



Health and Social Services Department

Business Plan

2016

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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 meet these goals, our staff are working with our voluntary, community and independent sector partners, including those in Primary Care, to continue on our journey transforming and developing services in line with P82/2012 '*A New Way Forward for Health and Social Care*'.

We have also focused on improving safety, quality and value through the use of our LEAN service improvement methodology and through system-wide working which places the patient and their family at the heart of all that we do.

During 2015 we delivered the strategies for Primary Care and Mental Health and started the implementation of the Acute Service Strategy. We expanded the Community and 'Out of Hospital' services, supporting individuals to stay in their own homes for longer, with greater independence and choice around their care provision.

The States agreed a new dentistry law, which updates the provisions around the registration and regulation of all dental care professionals, and we restricted smoking in cars carrying children, and commenced significant investment in improving Children's Services. Other actions included providing a place of safety for children, and constructing new temporary operating theatres for the hospital.

A new vaccine to protect babies against meningitis B was introduced and the highly effective nasal flu vaccine for children was extended to all key stage one primary school pupils. In addition, we proactively vaccinated over 3,000 teenagers in island schools to minimise the chances of an outbreak of meningitis W.

My Department has made significant progress against our strategic objectives and the benefits of this success are now being experienced by Islanders. I am confident that with continued States support we will continue on our journey with our partners to deliver safe, sustainable and affordable health and social care for Islanders,

We will continue to plan for the future hospital, recognising that the size of the building is highly dependent on the continued delivery of more community-based services. A site needs to be agreed this year so that ultimately Islanders can continue to access the safe, high quality care that they rightly expect.

I would like to thank the staff of Health and Social Services and those of our partners for their continued hard work and commitment. I am confident that everyone involved in the delivery of health and social care will rise to the challenges that 2016 will bring.

Senator Andrew Green MBE
Minister for Health and Social Services

Chief Officer's Introduction

2015 was another challenging year in which health and social care has been delivered once again through the hard work and commitment of our staff. In 2016 we will continue striving to deliver safe, sustainable, affordable services in an increasingly challenging financial situation.

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 are 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. I would like to thank our partners for the services they provide and the difference they make to the lives of Islanders.

During 2016 we will continue our transformation, investing in children's services and mental health in particular. In addition to continuing to enhance services that help Islanders remain in their own home and improve their independence, we will progress planning for the 'Care Hub', which will be a 'one-stop shop' for access to our services. This and other service improvements will be progressed with clinicians and professionals working together to redesign the way we deliver care. We will continue to listen to what Islanders tell us and to act on their feedback.

We will develop our work with adults with special or complex needs, taking a person-centred approach to give individuals more choice and control over their lives. Our work across all ages will be driven by our understanding of how important family and community is to our service users and we will work hard to safely support people at home wherever possible.

The service changes from the Mental Health Strategy and the Prevention of Suicide Framework will commence; this will include improving and enhancing services for older adults with mental health needs, and setting up a 'Recovery College'. We will also commence pilots for Sustainable Primary Care, to test out new ways of working and to understand the impact on patients, families and carers.

In 2016, work will continue on a new Food Safety Law, the Mental Health Law and Mental Capacity Law and on regulations to ensure that all dwellings in the rented sector meet minimum basic standards and do not pose a risk to health. We have started a significant and innovative piece of work to develop a detailed, integrated workforce plan that will support and facilitate our other key strategies and plans. We have strongly encouraged other stakeholders, such as the Primary Care body and Family Nursing and Homecare, to join in this project to strengthen workforce planning across the health and social care system.

In developing and delivering services we will continue our robust approach to secure value for money. This is now even more important given the current and projected financial challenges. We will continue identifying areas where services can improve without additional funding and we will use our LEAN service improvement methodology to improve quality and reduce costs wherever possible, without compromising safety.

I am proud of the services we deliver and am always heartened when I receive positive feedback. This is a testament to the hard work and commitment of our staff and the way they work together in teams and across organisations to deliver care. I am confident that this will continue in the coming years as we continue to move our services towards a model that is a blueprint for safe, sustainable and affordable health and social care on the Island.

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.**

Health and Social Services Department has 4 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):

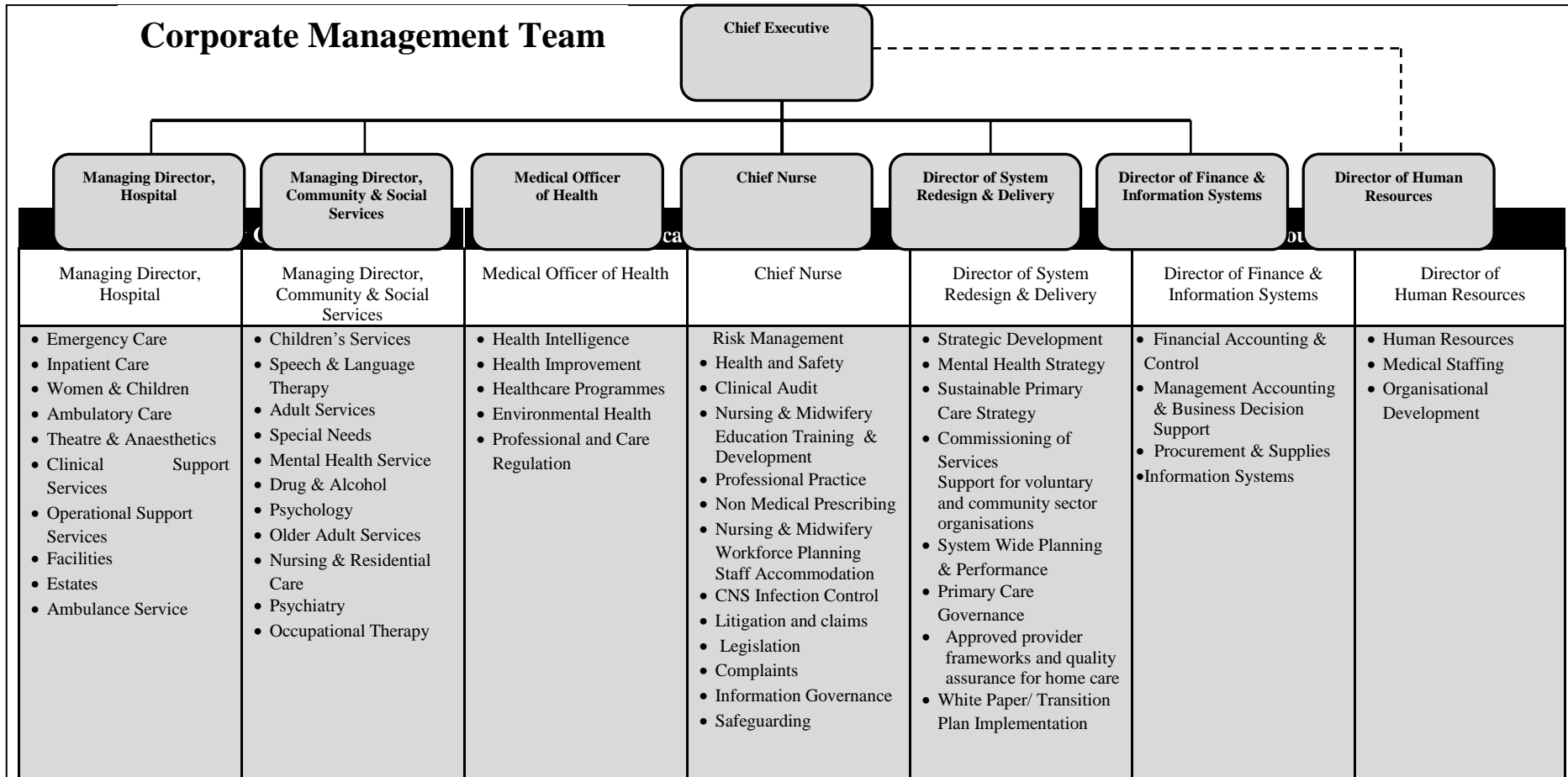
Objective 1: Redesign of the health and social care system to deliver safe, sustainable and affordable health and social services.

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.



SECTION 2

DEPARTMENTAL KEY ACTIVITIES FOR 2016

	Success Criteria (from MTFP)	Lead Department	Measure	Target Date	Key Risks	MTFP Objective
1.	Redesign of the health and social care system to deliver safe, sustainable and affordable health and social services					
i)	Transition Plan implementation	Corporate	Produce Outline Business Cases for 2017 – 19 Enhance the Clinical Forum New services implemented in accordance with plan Out of Hospital System embedded as 'business as usual' Planning and design of Care Hub and of the Out of Hospital system developments for 2017	January 2016 March 2016 Ongoing Ongoing December 2016	<ul style="list-style-type: none"> ▪ Resource availability ▪ Competing priorities ▪ Ability to recruit staff to deliver services ▪ Budget pressures 	1,3,4
ii)	Implement Long Term Care Scheme (SSD lead)	Community and Social Services	Long Term Care scheme fully operational for all eligible Islanders Review process using LEAN principles to improve efficiency Process to be fully automated	Ongoing Ongoing	<ul style="list-style-type: none"> ▪ Assessments of need not completed in a timely fashion ▪ Financial issues around change in funding model 	1,3,5
iii)	Develop Future Hospital plans	Hospital	Acute Service Strategy guiding all developments Progress service level plans, capacity plans, design briefs and early floor plans	Ongoing	<ul style="list-style-type: none"> ▪ Ability to access the external expertise required ▪ Failure to agree plans 	1

	Success Criteria (from MTFP)	Lead Department	Measure	Target Date	Key Risks	MTFP Objective
iv)	Implement the Sustainable Primary Care Strategy	Corporate, working with Social Security Department	Introduce pilots to test new service models, ways of working and funding flows Progress workstreams for funding, workforce, needs assessment and governance	December 2016 December 2016	<ul style="list-style-type: none"> ▪ Continued agreement from stakeholders ▪ Ability to secure appropriate resources 	1,5
v)	Develop robust commissioning	Corporate	2016 Agreements for services signed Review metrics and value	January 2016 September 2016	<ul style="list-style-type: none"> ▪ Resource availability may challenge timescales ▪ Input and commitment from stakeholders ▪ Providers' metrics 	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 2016	<ul style="list-style-type: none"> ▪ Resource availability ▪ Input and commitment from stakeholders 	1,4
vii)	Agree a sustainable funding mechanism for health and social care (Treasury lead)	Corporate, working with Treasury and Resources Department	Sustainable funding mechanism agreed by Council Of Ministers	September 2016	<ul style="list-style-type: none"> ▪ Treasury lead – resource availability 	1,5
viii)	Agree a workforce and development plan	Corporate	Draft plan in place Final plan signed off by Corporate Directors	May 2016 July 2016	<ul style="list-style-type: none"> ▪ Commitment and involvement from partners ▪ Conflicting work demands and priorities on clinicians and leaders 	1,4,5
ix)	Implement Mental Health Strategy	Corporate, working with Community and Social Services	Introduce 'Recovery College' Enhance Older Adults Mental Health Develop plans for Criminal Justice system mental health	December 2016 September 2016 December 2016	<ul style="list-style-type: none"> ▪ Resource availability ▪ Input and commitment from stakeholders 	1,3,4

	Success Criteria (from MTFP)	Lead Department	Measure	Target Date	Key Risks	MTFP Objective
2.	Improved health outcomes by reducing the incidence of mortality, disease and injury in the population					
i)	Develop health improvement strategies	Public Health	<p>Complete updated Tobacco Strategy</p> <p>Develop substance misuse prevention, including alcohol and drugs, through multi-agency partnership</p> <p>Complete and release Food and Nutrition Strategy</p> <p>Support gross government strategic commitments that promote and increase physical activity</p> <p>Introduce a voluntary landlord accreditation scheme</p>	<p>May/June 2016</p> <p>December 2016</p> <p>December 2016</p> <p>December 2016</p> <p>April 2016</p>	<ul style="list-style-type: none"> ▪ Lack of commitment to key actions due to cross-government conflicts of interest ▪ Pressure to respond to drug issues lead to low commitment to alcohol priority ▪ Strategic programmes dependent on MTFP2 investment ▪ Commitment to health actions as strategic aims are focused on lead departments business plans ▪ Lack of stakeholder support 	
ii)	Develop health care programmes	Public Health	<p>Implement call/recall solution for cervical screening</p> <p>Complete review of all Child Health working practices to deliver effective service with fewer staff</p> <p>Complete horizon scanning of population screening programmes</p>	<p>December 2016</p> <p>September 2016</p> <p>July 2016</p>	Lack of stakeholder support	
iii)	Develop Legislation	Chief Minister's Dept,	Regulation of Care Law (Jersey)	April 2016	Complexity of legislation	

	Success Criteria (from MTFP)	Lead Department	Measure	Target Date	Key Risks	MTFP Objective
	<i>Jersey Lean System</i>	team), working across Community and Social Services and Hospital	accordance with plan Clear benefits realisation, which reduces waste and duplication, improves productivity, improves quality and/or reduces cost		and Community and Social Services to progress Lean in addition to frontline delivery – risk of protected time for LEAN not being achieved <ul style="list-style-type: none"> ▪ Multiple competing priorities 	
iii)	Increased patient, service user and public involvement	Hospital, Public Health, Community and Social Services External providers	Views of patients routinely collected and used to develop services Commissioned service in place to develop engagement of looked after children and create a Children in Care Council Co-production model to develop family-focused services for early years children with complex needs UK national Picker survey for neonatal units	Ongoing June 2016 Ongoing June 2015	<ul style="list-style-type: none"> ▪ Lack of resource to focus on public and patient involvement ▪ Data collection systems ▪ Managing expectations of the public 	1,3,4
iv)	Improved patient outcomes	Hospital Community and Social Services External providers	Develop suite of clinical measures to benchmark with peers Reduction in avoidable harm Reduced waiting times Collation of outcome-related measures FACE Care Partner software fully embedded	Ongoing	<ul style="list-style-type: none"> ▪ Ability to collect appropriate data ▪ Ability to benchmark effectively ▪ Lack of clinical engagement 	1

	Success Criteria (from MTFP)	Lead Department	Measure	Target Date	Key Risks	MTFP Objective
			Self-evaluation framework being developed in children's services which is informed by key indicators	June 2016		
4.	Continued promotion of an open culture based on good clinical and corporate governance with a clear emphasis on safety					
i)	Enhance clinical governance	Corporate – across the Department	Appraisals continue to agreed programme Support nurses and midwives in revalidation process Proactive management of risk	Ongoing	<ul style="list-style-type: none"> ▪ Consultation with professionals 	1,4
ii)	Develop positive and open culture	Corporate - across the Department	Embed Duty of Candour Policy and Raising Concerns Guidance Demonstrate learning from incidents and complaints Complete the actions arising from Staff Survey Reduced number of incidents Practice development sessions across Community and Social Services, with annual conference	July 2016 May 2016	<ul style="list-style-type: none"> ▪ Lack of an organisational development (OD) specialist (or OD support from central Human Resources) ▪ Engagement of staff with Survey Action plans 	1,3
iii)	Improve performance management	Corporate - across the Department	Continued development of performance reporting through the integrated reporting process Continue to monitor staffing levels and undertake skill mix reviews Enhance staff skills through	Ongoing Ongoing	<ul style="list-style-type: none"> ▪ Capacity, including Informatics leadership ▪ Availability of metrics ▪ Managerial capacity to increase levels of application of Capability procedures 	1,3

			education and training linked into appraisals and personal development plans Robust reflective supervision implemented in children's services			
iv)	Promote children's and adults' safeguarding	Community and Social Services Hospital External providers	Compliance with the Standards set out in the Memorandum of Understanding with the Safeguarding Partnership Board Safeguarding adults and children is embedded in all areas of service and at all levels Implement and embed the recommendations made from Serious Untoward Incident Reviews and Serious Case Reviews Appoint a Designated Doctor for Children Role of Chief Social Work Officer to be implemented across the States	Ongoing January 2016 April 2016	<ul style="list-style-type: none"> ▪ Workforce capacity ▪ Financial resources 	3,4
v)	Further strengthen assurance	Corporate - across the Department	Formal structures in place that scrutinise evidence Implement a controls assurance framework Implement an assurance accreditation framework for wards Commission external reviews Participate in and respond to	Ongoing	<ul style="list-style-type: none"> ▪ Lack of infrastructure required to fully embed the framework into the organisation 	1,2,3,4,5

			external reviews/audits			
vi)	Continue to develop and report performance information	Corporate - across the Department	Monthly Financial, workforce planning, development and productivity measures	Ongoing	<ul style="list-style-type: none"> ▪ Ability of IT systems to provide data required 	1,4,5

5.	Manage the Health and Social Services budget to deliver services in accordance with the Medium Term Financial Plan					
i)	Deliver services within budget. Staff and resources managed effectively in accordance with budgets	Corporate - across the Department	Out-turn against budget	December 2016	<ul style="list-style-type: none"> ▪ Unforeseen increase in demand for services ▪ Unforeseen availability of new high cost treatments / drugs ▪ Major incident ▪ Further savings requirement 	1,5
ii)	Further develop medium to long term financial planning	Corporate - across the Department	Produce MTFP2 submission Benefits realisation framework in place for change projects with benefits planned, monitored and reported	June 2016	<ul style="list-style-type: none"> ▪ None identified 	1,5
iii)	Deliver planned savings programme	Corporate - across the Department	£12m savings programme delivered	December 2016	<ul style="list-style-type: none"> ▪ Unforeseen increase in demand for services ▪ Unforeseen availability of new high cost treatments / drugs 	5
iv)	Develop plan to deliver savings	Corporate - across the Department	Robust, achievable plan to deliver savings targets in accordance with MTFP 2 budget allocations Development of service costing and benchmarking	December 2016 December 2016	<ul style="list-style-type: none"> ▪ Unforeseen increase in demand for services ▪ Unforeseen availability of new high cost treatments / drugs 	5

SECTION 3

FINANCE

Introduction

The Department's overall cash limit in 2016 is £203,776,800.

2015 Recurring Savings and 2016 Savings

The Department made £4.6 million of savings in 2015, as part of the agreed 2015 Budget Measures to deliver 2% savings. These have been achieved non-recurrently in 2015:

- by phasing the continued development of service transformation as set out in P82/2012: Health and Social Services – A New Way Forward; and
- by managing staff turnover and vacancies in order to deliver staff savings.

In the latter half of 2015 and in 2016 the Department will seek to deliver these savings through sustainable efficiencies, service redesign, and cost reductions.

In addition to this, the Department has further savings to deliver in 2016:

- Approximately £1 million of non-pay inflation which will occur but for which no additional funding has been allocated; and
- £1.97 million of other savings targets including a contribution to Corporate Health and Safety initiatives.

In total the Department will deliver £7.6 million of savings in 2015 - 2016. There are a range of schemes already planned, including (but not exclusive to):

- a review of non-pay budgets and reduction in usage of supplies
- reducing spend on patient food services for inpatients
- reducing the number of FTE in management and administrative support areas
- improving procurement of specialist care in the UK to reduce cost
- requiring efficiencies in contracts for services with on-island providers including voluntary and community sector partners
- restructuring management of Community & Social Services
- closing hospital beds at the weekends, where safe to do so
- reducing staff travel costs and patient travel subsidies
- reviewing the provision of patient transport services
- improving staff absence management and the spend on agency and locum staff
- reviewing provision of some low-level care services
- implementing recommendations from the review of Private Patient Income by the Comptroller and Auditor General.

If delivered in full, these schemes will deliver approximately £4.5 million of the required savings.

Additional schemes are still being considered to deliver the remaining £3.1 million. In the service analysis presented for 2016, the planned savings have been attributed across the department in line with current plans.

2016 Growth

P.82/2012 Health Transformation £3,772,000: £3.8 million has been allocated to the department for 2016. While this is significantly less than was estimated to deliver the full change agenda, the Department will be able to make critical changes to services in order to continue to move towards the redesigned health and social care services envisaged in P.82/2012. Key areas for investment are:

- Children's Services: approximately £1.9 million of the proposed 2016 investment is for Children's services (in addition to investment of £2.4 million in 2013-2015). This investment will support the delivery of safe and sustainable services for the future, providing appropriate care to those children who require it including increased fostering and improved respite services
- Acute Services: £1.6 million will be invested in redesigning and addressing urgent demand for acute services including opening additional beds at Samares ward, recruiting to critical posts within the hospital and focusing on the development of IT systems and integration to support patient care and deliver improvements in safety and efficiency across primary, secondary and community-based care services
- Out of Hospital Services: £0.3 million will support some extension of the Out of Hospital programme.

In addition there will be investment in 2016 using funding phased from 2015:

- Mental Health Services: reflecting the outcomes of the Mental Health Strategy finalised in 2015, the department will invest a further £1.6 million from the phased 2013-2015 funding into this area
- Adults and Older Adults services: £0.3 million of funding phased from 2015 will be invested in supporting the development of out of hospital long-term conditions support.

2% investment in service standards and healthcare inflation £4,175,000: The 2% funding for Health and Social Services is provided to assist the department 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, provide for increases in demand for specific care, meet healthcare specific inflation costs (e.g. drugs) and make new drugs, treatments and therapies available to islanders where appropriate. Therefore, the exact allocation of this funding each year is variable and dependent on factors outside the control of the Department. The actual additional costs to the department are approximately 0.5% higher, and are managed through targeted efficiency savings year on year. In 2016, the key allocations will include:

- high cost packages of care for children with complex needs (approximately £1 million)
- adult specialist care packages (approximately £1 million)
- healthcare inflation costs such as the cost of new drug therapies, theatre supplies and prosthetics (approximately £1,100,000)
- maintaining standards in healthcare such as managing infection control and ensuring safe staffing ratios (approximately £500,000)
- specialist Acute Care in the UK (approximately £600,000).

Health and Social Services							
Net Revenue Expenditure - Service Analysis							
Near Cash		Near Cash			Non Cash	Total	
2015 Revised Net Revenue Expenditure ²	Service Area	Income	DEL	2016 Net Revenue Expenditure	2016 Net Revenue Expenditure	2016 Net Revenue Expenditure	2016 FTE
£		£	£	£	£	£	
2,726,000	Public Health Services	(207,000)	3,691,300	3,484,300	-	3,484,300	47.0
	Hospital Services						
18,355,700	Surgical Services	(292,600)	18,995,000	18,702,400	302,300	19,004,700	259.0
15,342,100	Theatres	(4,449,600)	20,059,400	15,609,800	722,300	16,332,100	232.0
14,541,000	Women & Children	(678,000)	15,455,700	14,777,700	119,400	14,897,100	217.0
28,249,800	Medical Specialities and Emergency Care	(1,374,900)	30,853,300	29,478,400	91,900	29,570,300	399.0
25,129,800	Diagnostic and Clinical Support	(6,629,600)	31,825,200	25,195,600	2,244,500	27,440,100	367.0
4,222,300	Ambulance Emergency Services ¹	(68,500)	4,303,900	4,235,400	30,900	4,266,300	65.0
13,034,100	Tertiary Care ¹	(823,200)	14,333,800	13,510,600	1,100	13,511,700	7.0
	Community & Social Services						
24,719,100	Adults and Older Adults Mental Health	(3,079,500)	21,530,000	18,450,500	2,600	18,453,100	359.0
21,500,100	Adults and Older Adults Other	(8,173,200)	26,438,000	18,264,800	32,200	18,297,000	368.0
18,086,200	Children's Services	(13,600)	22,383,100	22,369,500	-	22,369,500	286.0
9,007,000	Therapy Services	(78,500)	9,232,700	9,154,200	9,700	9,163,900	157.0
5,341,300	Voluntary & Community Sector	(25,800)	10,569,400	10,543,600	-	10,543,600	-
200,254,500	Net Revenue Expenditure	(25,894,000)	229,670,800	203,776,800	3,556,900	207,333,700	2,763.0
¹ Presentation of Ambulance Emergency Services and Tertiary Care Service Areas corrected from Draft MTFP 2016-2019 Annex							
Additional notes:							
Adults and Older Adults budgets have been reduced by £8.5 million reflecting the impact of Long Term Care Benefit.							
Public Health Services and Voluntary & Community Sector budgets have been impacted by the replacement of HIF income.							
Neither adjustment has altered the range of services provided.							
² Further to the 2015 Revised Net Revenue Expenditure in the Annual Update to the MTFP Department Annex for 2015, departments have allocated out the 2% savings to individual service areas and detailed expenditure budgets.							

Health and Social Services		
Statement of Comprehensive Net Expenditure		
2015 Revised Net Revenue Expenditure¹		2016 Net Revenue Expenditure
£		£
	Income	
(4,100)	Duties, Fees, Fines & Penalties	(4,100)
(21,958,800)	Sales of Goods and Services	(24,753,000)
-	Investment Income	-
(7,136,900)	Other Income	(1,136,900)
(29,099,800)	Total Income	(25,894,000)
	Expenditure	
6,397,900	Social Benefit Payments	964,200
142,963,300	Staff Costs	141,934,800
70,624,900	Supplies and Services	77,861,500
1,268,300	Administrative Expenses	1,278,500
7,632,900	Premises and Maintenance	7,164,800
124,800	Other Operating Expenses	124,800
324,700	Grants and Subsidies Payments	324,700
-	Impairment of Receivables	-
17,500	Finance Costs	17,500
-	Foreign Exchange (Gain)/Loss	-
-	Contingency Expenses	-
229,354,300	Total Expenditure	229,670,800
200,254,500	Net Revenue Near Cash Expenditure	203,776,800
3,306,500	Depreciation	3,556,900
203,561,000	Total Net Revenue Expenditure	207,333,700
¹ Further to the 2015 Revised Net Revenue Expenditure in the Annual Update to the MTFP Department Annex for 2015, departments have allocated out the 2% savings to individual service areas and detailed expenditure budgets.		

SECTION 4

Achievements in 2015

Hospital

The new Oncology Department was opened following refurbishment to provide a better quality of facilities and environment. Previously, care for cancer patients was delivered across two sites at opposite ends of the hospital. The upgrade enables the department to function as one designated unit.

New on-Island services were introduced, which reduced the need for Islanders to travel to the UK for treatment, including TBNA (Transbronchial Needle Aspiration), a non-surgical examination for patients who may have lung cancer or other lung diseases, and outpatient hysteroscopy, undertaken in a dedicated weekly clinic.

We continued to review our services and ask for patients' opinions. An independent survey found that the Emergency Department (ED) at Jersey General Hospital outperformed NHS Trusts in the UK - the Picker Institute Europe rated Jersey significantly better than UK hospitals in terms of the environment, waiting times, care and treatment provided by doctors and nurses and treating patients with respect and dignity.

Community & Social Services

Continued progress is being made in Children's Services with the implementation of a significant improvement programme reporting to the Improvement Board chaired by the Chief Minister. The improvement covers a range of areas including; staff training and development, design, development and implementation of policy and procedures, staff recruitment and retention, the development of services to looked after children including strengthening residential services and further developing our fostering capacity.

We have worked closely with parents to develop community short breaks for children with complex needs and are working to ensure that service is provided on a person-centred basis relating to need rather than to resources available.

Our work continues with partners to expand our services for adults with special or complex needs; this includes working with partners as part of our capital plan to design bespoke homes for life rather than more traditional models of accommodation and care.

The demand for support from Jersey Talking Therapies has continued to increase, with 1,839 referrals in 2015. Of the individuals receiving support, 50.3% are assessed as having 'recovered' using standards applied in the UK – this puts Jersey in the top 5% if measured against UK counterparts.

Mental health services have been redesigned and implementation is underway to ensure more responsive and flexible support from a range of practitioners with close links to Primary Care.

Adults and older adults social work teams have combined. They now form one integrated team based in Eagle House offering assessment and service irrespective of age. This has brought consistency of practice and response to the service with improvements already evident.

A number of the services are being delivered in accommodation which has become too small or unsuitable for the services required. Partnership work is ongoing with JPH to identify and ensure that services can be delivered from accommodation that is fit for purpose and reflects the importance of services to those considered vulnerable or at risk.

Recognising staff as our most important asset, we have invested in strengthening our management arrangements, supervision, training and development. We have started a

programme of practice development sessions across the service taking place on a bi-monthly basis with a one day conference planned for May 2016. Staff at all levels in the service are involved in the planning and delivery of these events.

Public Health

The Public Health Intelligence Unit published two large reports during 2015: 'A Picture of Health 2014' was the latest Jersey school health report consisting of one overall summary report plus six separate reports for primary (5) and secondary (1) schools showing results by school. The 'Alcohol Profile for Jersey' reported on a number of population level alcohol indicators up to 2012. A number of annual reports were also updated with 2014/15 data, including Annual Deaths, Abortion Statistics, Premature Deaths. New work was also started using data in the GP central server IT system with a preliminary look at multi-morbidity amongst the population.

A new vaccine was introduced in September 2015 to protect babies against a potentially lethal strain of meningitis, known as meningococcal B. In addition, a highly effective nasal flu vaccine for children was extended to all key stage one primary school pupils to offer them protection before the winter took hold.

In Autumn 2015, in response to an accelerating outbreak of meningitis and septicaemia occurring in the UK, Public Health carried out an emergency vaccination programme of teenagers in Jersey. A particularly aggressive strain of meningococcal W (MenW) bacteria has been striking mainly healthy people across all age groups in England and Wales, causing disability and deaths. Swift action was needed to prevent the disease gaining a foothold in the island and to protect those most at risk. In August, hundreds of Freshers received the MenACWY vaccination before they headed off to study at UK universities. Once further supplies of vaccine were available, over 3,000 school year 10-13 pupils were protected during November. With 86% of pupils in the year groups protected, this proactive measure should reduce the chances of MenW disease being transmitted in Jersey.

New regulations to protect under 18's from second-hand smoke in motor vehicles came into force on 1st September. These regulations were supported by a strong communications campaign based on supporting behaviour change and social norms of not smoking when children are present to key target groups.

A prevention of suicide framework for action was developed through a multi-agency steering group and released alongside the Mental Health Strategy in November 2015. A rapid response plan following youth death by suicide was produced, actions on multi-agency training are being developed and a new local resource 'Help is at Hand – Support after someone may have died by suicide' was produced and released.

The 'EatSafe' scheme was further developed and over a thousand food businesses are now included. There has been a notable increase in the number of businesses scoring 4 or 5 stars. Over 99% of food businesses meet the "generally compliant" status used as a measure in the UK (UK scores 93%).

Environmental Health dealt with 2,600 requests for service and consulted on 360 planning applications and 80 licensing applications. The team dealt with 200 complaints about sub-standard housing and over 150 complaints of nuisance, 101 of which were about noise. Over 200 infectious disease investigations were carried out and 61 Food Export Certificates issued.

Nursing

New degree courses allowing Jersey students to train for careers as midwives, mental health nurses or children's nurses were launched, combining off-Island study with practical work experience in Jersey. The three-year degree programmes are delivered in partnership with the University of Chester. The new programmes follow the introduction of the pre-registration Nursing Degree in 2013 - the BSc (Hons) Nursing (Adult Field), which has yearly intakes.

The first cohort of registered nurses was accepted to study on-island at Masters level through the University of Chester; the Advanced Masters programme is being introduced to support the development of services and new roles.

We completed our third cohort of non-medical prescribers, which will bring our total of on-island trained prescribers to more than 30.

The Designated Nurse for Safeguarding Adults and Children has been in post for a year and has focused on training, policies and other operational matters in order to further improve safeguarding in Jersey. In January 2016 we appointed a Designated Doctor for Children on a part-time basis who will work closely with agencies alongside the Designated Nurse, Looked After Children's Doctor and Nurse and the clinicians to improve safeguarding practice.

System Redesign and Delivery

We 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. During 2015, in addition to providing information about the type and amount of services provided, our partners asked for the views of Islanders who use their services.

As at the end of 2015, 22 of the services funded through P82 have 'gone live'; their capacity is increasing, in accordance with the implementation plans. The Community Resource Centre development is progressing well, and services will be delivered from the new location from 2016.

The 'out of hospital' system model has been agreed, drawing on lessons from the intermediate care pilot and other work, including a project to alleviate winter pressures in the Hospital and the rapid response pilot. The Integrated Proof of Concept has been evaluated and plans to develop this further are being implemented, in order to increase capacity and value for money. In 2015 the service helped more than 700 Islanders to be cared for at home, rather than in hospital. Patient and carer feedback has been positive, and the service is now moving into its next phase. The step up /step down service at Silver Springs commenced on 18th May, with five beds available for individuals who are not able to be reabled at home yet. These beds are now being well utilised. The service has been reviewed and recommendations made to further improve value for money.

The Clinical Forum commenced in 2015. This brings together professionals from across the system to develop improved, integrated pathways. A (clinical) Chair will be appointed in early 2016 to lead the Clinical Forum.

The Department has considered what new services need to be introduced for the MTFP 2, and has worked with stakeholders to produce Outline Business Cases for Children's Services, Healthy Lifestyles, Mental Health, Acute Services, Out of Hospital care and the Care Hub. The OBCs have been approved by the Minister for Health and Social Services, and the decision on funding will be made in 2016.

The Mental Health Strategy was launched in November 2015. Implementation planning is now well underway. It incorporates a wide range of mental health services – for adults and children, on-and off-island, and in a range of settings. The review was undertaken jointly with a range of stakeholders. An expert partner worked with the States throughout and regular briefing notes were sent to a wide group of stakeholders. Four 'Citizens Panel' meetings were held; approximately 120 applications were received from Islanders who wanted to participate. Four Action Learning Sets were held.

The Sustainable Primary Care Strategy was launched in December 2015. It contains five ambitions:

- Patients - Understand population needs; design services to meet needs; enable people to lead healthy lives; empower patients to manage their own health
- Payment - Payment models to incentivise outcomes
- Partnership - More integrated working
- People - Develop the future workforce and skills
- Processes - IT and Governance to support quality, safe, and efficient care

Pilots will be developed during 2016 to test out new ways of working; ideas are being invited from a broad range of stakeholders in order to inform these pilots, with a clear focus on benefits.

Work is ongoing with partners in the Voluntary and Community Sector regarding sustainability. The funding arrangements for some organisations changed during 2014 with the implementation of the Long Term Care Scheme. This, along with the financial outlook, means that organisations need to review their costs and services, ensure they understand their future funding sources and amounts, and devise and implement their strategies accordingly.

We are working closely with a number of Voluntary and Community Sector partners to support and guide them in this work. 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. This work has included, for example, assisting Les Amis to transition to Long Term Care Scheme funding.

During 2015 we also worked closely with Les Amis to develop plans for short breaks (formerly known as 'respite') provision. A paper was presented to the Minister in June, proposing that residential respite for young adults is increased through re-purposing one of the children's residential facilities into a 'young adults' facility for 14 – 21 year olds. This still leaves sufficient capacity for younger children's residential short breaks.

Primary Care Governance

During 2015, the preparation and ground work of the previous few years came to fruition with the implementation of the Jersey Quality Improvement Framework (JQIF). This involved a specified set of clinical and organisational standards, upon which practices would be encouraged to collect meaningful data, ensure patient safety by having appropriate processes and procedures in place and by ensuring that all medical records are kept up to date and all relevant information is recorded.

In order to further support the continuous improvement and focus of quality, work continues on monitoring and reporting for individual GPs, through the Jersey Activity Monitoring (JAM) cards, which incorporated additional information in 2015.

Processes for the receipt and determination of applications to the Performers List have been continually reviewed and developed to ensure that decisions are made in a timely and informed manner and to ensure that all records are kept up to date, as is required by Law.

Effective governance continues to be important in ensuring that patients have confidence in the care that they receive, and the PCGT, working closely with the PCB, continue to strive to improve quality and to ensure that Islanders receive the services they need, both now and into the future.

Improving Value

In 2015 we expanded lean and have delivered a wide range of projects and interventions, improving services for patients, delivering efficiency and productivity for staff and creating value. This is making a real difference to patients and carers, and a real difference to staff, as

we reduce waste and duplication and focus on the patient and their family in all that we do. For example, over £100,000 has been saved from redesigning catering services.

Financial management

The Department has been recognised by the Chartered Institute of Public Finance and Accountancy (CIPFA) as delivering excellent financial planning. During 2016, work will commence on implementing a standardised approach to detailed unit costing of all key services. This, together with benchmarking, will support the continued drive for improvements in efficiency and productivity across the Department.

Work continued on implementing the Department's Informatics Strategy. Working jointly with the States Information Services Department, IT systems were upgraded and developed and work commenced on a new system for Children's Services.

Human Resources

2015 was a generally positive year for recruitment across the majority of roles including nursing senior medical posts.

We continued to receive positive feedback from the General Medical Council for our well developed approach to revalidation of the medical workforce and complimentary reports from The Wessex Deanery regarding our work with Junior Doctors.

We continue to be in the vanguard of all States Workforce Modernisation workstreams, with relevant staff being re-evaluated under the new process, and successful piloting of the majority of new States developments in policies and systems.