

JERSEY HEALTH AND CARE COMMISSIONING AND PARTNERSHIPS STRATEGY

2022-2025

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Foreword

As the Minister responsible for Jersey's Health and Social Care Services, I have the privilege of overseeing one of the Island's most important sectors - important not just for the Government of Jersey but for every single Islander and visitor to Jersey.

This government is committed to developing the best health and care system possible, providing preventative, person-centred health and care at the right time and in the right place.

For this to become a reality one of the first initiatives within the Jersey Care Model has been the co-design of an Island-wide Commissioning and Partnership Strategy.

The production of this Strategy has seen organisations of all sizes and from all health and care environments come together to start the process of working in partnership.

This document describes our commissioning intentions over the next four years to implement evidenced-based changes to Jersey's health and care system. It sets out the journey we will take with our partners in how we commission existing and new services to ensure that we increase the capacity in the community to deliver more services closer to people's homes.

The Strategy is supported by a set of co-produced principles and a delivery plan.

Publishing this Strategy is just the start and delivering its ambitious vision will require a joint effort. Government has worked closely with many community partners to put this Strategy together, and I look forward to seeing the result of its implementation. I hope it will mark the beginning of a new phase of close engagement between Government and partners.

I would like to thank everyone who has helped develop the strategy, in particular those stakeholders and partners who will assist with delivering the priorities contained within it.



Deputy Richard Renouf
Minister for Health and Social Services

Executive Summary

This Strategy describes how commissioners and providers intend to **shift resources** to meet the needs of Islanders, **proactively create the right environment** for Islanders to meet their health and care needs and work in **partnership** delivering the **right care, at the right time, in the right place**.

It identifies the **commissioning intentions** as:

- To move resources to meet the health and care needs of Islanders
- To proactively create the right environment, empowering Islanders and their families to manage their own health and care needs
- To work in partnership to generate innovative, comprehensive, preventative health and care models
- To support people to access the right care, at the right time, in the right place
- To enable co-production, inclusive of 'equals by experience', in order to deliver care that provides best outcomes

The strategy is supported by the following **principles** that have been co-produced by contributing partners:

- Placing the Islander at the centre of all our services
- Starting with prevention and Public Health
- Partnership working, co-production and co-design
- Developing high quality and evidence-based services
- Non-discriminatory and inclusive services
- Integrated services that reduce duplication and waste
- Asset-based model building on people, family and communities' strengths
- Consistency and transparency on how we develop and monitor contracts/partnerships

Commissioning is a term meaning different things to different people. This strategy explains what commissioning means in Jersey, ensuring that we deliver the right services by the right people at the right time.

The strategy has been developed in partnership between the Government of Jersey, third sector and private sector organisations who provide health and care services to Islanders. It aims to build on existing partnerships working with people's existing support networks and strengths.

The Jersey Care Model (JCM) has identified commissioning arrangements on the Island as one of the 'enablers' to ensure we move to a preventative, person-centred, self-care grounded on best practice. With an ageing population, the costs associated with treating health and care with the current model will not be sustainable therefore focusing on shifting existing resources is a key part of delivering on the JCM.

This document describes our intentions over the next 4 years to support the proposals of the JCM to implement changes to Jersey's health and care system. It sets out the journey we will take with our partners in how we commission existing and new services to ensure that we increase the capacity in the community to deliver more services closer to people's homes.

Co-production will be central to this work with all partners (current and new) to develop systems that integrate health and care services for Islanders of all ages expanding care beyond traditional settings. All partners will have an equal voice and part to play in to bring the aims of the strategy to life, to benefit Islanders to live independently for longer.

The pandemic has highlighted the need to work together and we have benefited from the commitment to date in the development of this strategy building on all the expertise available in Jersey. We will continue to build on this ensuring we reduce duplication of services avoid waste, and ensure we commission services that add value to people and offer choice. We will support our smaller partners who provide invaluable services on the Island to understand commissioning and stabilise and grow the market.

To ensure this strategy remains relevant and flexible to change and the needs of the Island, it will be reviewed annually with partners and governance offered through the JCM governance arrangements. We would like to thank everyone who has helped develop the strategy, in particular those stakeholders and partners who will help deliver the priorities contained within it.

Introduction

This commissioning and partnership strategy has been co-developed by partners who provide health and social care for Islanders in Jersey. It will set out the commissioning intentions for the period of the delivery of the Jersey Care Model until December 2025.

It describes the ambitious journey to ensure we **shift resources** to meet the needs of Islanders of all ages, so that the care, treatment and support they receive, is person centred and designed around their own strengths and needs as well of those of their families and carers. In the process, we will **proactively create the right environment** for Islanders so they can manage and be in control of their own health care needs. Organisations will work in partnership delivering the **right care, at the right time, in the right place**.

In order to deliver this, the Commissioning and Partnership Strategy will:

- Include models that promote self-care, prevention, and care in the community
- Be underpinned by an asset-based community and family development methodology
- Build on strengths, expertise, and capacity that is available across the system
- Ensure best practice in Jersey is captured and enhanced
- Promote flexibility for projects to be scalable or create variations
- Provide a consistent approach to joint strategy development and create increased opportunities for organisations to work together
- Reduce duplication and replace unhelpful competition

The strategy will enable the Jersey health and care system to deliver the following commissioning intentions:

- To move resources to meet the health and care needs of Islanders
- To proactively create the right environment, empowering Islanders and their families to manage their own health and care needs
- To work in partnership to generate innovative, comprehensive, preventative health and care models
- To support people to access the right care, at the right time, in the right place
- To enable co-production, inclusive of 'equals by experience', in order to deliver care that provides best outcomes

If we get this right it will mean that our population will be able to say:

- “I” am able to access the support I need through co-ordinated health and care services in the community
- “I” will receive a holistic approach to my care and support needs
- “I” can easily and quickly access support and services when in crisis
- “I” will receive enhanced services when my needs are complex

The strategy is supported by the following principles that have been co-produced by contributing partners:

- Placing the Islander at the centre of all our services
- Starting with prevention and Public Health
- Partnership working, co-production and co-design
- Developing high quality and evidence-based services
- Non-discriminatory and inclusive services
- Integrated services that reduce duplication and waste
- Asset-based model building on people, family and communities’ strengths
- Consistency and transparency on how we develop and monitor contracts/partnerships

Scope

This commissioning and partnership strategy spans Government of Jersey departments including: Health and Community Service (HCS), Public Health (PH), Children’s, Young People & Education Services (CYPES), Customer and Local Services (CLS), Commercial services for adults, and external partners delivering health and care services. It looks to develop a system wide integrated route to commissioning around individual needs.

Co-Design Partners

The strategy has benefited from the expertise of our local partners including:

- 1:2:1 Care
- 4Health Home Care Agency
- Brighter Kind
- Cambrette Care
- Call & Check Jersey
- CI Home Care
- Chestnut Farm
- Cheval Roc Residential and Nursing Home
- Day Centres
- Dementia Jersey
- Enable Jersey
- Family Nursing & Home Care
- Focus on Mental Illness
- Jersey Care Commission
- Jersey Care Federation
- Jersey Cheshire Homes
- Jersey Disability Partnership
- Jersey Hospice Care
- Jersey Recovery College
- Jersey Women's Refuge
- Lavender Villa Residential Home
- Les Amis
- Les Hoûmets Care Home
- Listening Lounge
- LV Care Homes
- Macmillan Cancer Support Jersey
- Methodist Homes
- Mind Jersey
- MyVoice
- Personal Touch Care Service
- Silkworth Charity Group
- Stroke Association
- Tranquil Homecare
- Tutela

A wider range of external partners were invited to contribute to the development of this strategy.

Case For Change

In the development of the strategy, engagement with all Jersey health and care providers was offered and undertaken through emails, workshops and working groups. These groups detailed the need for changing the way we commission services. A number of themes were recognised with desired outcomes identified and agreed.

There's a need to engage with providers to incentivise more appropriate use of acute services	Shifting care provisions into the community and reducing inappropriate use of acute services. Commissioning will ensure that the right services are developed in the community
There's a need to develop the health and care market in community settings	Islanders can live as independently as possible for longer by having access to the right services. Increase availability of community care offers by ensuring services are available at the right time
Challenges in how partners are engaged/commissioned	Ensuring transparency on how partners are engaged how new pieces of work are identified, responded to and supported including partners that we currently do not commission. Develop partner lists and equal access to service development through visible tender processes
A need for healthy competition on the island, to ensure Islanders are getting high quality services that are good value for money	Shared values and understanding with all partners ensures fair and equal opportunity including for smaller providers
Duplication of services and processes, while maintaining patient choice	Co-designing and sharing resources- it's a shared remit to ensure Islanders are aware of available choices
There are increasing costs of care with constrained resources, so there should be commissioning for outcomes within available budgets	To achieve the best healthcare outcomes for Islanders in stated time frames within a given budget, ensuring that health remains affordable for islanders
Best practice could be more consistently shared and celebrated	Better evidence-based services are developed offering safe, modern care. Change needs to support creativity across agencies
Good commissioning can reduce organisations working in silos	Improved cross organisational working through joint commissioning arrangements of partners
There is a need for service specifications so that providers and commissioners have clarity on what should be provided, and key performance indicators and outcome measures can be monitored	Good will and the intention to all work together to improve integration of care

Background

Purpose

Jersey has a diverse voluntary, community and private health and care system which is recognised as having the potential to be a strong bedrock supporting and caring for people in the community. This ability to create creative partnerships has however, been hampered by a lack of assessment of health and social care needs (needs assessment), and additional commissioning capacity such as developing evidence-based service specifications.

The Jersey Care Model (JCM) recognises the need for a health and social care system, fully supported by high quality community provision delivered in partnership to ensure people can easily access care and support at the right time and in the right place. Key to delivering a sustainable and quality care system is strong partnerships with the voluntary and community sector, social care providers, private providers and social enterprises based on achieving shared outcomes.

This will be a live document, which will be reviewed on an annual basis. This is to ensure it remains in line with the work which will be taking place to address sustainable health funding.

This commissioning strategy seeks to deliver a platform for aligned coordinated services that are accountable to each other with an incentive to work in partnership and pool resources. This builds upon the principles of 'partnership of purpose' already signed up to by all existing commissioned services by Health and Community Services. The 'partnership of purpose' aims to ensure:

- Services delivered are person-centred and focused on achieving the best high-quality outcomes for Islanders
- Services will be developed and monitored through continued engagement of Islanders and partner organisations
- We deliver effective integrated health and social care across Jersey
- We improve the health and wellbeing of all Islanders from early age to the elderly, recognising that this will only be achieved with a focus on prevention of ill health and the promotion of wellbeing
- Our services are accessible to all members of the community where appropriate
- Our ethos is built on a partnership approach where all partners are valued equally
- Collaborative and joint working is welcomed and encouraged
- We will provide activities and services that are easier for people to access either because of where they are located or how they are provided
- Our services are delivered in community venues and facilities that are welcoming and accessible wherever possible
- We will develop shared outcomes which will drive changes to organisational form where necessary.

The development of this strategy has been made possible through the commitment of many partners working together even through the challenges of the Covid-19 pandemic. These included government partners from Health and Community Services (HCS), Public Health (PH), Children, Young People, Education and Skills (CYPES), Strategic Policy, Planning and Performance (SPPP) and Customer and Local Services (CLS).

What is commissioning?

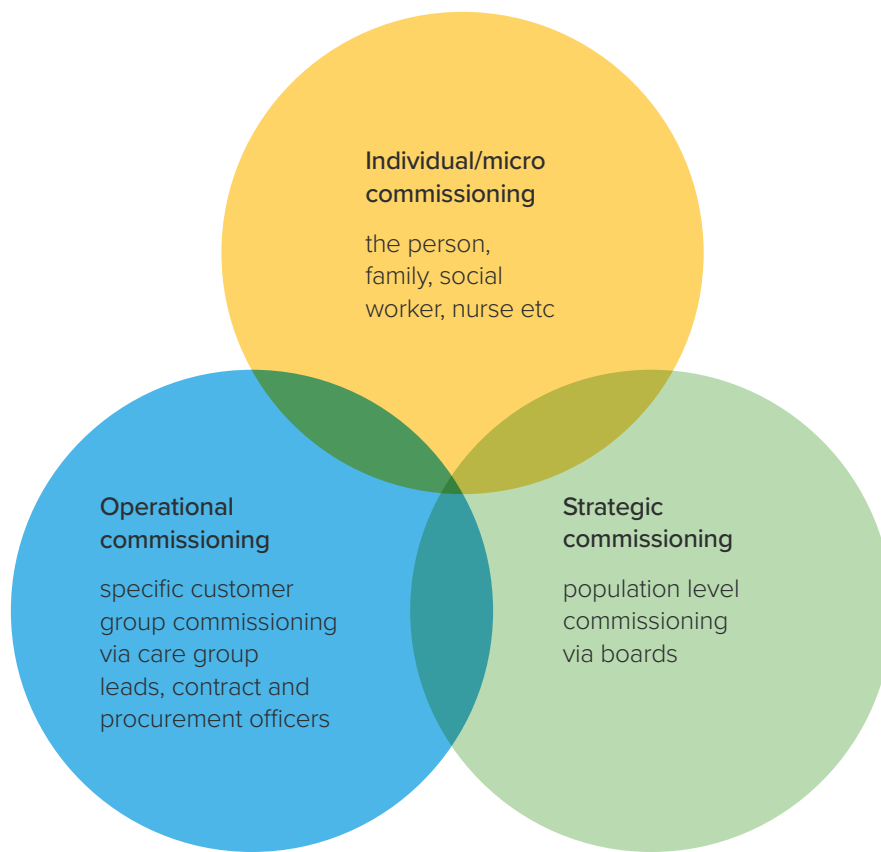
“Commissioning is the process for deciding how to use the total resources available in order to deliver the outcomes required to meet identified needs in the most efficient, effective, equitable and sustainable way” (Institute of Public Care)



Commissioning comprises a range of activities, including:

- Understanding and assessing need
- Planning services
- Delivering services
- Monitoring quality

The Process is repeated on an agreed cycle to ensure continuous improvement.



There are three levels of commissioning:

1. Strategic

- Commissioning at a population/Jersey level

2. Operational

- Specific group commissioning

3. Micro commissioning

- Individual person commissioning

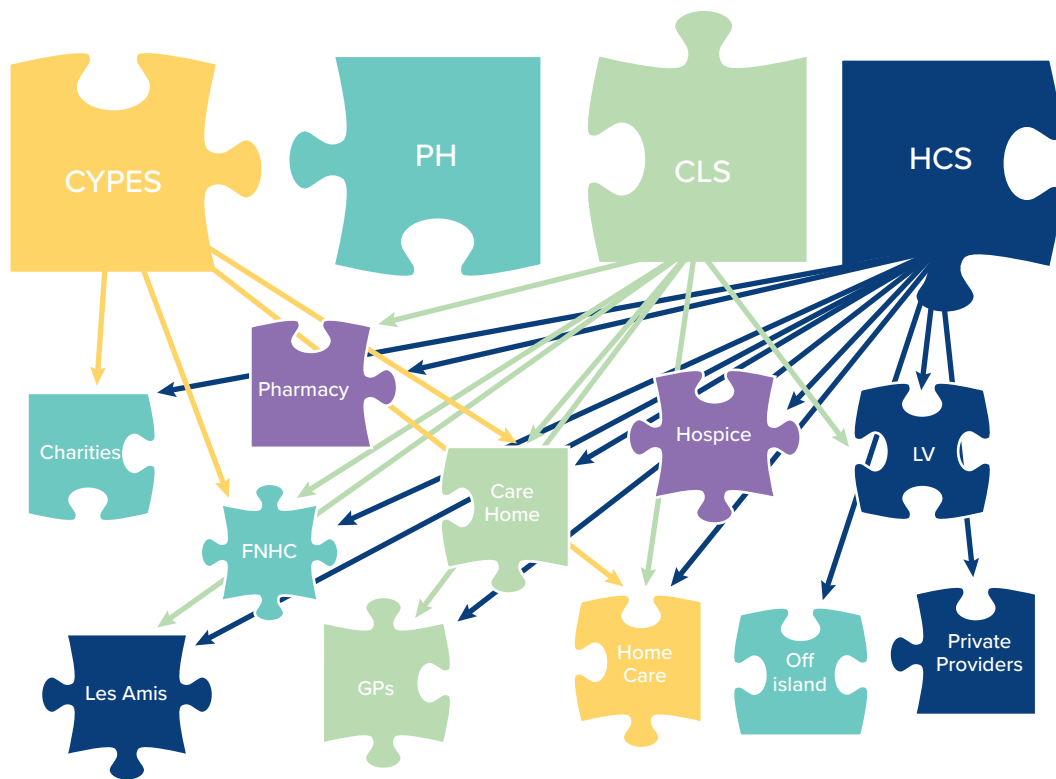
This strategy focuses on the island wide strategic commissioning of health and care services

Where are we now?

Jersey has a robust voluntary sector and social care market. However, this has not historically aligned to the identified health and social care need, due to a lack of commissioning capacity and did not seek a partnership or outcomes-based approach.

Organisations are commissioned individually using service specifications following the specification procurement model that does not create environments conducive to promote partnership working. There has also been a lack of joint commissioning arrangements across government departments leading to duplication and at times conflicting and competing priorities.

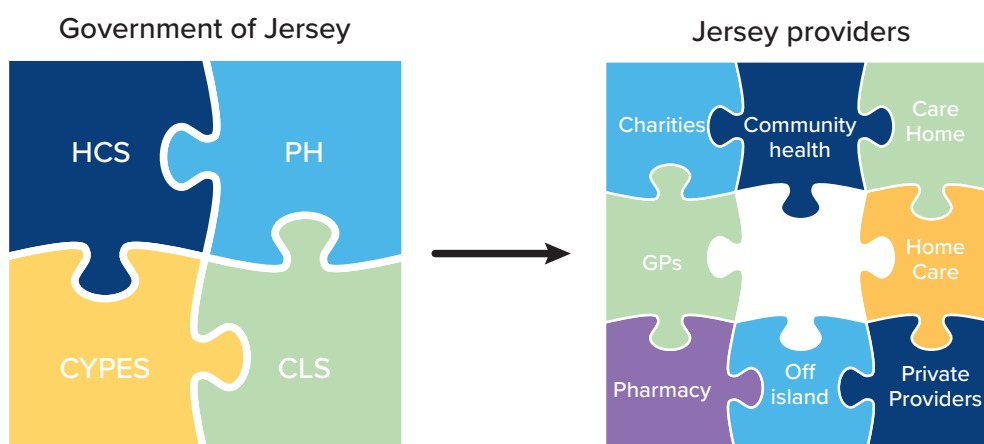
Current State



What next

To move the commissioning to the desired state in Jersey various initiatives (detailed in tables below within the delivery plan) have to take place in parallel with some activities already in motion. The Government of Jersey (GoJ) is committed to developing joint commissioning arrangements between the different departments so that providers receive a consistent approach.

Work will take place developing care pathways in 2022. 'A care pathway is a series of interventions with a structured multidisciplinary/multi-agency plan of care and support that is used to translate guidelines or evidence into local care structures'. Relevant data and analysis will be used to inform the commissioning and development of services and partnerships.



Strategic Direction

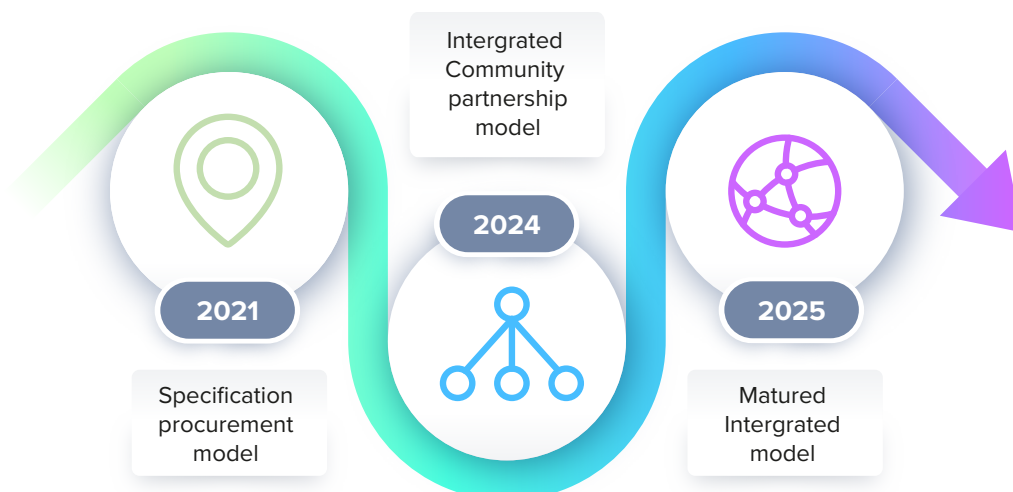
What it means for Jersey

Jersey is uniquely placed to build on existing relationships and deliver a fully integrated care system and this strategy will articulate the models we will look at to achieve this over the lifecycle of the Jersey Care Model (JCM) and beyond. We acknowledge that an understanding of commissioning across our partners differs and that we will need to build infrastructure that supports all organisations through commissioning. We will support all providers through commissioning, including smaller organisations that may not have the resources or knowledge on how to access our services.

Jersey aims to move towards an integrated care model by the end of lifecycle of the Jersey Care Model (JCM), by moving through the models below and demonstrated in Appendix 1. Funding for health, care and support comes from various streams including public, private and charitable and we would want to maintain these, utilising them effectively for the benefit of Islanders. To achieve this we will consider the dependencies including changes to regulation and the impact this may have on other GoJ departments.

- Specification and Procurement model: - this is the current model which consists of individual contracts with individual services.
- Integrated Community Partnerships:- Moving away from individual service specifications to community partnerships focused around an identified population/ condition
- Mature integrated partnership: - this will be a fully integrated commissioning model that also includes all HCS and CYPES health, care and support provision and not only focused on what is currently provided within the community. This model may be achieved after the lifecycle of the JCM.

The strategy is the start of a journey towards a fully matured integrated model:



Context & Analysis

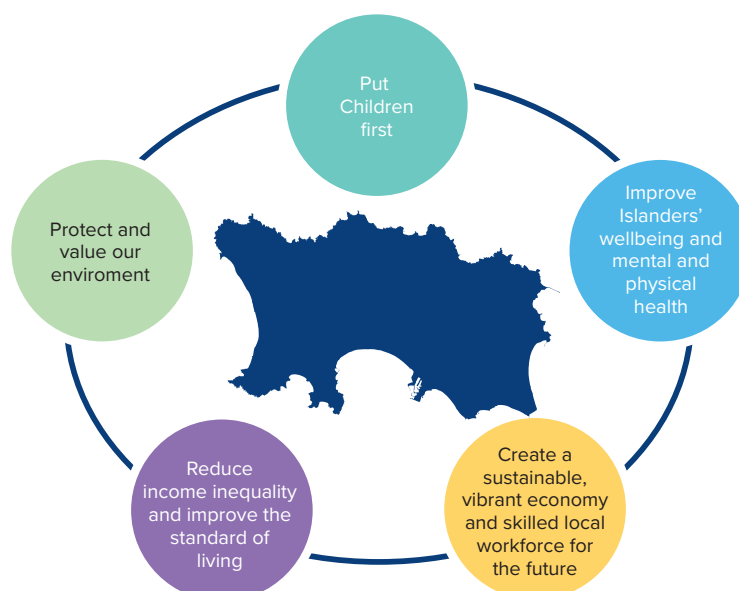
Local Context

In Jersey there are currently a number of initiatives and legislations in place which are enablers to the delivery of this strategy including:

- Putting Children First: The first strategic priority for Government of Jersey is to ‘protect and support children improve their educational outcomes and involve and engage children in decisions that affect their everyday lives
- The Jersey Care Model: A direction paper detailing how health and social care is changing in Jersey
- Mental Health (Jersey) Law 2016: The legislation forms part of a fundamental practice in the approach of organisations and individuals in how they work with and support some of the most vulnerable people in Jersey
- Draft Children and Young People Law (expected 2023)
- Long-Term Care Scheme: A fund and laws where money can only be used for paying long-term care costs
- Common Strategic Policy (CSP): High-level ambitions for Jersey and containing five strategic priorities where ministers will focus their efforts for the next four years.

These are:

1. We will put children first
2. We will improve Islanders’ wellbeing and mental and physical health
3. We will create a sustainable, vibrant economy and skilled local workforce for the future
4. We will reduce income inequality and improve the standard of living
5. We will protect and value our environment.



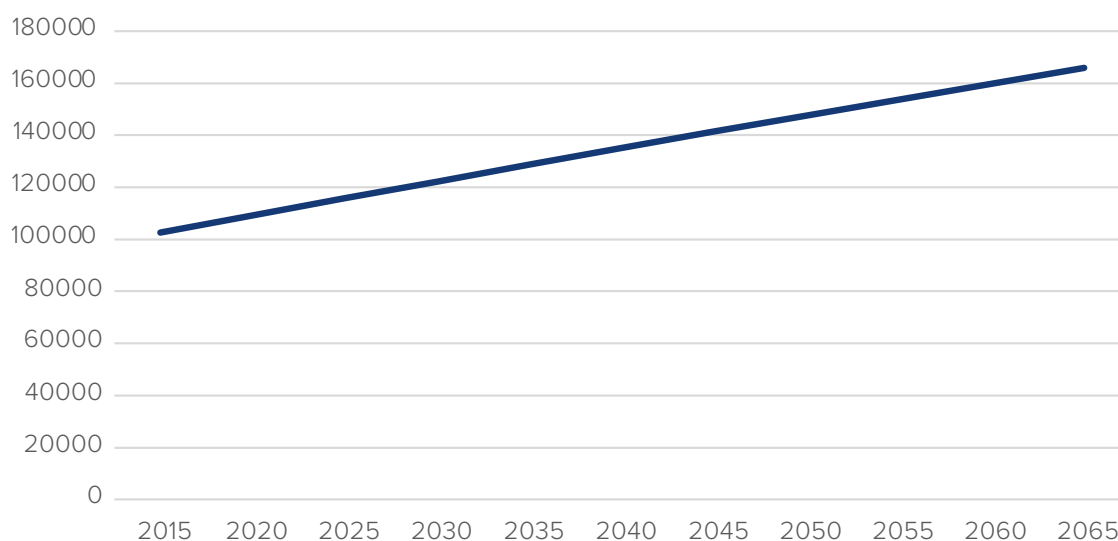
Local Analysis

The local data is collected from a variety of sources. The data used within this strategy is within the References (page 17).

We acknowledge that there are limitations to the data and that part of the strategy is to identify these and reduce the data gaps over the life of the strategy.

Please refer to each full data set [linked in brackets] for full understanding of purpose of original data. Further sources for Jersey specific data on population trends, disease projection, lifestyle surveys, wellbeing, mortality and life expectancy etc. can be accessed via the list within the Appendices (page 19).

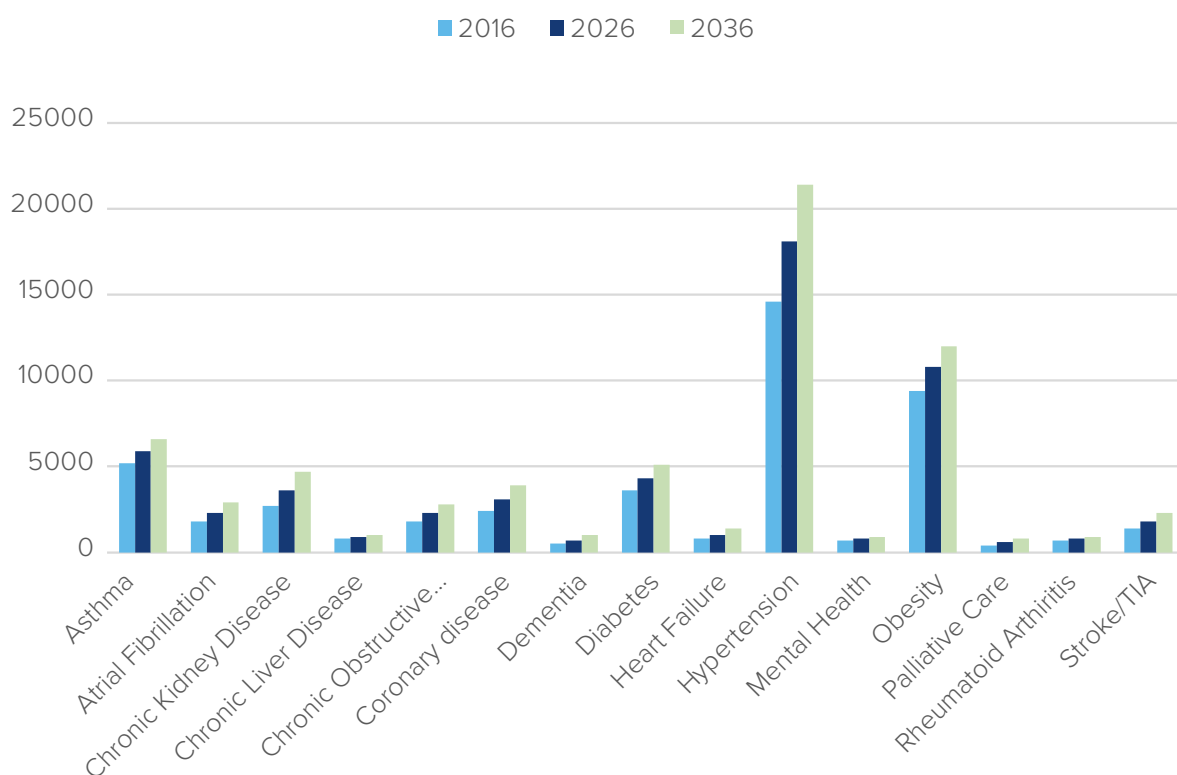
POPULATION PROJECTIONS



The population of the island is increasing. Using the assumptions from the population projection [above - R Population Projections 2016 20161013 SU.pdf (gov.je) with the current data we hold [Total population estimate by age and gender per year: 2010 to present - Datasets - Government of Jersey Open Data] we are currently around the +1000 net migration projections and therefore are aiming to have a population of around 166,000 in 2065.

DISEASE PROJECTIONS

Please see above [R DiseaseProjections2016-2036 140917 PH.pdf (gov.je)] for a selection of diseases within Islanders and the projection up to 2036. The services delivered for the next few years will need to address the challenges which can be seen within this data. Our strategy will need to be cognisant of this data and proactive to Islanders' needs.



The Wider Context

Many jurisdictions including the United Kingdom are moving towards Integrated Care Systems (ICS). An ICS is described as:

"...partnerships that bring together providers and commissioners of health services across a geographical area with local authorities and other local partners to collectively plan health and care services to meet the needs of their population. The central aim of ICSs is to integrate care across different organisations and settings, joining up hospital and community- based services, physical and mental health, and health and social care"

The Kings Fund

ICSs depend on collaboration and a focus on places and local populations as the driving forces for improvement.

The focus of an ICS includes:

- reaching a shared view between system partners of local needs and the resources available for health and care
- agreeing a strategic direction for local health and care services based on those needs and resources
- driving service changes that are needed to deliver agreed priorities
- taking a strategic approach to key system enablers, for example by developing strategies around digital technologies and estates
- establishing infrastructure and ways of working to support collaborative working, for example by putting in place new governance arrangements to enable joint decision making and agreeing system-wide leadership arrangements
- Strengthening collaborative relationships and trust between partner organisations and their leaders.

The NHS Long Term Plan, published in December 2018, signalled the direction for health and care services over the next ten years. It aims to give everyone the best start in life, deliver world-class care for major health problems, such as cancer and heart disease, and help people age well.

The NHS Long Term Plan also sets out how the challenges that the NHS faces, such as staff shortages and growing demand for services, can be overcome by:

- Doing things differently: giving people more control over their own health and the care they receive
- Preventing illness and tackling health inequalities: increasing the focus on some of the most significant causes of ill health, such as smoking, drinking problems and avoiding Type 2 diabetes
- Backing the workforce: increasing the NHS workforce, training and recruiting more professionals
- Making better use of data and digital technology

Other jurisdictions including New Zealand and Sweden (see evidenced commissioning and partnership strategy document), have been evaluated as part of the development of this strategy.

Outcomes For Success

Jersey is uniquely placed to build on existing relationships and deliver a fully integrated Jersey has a wealth of health and social care information, however this is not collated in one place.

To achieve the commissioning intentions articulated in this strategy this information needs to be pulled into a single repository.

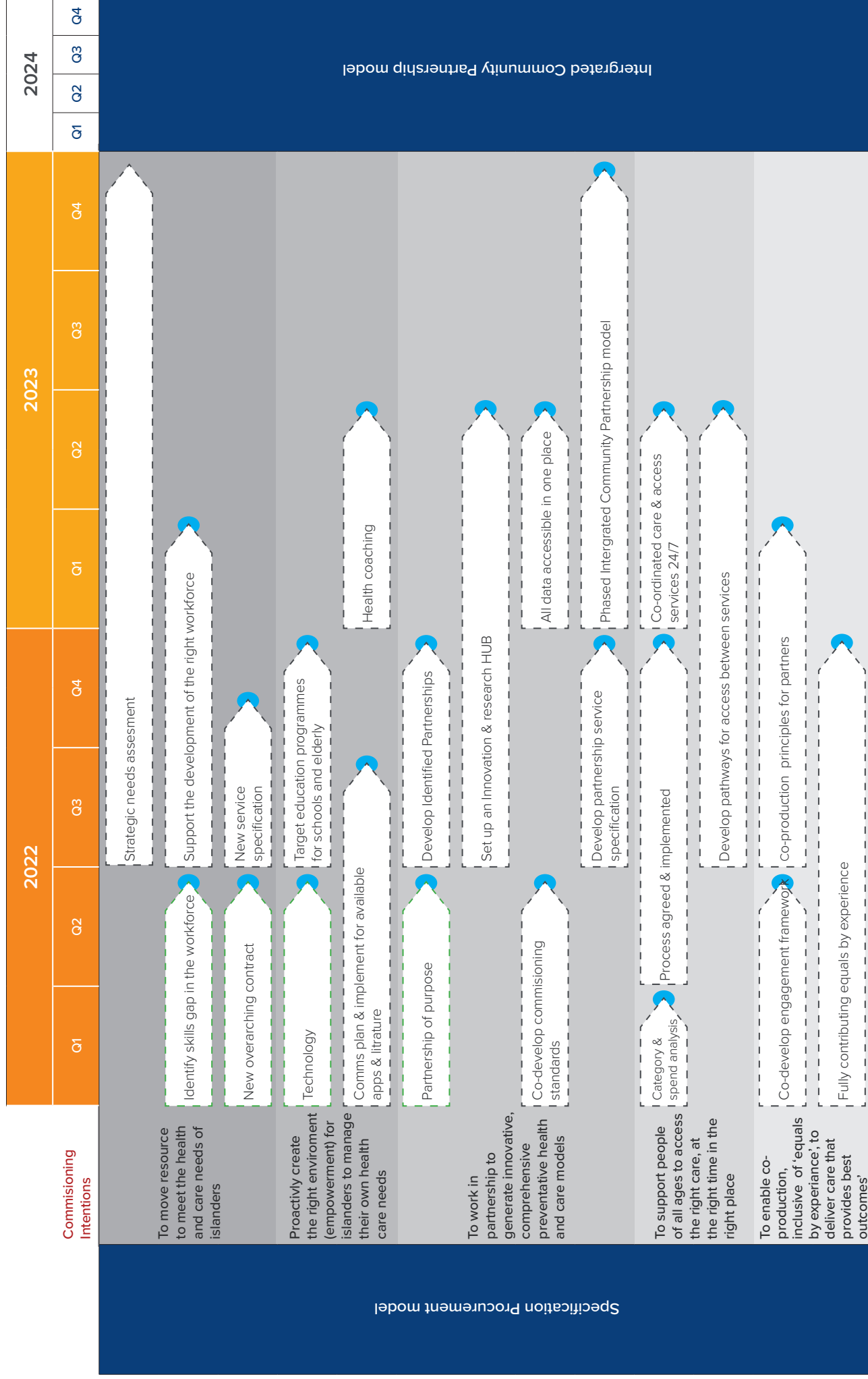
However, in taking this forwards we have recognised that we need to tailor our approach for our population and we are using Population Health Management as a tool to guide this work.

Population Health is an approach aimed at improving the health of an entire population. It is about improving the physical and mental health outcomes and wellbeing of people of all ages. It includes action to reduce the occurrence of ill-health, including addressing the wider determinants of health, and requires working with communities and partner agencies.

Outcome	Measures
Flexible simple process to meet change in needs. All commissioning decisions will be evidenced based	<ul style="list-style-type: none"> Simple auditable process Evidence based services
Strong Public Health Function with Jersey Needs Assessment (JNA) to drive the commissioning strategy. Commissioning intentions will be based on a clear understanding of need and priorities for our community now and in the future	<ul style="list-style-type: none"> JNA to begin development Commissioning driven from JNA
The right pathways in place for all - this may start with 'pilots' creating buy- in from early adopters and proof of concept in the community setting. Commissioning is driven by the pathways. All commissioning decisions will be outcomes focused.	<ul style="list-style-type: none"> Pathways in place Identified partnerships in place
Strong partnership working incentivised to deliver improved care. Residents and providers will feel engaged in the commissioning process.	<ul style="list-style-type: none"> How many partnerships? Do they cover the spectrum of care? Who is in each partnership? What are the positive outcomes delivered by the partnership?
Smaller partners participating within the commissioning process and to be part of the partnerships. The commissioning process will be transparent and fair at every stage	<ul style="list-style-type: none"> How many smaller partners are included? How many opted out? Definition of small partners (JC categorisation)
Commissioning model that supports longer term contracts (3+2 years)	<ul style="list-style-type: none"> Defined partnerships developed
An environment that creates the ability for partners to work in partnership. Assets will be maximised in terms of leverage, usage and value for money.	<ul style="list-style-type: none"> Everyone working in partnership with agreed systems Simple auditable process
Enhance partnerships that are already in place working with providers promoting choice in the market	<ul style="list-style-type: none"> Existing partnerships flourish Services that are value for money Improving quality services in the market

Delivery Plan

Our delivery plan will follow the intentions set out in the strategy accepting that this is a live document that we will continue to work on jointly and adjust where appropriate. The plan will ensure there is transparency and support from both government and our partners and the work will be both strategic and operational. The intentions will require the ongoing input from our partners for all relevant work streams to deliver the right services.



INTENTION:	To move resource to meet the health and care needs of Islanders – Generate capacity in the community		
Scope	All funding in the system to deliver best outcomes for Islanders		
Vision	The money is where the people are		
What do we want to achieve for Islanders?	Respond to patient choice	Needs Assessment	Right staff in the right place
How?	<ul style="list-style-type: none"> Personalised budgets Coordinated commissioning from Government of Jersey (GoJ) 	<ul style="list-style-type: none"> Skills-gap is identified in the workforce Jersey Strategic Needs Assessment to be developed 	<ul style="list-style-type: none"> Appropriately qualified staff in the community The right size workforce to offer 24/7 services

INTENTION:	Proactively create the right environment (empowerment) for Islanders to manage their own health and care needs – Early intervention		
Scope	All Islanders are supported through commissioned services and other organisations to maintain independence and enhance self-care skills		
Vision	Islanders live well for longer		
What do we want to achieve for Islanders?	Technology	Education programme	Health Coaching
How?	<ul style="list-style-type: none"> Relevant apps and other literature readily available Availability of modern telecare system 	<ul style="list-style-type: none"> In schools Retirement programmes Elderly intervention and support Care through health coaching 	<ul style="list-style-type: none"> Mentoring

INTENTION:	To work in partnership to generate innovative, comprehensive preventative health and care models- Early intervention		
Scope	Create an environment that is conducive to generate innovative and comprehensive preventative health and care models		
Vision	Islanders receive efficient and effective support in preventative health and care		
What do we want to achieve for Islanders?	Needs assessment	System development to explore innovation and ideas	Underpinned by research hub
How?	<ul style="list-style-type: none"> • Data analysis • Demographics • Determinants of health in Jersey • Managing long term conditions 	<ul style="list-style-type: none"> • Partnership working including partnership of purpose • Co-production • Facilitation and building trust between different organisations • Principles of working and sharing resources 	<ul style="list-style-type: none"> • Set-up an innovation and research hub for organisations to exhibit and learn best practice • Underpinned by Public Health guidance • Existing data in one place

INTENTION:	To support people of all ages to access the right care, at the right time, in the right place		
Scope	Empowering Islanders of all ages to direct the care and support they receive		
Vision	Islanders receive efficient and effective support in preventative healthcare		
What do we want to achieve for Islanders?	Access to timely assessment and self-referral	Workforce	Referral guides and support
How?	<ul style="list-style-type: none"> • Self-referral services • Coordinated care to access services • 24/7 access to services • Support identifying the right service where needed 	<ul style="list-style-type: none"> • Trained staff to navigate services • 24/7 availability 	<ul style="list-style-type: none"> • Consistency in accessing services. • Clear pathway development between services

INTENTION:	To enable co-production, inclusive of 'equals by experience', to deliver care that provides best outcomes- Commission for families not individuals		
Scope	'No decision about me, without me'		
Vision	Ensuring Islanders are involved in all aspects of care		
What do we want to achieve for Islanders?	Enabling co-production	Mapping	Engagement frameworks
How?	<ul style="list-style-type: none"> • Teach principles for co-production • Clear communication channels • Involvement of all stakeholders 	<ul style="list-style-type: none"> • Work with organisations and individuals to influence change 	<ul style="list-style-type: none"> • Proactive approach to facilitation

Governance Arrangements

The function of good governance is to 'ensure that an organisation fulfils its overall purpose, achieves its intended outcomes for citizens or service users, and operates in an effective, efficient and ethical manner'. (Office of Public Management and Chartered Institute of Public Finance & Accountancy 2004).

Through our principles and partnership working within our strategy, all our services will be accountable to Islanders to deliver services and continuously improve:

- To preserve, gain and strengthen stakeholder understanding
- To provide the foundation for a high-performing system
- To support all organisations to be well-placed to respond to a changing external environment
- To meet regulatory and contractual commitments and legislative changes
- Governance is central to creating and sustaining an environment which fosters strong and equitable development and essential to sound economic policies:
- Consistency – the process(es) should be clearly defined and timely, and where possible not open to variation
- Risk management, compliance and performance management of process(es)
- Integrity – ensure the utmost honesty and integrity of the people involved
- Leadership – ensure leaders are committed to trusting and supportive partnership working
- Ensure the right people are in the right positions

What are the commissioning structures to ensure governance?

- Sustainability- environment, financial and workforce
- Risk management across the system

Risk Management

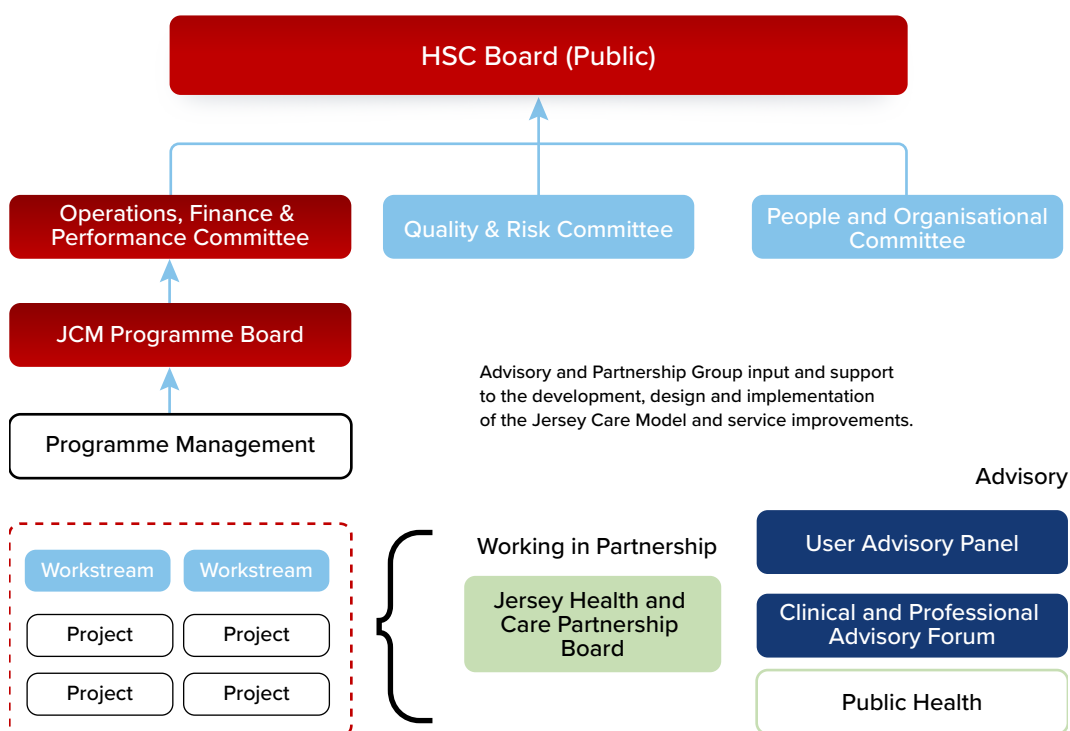
To achieve the desired changes within the system our governance intends to address and mitigate any risks associated with large system changes. This strategy will feed into the HCS Board as part of the wider JCM governance developed through engagement with partners, Scrutiny, legal, CEO's and the Minister for HCS. This will increase:

- collaboration and integration between stakeholders,
- provide a platform where opportunities to join up health and care are well communicated and shared
- ensure clinical or technical advice and patient/client experience input into anything that we develop

The Board is responsible for keeping under continuous review, the delivery of the JCM and for reporting monthly to the Minister and the Panel on the quality and robustness of the following:

- delivery plan
- risk management
- resource management (people and finances)
- communication and engagement plan
- programme management reports

JCM Programme Governance within HCS Governance



References

Government of Jersey, 2017. Disease projections 2016-2036.

Available at: [R DiseaseProjections2016-2036 140917 PH.pdf \(gov.je\)](#)

Government of Jersey, 2017. Jersey population projections 2016 release.

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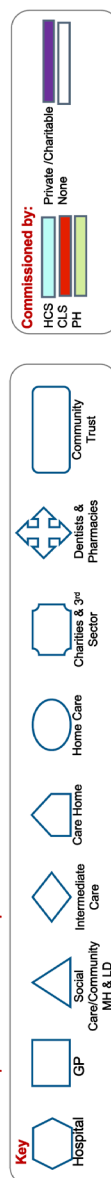
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Appendix 1

Commissioning Model	Commissioning	Regulation	COO Contracting	£ Public Private Funding
Specification and Procurement Model 	Remains as is - Individual service specifications - Performance and quality monitoring - Jersey strategic needs assessment (JSNA) (PH)	No changes - Jersey Care Commission - Long Term Care Fund - CLS	- Basic purchasing/ contracting - Contract monitoring	Siloed model GOJ Private Charitable
This model continues to provide individual contracts based on service outputs as opposed to individual outcomes				
Integrated Community Partnerships 	- Performance & quality management - Partnership service specifications writing - Co-production - Management of relationship with partners - JSNA (PH)	- Jersey Care Commission - Long Term Care Funding – CLS - Commissioning standards - Approved list	- Procurement of services - Work closely with commissioning - Contract negotiation	Mixed Model GOJ – Private - charitable
This community-based partnership model is based on co-production (with patients, carers, individuals requiring support, and services) of health and care outcomes, based on population needs.				
Mature Integrated Partnership 	- Performance & quality monitoring - Person centred partnership development - Co-production of shared vision and outcomes framework - Partnership service specification writing - Advising PH on JSNA population health needs	- Jersey Care Commission - Long Term care Fund – CLS - Commissioning standards - Approved list	- Procurement and contracting process in partnership with commissioning	New Model GOJ/Private/charitable
This model includes all HCS based services, providers and partners working in an Accountable Partnership/Joint Venture with Co-designed Service specification based on population health and care outcomes.				

* Red text equals additional requirements*



Glossary

Commissioning	the process of assessing needs, planning and prioritising, developing and monitoring health services to get the best outcomes
Co-production	patients and services equally contributing to the development, review and shaping of health services
Governance	a system through which the strategy will be accountable for delivering on its commitments
Models of commissioning	proposed ways of developing and managing services to deliver positive health outcomes
Outcomes	measures that reflect the impact of our interventions on the health status of the population
Partnerships	government departments and organisations working together as equals to deliver healthcare
Service specification	clearly defined standards of care expected of an organisation



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