vocational training is provided to staff from all care sectors, Hospital and CSS
- 28 new learners commenced their QCF (Qualifications and Credit Framework) programme at either level 2 or level 3
- 15 students accessed single units, with a high percentage undertaking the medication unit
- A range of workshops were delivered and accessed by 521 staff
- 283 learners registered for QCF programmes during the year, while 218 completions were recorded

#### Health and Wellbeing of staff

- In response to the HSSD staff survey, a Health and Wellbeing Group was established to lead on the findings of the staff survey and to develop actions aligned with the States of Jersey Health and Wellbeing Strategy. Key workstreams include:
  - Mental Health at Work
  - Occupational Health

- Health and Safety
- Wellbeing at Work
- Fitness for work and life

#### Midwifery

- Appointed a Head of Midwifery, with a pan-Island responsibility
- Head of Midwifery worked at a national level with the Scottish Government and NHS England in responding to the changes to the statutory model of supervision which will be replaced with a new framework to support women and midwives. This work has also involved cross-island collaboration with the Heads of Midwifery from Guernsey and the Isle of Man

#### NMC Revalidation Nurses and Midwives

- The Nursing and Midwifery Council introduced statutory Revalidation for Nurses and Midwives in April 2016. Work was undertaken ahead of this date across all employers of nurses and midwives in the island to ensure registrants and employers were fully aware of their obligations
- All nurses and midwives due for revalidation completed the process

#### Safeguarding

- Appointed a Designated Doctor, who is based in England and works in the NHS in the field of child protection and forensic medicine. The Designated Doctor works in Jersey on a part-time basis and works with the Designated Nurse for the island
- Designated Doctor delivered child protection training for GPs and Hospital doctors
- Developed the Sexual Assault Referral Centre for Jersey
- Supported the continued development of the on-island forensic medical examination service

#### **Public Health**

##### Repositioning of the Medical Officer of Health and Public Health Directorate

- The HSSD Public Health Directorate has re-aligned its functions with the States Strategic Plan, transitioning to a small Strategic Public Health Unit in the Chief Minister's Department
- The Environmental Health team has transferred to the Environment Department

##### Tobacco Strategy

- Revised States of Jersey tobacco strategy was endorsed by the Council of Ministers and presented as a Report to the States of Jersey Assembly. It aims to create a generation of children and young people who choose not to smoke, and recognises that health behaviours and choices are shaped by where we are born, live, grow, learn and work. The strategy incorporates legislation, fiscal measures, education, harm reduction and services to support smokers to quit. It will be driven through a cross-departmental approach in recognition that continuing the pressure to reduce tobacco-related harm is everybody's business.

##### Electronic Cigarettes

- Continued to monitor the emerging evidence on the potential health harms and possible benefits of Electronic Nicotine Delivery Systems (ENDS) commonly known as electronic cigarettes or vaping devices
- Developed regulations, now in force, to restrict the sale of these products to those under 18

##### Food and Nutrition Strategy

- Continued to develop cross-government strategic commitments with the purpose of reducing the risk of diet-related disease, including the Food and Nutrition Strategy

**Alcohol and Licensing Strategy**

- Continued to support the Health and Social Services Minister on the Shadow Alcohol and Licensing Policy Group
- Developed the draft Liquor Licensing Law
- Introduced the Drug and Alcohol Action Team (DAAT), which has responsibility for delivery of actions for both Alcohol and Drugs services and the range of actions arising from both the Building a Safer Society and Alcohol and Licensing Strategies

**Prevention of Suicide: Framework for Action**

- Chaired and facilitated the multi-agency Prevention of Suicide Steering Group in delivering actions aligned with the Mental Health Strategy

**Community Gentle Exercise**

- Developed a cross-departmental evidence-based paper reviewing the provision of preventive exercise programmes in the community. Recommendations have been made and supported for development in 2017

**Skin Cancer Strategy**

- Supported the pilot delivery of evidence-based schools Sun Safe programmes as well as preparing an evidence-based review of progress against the Skin Cancer Strategy commitments

**Health Profile**

- Published a comprehensive, updated Jersey Health Profile, incorporating sections on Wider Determinants of Health, aligned with the current States of Jersey Strategic Plan, to begin informing the new Strategic Public Health Unit's agenda as it begins to work more directly and broadly across government, identifying areas for improvement of important health determinants and in turn driving further improvement in the health and wellbeing of Jersey's population

**System Redesign and Delivery****P82/2012**

- Reviewed and identified what new services need to be introduced for the next four years, and worked together to produce Outline Business Cases for Children's Services, Healthy Lifestyles, Mental Health, Acute Services, Out of Hospital Care and the Care Hub. Funding was allocated in the Medium Term Financial Plan, and detailed planning is progressing
- Continued to work closely with our partners in the voluntary and independent sectors and in Primary Care to further develop the range of services that we enjoy, and to increase services in community settings
- As at the end of 2016, the services funded through P82 are continuing to grow, and the Community Resource Centre has launched. There has been a focus on 'flow' within the hospital and between care settings, including workshops to redesign the discharge pathway

**Mental Health Strategy**

- The Mental Health Strategy was launched in November 2015, incorporating a wide range of mental health services – for adults and children, on-and off-island, and in a range of settings. During 2016, the System Redesign and Delivery Team led a whole system approach to addressing mental health priorities set out in the Mental Health Strategy. Notable areas of progress include:

- Establishing a Recovery College
- Coordinating suicide prevention training to frontline staff
- Producing a directory of local resources about bereavement from suicide
- Coordinating a programme of school-based staff training in mental health
- Local research into bullying in schools
- Developing an outcome framework for the mental health system

- Redesigning and recruiting to Older Adult Mental Health Services

#### Children's Services

- Established a local children's palliative care pathway
- Expanded the number of families who have access to community short breaks
- Established an on-island leaving care facility
- Developed approaches to involving looked after children in planning their care and support
- Continued to build on the success of the integrated Samares Children Centre Model
- Enhanced capacity with CAMHS services
- Improved the governance process for off-island children's placements

#### Sustainable Primary Care Strategy

- The Sustainable Primary Care Strategy was launched in December 2015. Three pilots have been undertaking detailed planning. The pilots will test different ambitions of the Strategy for Diabetes, COPD and Transition between Care Settings (a pharmacy pilot starting at hospital discharge which aims to reduce medicines errors and wastage); it is anticipated that the new pathways will launch in March 2017
- Deloitte and Imperial College London are reviewing options for payment mechanisms in Primary Care that could encourage good care-seeking behaviours by patients and good care-providing behaviours by clinicians. The work also takes into account the States' support of low income groups, considering affordability and access and how sustainability of the current system can be maintained
- Worked with colleagues at Social Security to plan for services that can be delivered safely in a community pharmacy setting. Specifications for the services, which include medicines use reviews, administration of flu vaccines, brief alcohol interventions and supervised consumption have been drawn up and will be implemented from Q2 2017
- Skills for Health is developing options for the Primary Care workforce. It is due to complete its work in April 2017 following appraisal of the identified options which will draw on international best practice. The output will be a new model of workforce for primary care, with a mix of roles and skills to deliver efficient, affordable and sustainable services

#### Voluntary and Community Sector

- In all of our work, we are working closely with a number of Voluntary and Community Sector partners to support and guide them. This includes being clear about what is required in terms of the services provided, being clear about funding, helping partners understand the health and social care strategy and direction of travel, and supporting them in considering their service provision and cost base

#### **Primary Care Governance**

- Continued to work closely with the Social Security Department (SSD) in relation to the Jersey Quality Improvement Framework (JQIF). JQIF sets out a specified set of both clinical and organisational standards upon which practices collate data and implement robust processes, to ensure patient safety
- Reviewed performance in 2015 and made recommendations to SSD on how each practice had performed
- Identified indicators for inclusion in 2017
- Monitored and maintained the Performers List and progressed applications
- Worked with NHS England and Health Education Wessex to progress the potential for introducing trainees into general practice. Prepared law drafting instructions to amend the Health Insurance (Performers List for General Medical Practitioners) (Jersey) Regulations 2014 to permit access to the Health Insurance Fund for trainee GPs who work under supervision
- Provided feedback to GPs and further developed the Jersey Activity Monitoring (JAM) cards to incorporate items which have been included in previous years and additional information. The cards present the individual data on prescribing, referrals, Health Insurance Fund claims and the issuing of medical certificates

- Supported the Police with the redesign of the firearms licensing process and also advised on the governance for Forensic Medical Examiners (FMEs)
- Continued to work closely with the Primary Care Body (PCB) to improve quality and to ensure that Islanders receive the services they need, both now and into the future

### **Preventative Programmes**

#### Shingles vaccine

- Shingles vaccine available for people born in 1946. 62% take-up by the end of November 2016
- Commenced a staggered ‘catch-up’ vaccine programme which aims to make protection available for all islanders born 1937 to 1945

#### Flu protection extended to more primary schoolchildren

- Extended the nasal flu vaccine to more schoolchildren to protect against winter flu

### **Improving Value**

- Continued with the Safely Removing Costs Programme, targeting £12million of savings
- Continued with the Lean programme, which continued to make a significant contribution to service improvement throughout the year
- Commenced work on implementing a ‘Person Level Costing System’ aimed at providing detailed costing information to inform future improvement programmes and help understand variation in care practices, processes and pathways over the coming years

### **Financial management**

- Continued the successful track record of managing services within budget allocation, including delivery of savings identified in the 2016-2019 Medium Term Financial Plan
- As part of its review of the MTFP, the Chartered Institute of Public Finance and Accountancy (CIPFA) complimented the Department on its effective approach to financial planning and management

### **Human Resources**

- Completed a robust action plan to address the issues identified in the 2015 staff survey
- Completed all preparation for the introduction of Workforce Modernisation
- Successfully engaged a new partner to work on external recruitment with impressive, early successes in high profile, innovative recruitment campaigns for key staff groups
- Introduced a scheme allowing staff to buy extra annual leave with significant positive impact on morale and staff costs
- Commenced development of a HSSD-wide Workforce Plan which will support the Future Hospital and P82