



Foreword



Caroline Landon
Director General

2020 was an incredibly challenging year for Jersey's health & care system, with the coronavirus pandemic testing the provision and resilience of the Island's Health and Community Services department in unprecedented ways.

We have risen to the pandemic challenges by adapting our clinical, professional and operational procedures and policies, but this couldn't have been achieved without the flexibility, hard work and commitment of our health and social care colleagues within Government and across all our partners, including primary care, social care, and the VCSE & Independent sector. We have also worked closely with colleagues across Government, as we continue to aim for providing timely access to safe and high-quality health and social care services to Islanders whether in a hospital setting or in the community.

The pandemic may have given us many operational challenges to overcome, but the ambition of Health and Community Services remains the same, which is to work in partnership with others to:

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

2021 will be the start of defining and delivering the Jersey Care Model, a new model of care, focusing on person-centred care, prevention and community services that are co-designed and co-delivered by government and partner services. The Jersey Care Model will help us to ensure the health and care system is able to better balance care between In Hospital and Out of Hospital settings, through initiatives such as overnight Community Nursing and Night Sitting services.

It is an ambitious and continuing programme of improvement and innovation and has been approved by the States Assembly in November 2020. I look forward to seeing and hearing about the difference it will make to Islanders.

In addition, we are continuously working on improving the access to and the quality of our services across Hospital and Community services.

As such, HCS will continue to focus on:

- Providing Islanders with access to health and social care services in the right place and at the right time, as we start to implement the Jersey Care Model
- Continue to develop design and pathway plans for the 'Our Hospital' programme
- Ensuring the Island Digital Health ambition is delivered
- Helping Islanders to manage their own long-term conditions wherever possible
- Providing more and better-connected services in the community to support people who need care, but don't need to be in hospital
- Catering for the needs of Jersey's growing, older population by ensuring that care can be provided for people at home wherever possible

- Improving patient pathways by working with our expert community and voluntary sector partners and primary care colleagues
- Continue to drive our improvements in mental health services with new facilities and new services such as 'crisis prevention and intervention' teams
- Ensuring the General Hospital and wider HCS estate delivers to the required backlog maintenance schedule
- Providing additional capacity to treat Islanders in Jersey who have, in the past, required treatment in the UK
- Providing a positive, safe and rewarding working environment for our staff, attracting and growing new talents whilst retaining the vast experience we have on Island
- Ensuring our Adult Social Care services are supporting our most vulnerable Islanders through an Integrated model of care with Adult Mental Health and Physical Health services
- Further develop our Learning Disability services working with key partners including new estate solutions for some of our clients
- Support our colleagues in Children's services to deliver child health improvements as well as preventative child and adolescent mental health services
- Provide an efficient and effective service by ensuring our resources are well managed through initiatives such as Zero Based Budgeting.

Finally, I would like to thank all our colleagues working in HCS and our partners for their professionalism, dedication, and commitment in all they have achieved and faced during 2020 and continue to deliver compassionate care and support across Jersey.



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Our Mission Statement

Health and Community Services are providing safe, high-quality, person-centred care and working with our partners, making health and care services accessible when and where our service users need it.



Our purpose

HCS operates through the following 5 Clinical & Professional Care Groups which provide the following services:

- **Adult Social Care, Mental Health & Community Services:** This care group provides a range of assessment, treatment and support services for the adult (18+) population of Jersey. These incorporate inpatient hospital, day service, residential and community based multi-disciplinary support services. These services aim to work collaboratively, with adults in Jersey, to provide effective support services, safeguard vulnerable adults, and promote health, welfare and quality of life.
- **Primary & Preventative Care:** Within this care group we support the care co-ordination, primary care governance and operational oversight and partnership working with our Primary & Community Care providers.
- **Women's, Children's and Family Services:** This care group provides services throughout the Hospital and Community that relate to Women, Children and Families, including functions such as maternity, gynaecology, assisted reproduction and the special care baby unit. This care group provides leadership in our partnership work with the Department of Children, Young People, Education and Skills around Child and Adolescent Mental Health services.
- **Surgical & Scheduled Care:** Relates to our specialist hospital functions covering our inpatient wards and surgical services, including our theatre suites and intensive care unit.
- **Medical & Un-Scheduled Care:** Supports our emergency care and medical speciality services. It includes the accident and emergency department and emergency assessment units at the hospital as well as our medical inpatient wards and outpatient specialisms. This care group leads on partnership with our colleagues in Justice and Home Affairs who lead the Ambulance service which is a critical part of our unscheduled care pathway.

In addition to the clinical care group structure, HCS provide the following non-clinical Support Services:

- **Quality & Safety:** Overarching all our care group functions is our quality and safety care group which incorporates the offices of the Chief Nurse and Group Medical Director. This care group ensures our services are delivered in line with professional standards, with the required level of oversight and assurance. Infection prevention and control is also part of this care group.
- **Non-Clinical Support Services:** Includes all of our estate, facilities and non-patient facing services such as administrative, housekeeping, portering, laundry, catering services and supporting off-island care.
- **Service Improvement and Innovation:** Drives the strategic planning of departmental and service business plans to ensure clear direction across the Department and objectives are in line with overall Government priorities and sustainable wellbeing goals. A dedicated Quality Improvement team ensures staff are trained and confident to use continuous improvement thinking and processes across all services. A Programme Management Office supports, oversees and reports back on progress against the Jersey Care Model and internal strategic quality improvement projects.

Our Values

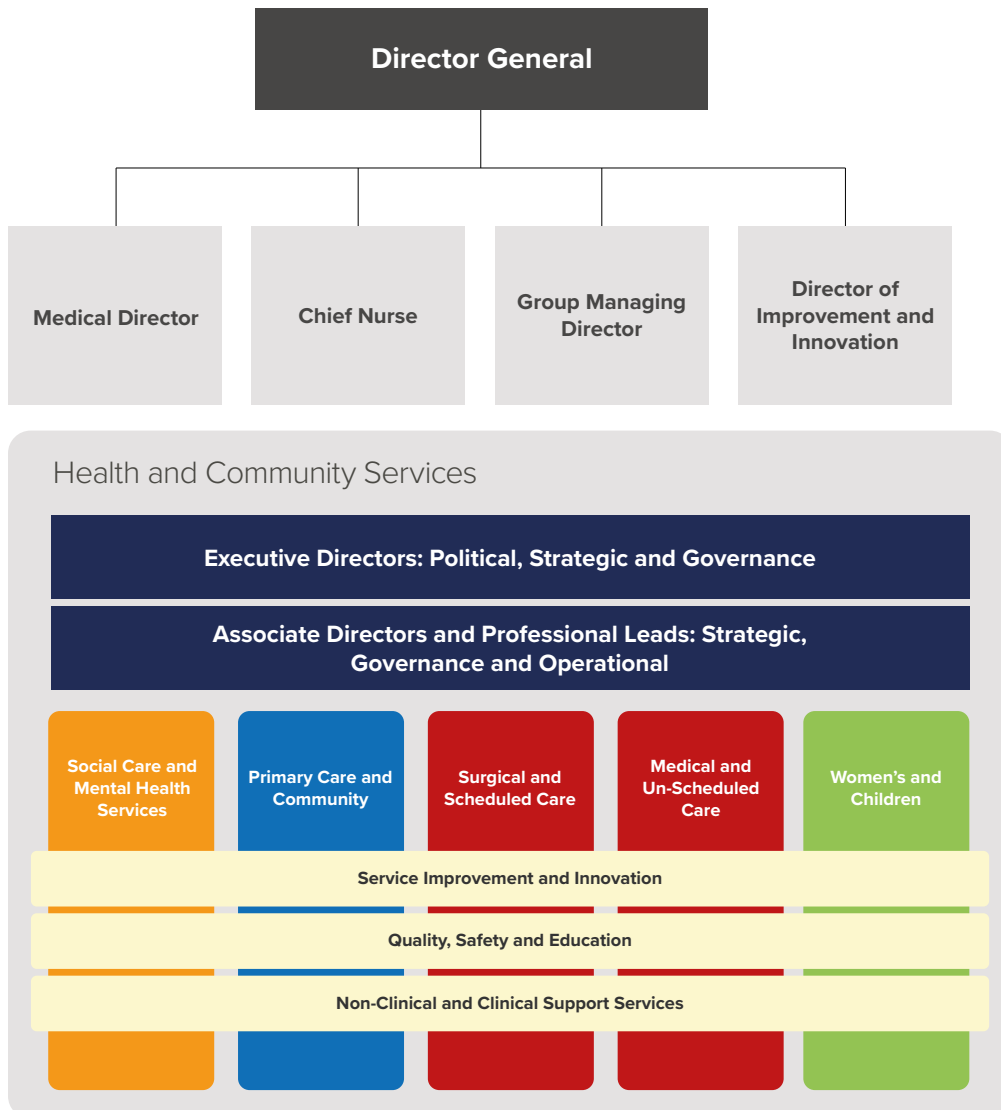
We are One Government, passionate about delivering public services for Jersey. Our 5 core values as an organisation are:

- We are respectful
- We are better together
- We are always improving
- We are customer focused
- We deliver



Our values are supported by a set of high-level behaviours, which guide us in our individual roles.

Our Department Structure



Our key objectives for 2021

This section summarises the key objectives for our department for 2021.

To key objectives will help us deliver the **Health and Community Services (HCS) 2021 Outcomes:**

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

Key Objectives	Lead Service/ Directorate
Work with Public Health on the implementation of the Health and Wellbeing Framework (outcome 1).	Public Health/ Primary Care
HCS with Customer and Local Services (CLS) will improve access to healthcare for the financially vulnerable (outcome 1).	Innovation and Improvement
HCS will work with Modernisation and Digital within the Chief Operating Office to improve Islanders' interface with Health and Community Services through the continued implementation of the Digital Health Strategy (outcome 1).	Innovation and Improvement
HCS will implement the Government's customer experience strategy and create a learning organisation's feedback loop to ensure customer experience is used to continuously improve our services (outcome 1).	Chief Nurse
HCS will deliver on quality improvements as outlined in the Mental Health Improvement Plan (outcome 2).	Group Managing Director
HCS Care Groups will develop operational business plans to ensure delivery of improved health outcomes (outcome 2).	Group Managing Director

Key Objectives	Lead Service/ Directorate
HCS will work with primary care to increase the rate of vaccinations (outcome 2).	Primary Care
HCS will co-design with partners and stakeholders' pathways across services to ensure high quality care whilst maximising effectiveness and efficiency (outcome 3).	Innovation and Improvement
HCS will develop comprehensive stakeholder engagement programmes to inform design and delivery (outcome 3).	Innovation and Improvement
HCS will co-design a commissioning strategy for the implementation of the Jersey Care Model with other government departments and external partners (outcome 3).	Innovation and Improvement
Development of an island wide health and community services people plan (outcome 4).	Human Resources
Development of a Quality Improvement function to supports staff with implementing improvement (outcome 4).	Innovation and Improvement
Enhancement of Team Jersey Leaders group to enable wider networking and peer to peer support (outcome 4).	Innovation and Improvement/
Develop a Winter and Covid-19 resilience plan (outcome 5).	Innovation and Improvement
HCS will monitor performance, quality and safety outcomes through the development and review and challenge of Care Group dashboards (outcome 6).	Group Managing Director
HCS Care Groups will deliver services in line with approved budgets and aim to identify further efficiencies that will increase better use of resources, patient experience and patient outcomes (outcome 7).	Group Managing Director

What will we do in 2021?

The tables below set out the means by which the objectives for the department will be translated into action.

Government Plan Initiatives

This table shows the Government Plan initiatives that we will deliver in order to support the Government of Jersey's strategic priorities as set out in the Common Strategic Policy.

For more information on each of the initiatives, please see [Government Plan 2021-24 and Government Plan Annex 2021-24](#), and [Government Plan 2020-23 and the Government Plan additional information report 2020-23](#).

CSP Ref	Title of Initiative	Description of the deliverables (what will we do in 2021)	Lead Service/ Directorate	Project Programme BAU	Target Delivery Date	Island Wellbeing Outcomes impacted by success	Island Indicators or Service performance measures impacted by success
GP21-CSP2-1-05	Jersey Care Model (JCM)	1. We will support Public Health to undertake detailed planning and modelling of the health and social care needs of the population to assess the needs of the island and develop a comprehensive needs assessment.	SPPP/ Innovation and Improvement	Programme	Q4 2025	Islanders benefit from healthy life-styles	Preventable mortality rate per 100,000 population
		2. Develop an island wide health and community services people plan as a key enabler to delivery of the JCM	Human Resources	Project	Q3 2021	We will create a sustainable, vibrant economy and skilled local workforce for the future	-

CSP Ref	Title of Initiative	Description of the deliverables (what will we do in 2021)	Lead Service/ Directorate	Project Programme BAU	Target Delivery Date	Island Wellbeing Outcomes impacted by success	Island Indicators or Service performance measures impacted by success
		3. Redesign pathways across services to ensure high quality care whilst maximising positive outcomes	Innovation and Improvement	Project	Q4 2022	Islanders with long-term health conditions enjoy a good quality of life	% of Islanders aged 60 to 64 years with one or more of 13 long-term conditions % of Islanders with one or more of 13 long-term conditions % of Islanders with a long-term health condition that affects their day-to-day activities
		4. Comprehensive stakeholder engagement programmes to inform design and delivery of the JCM	Innovation and Improvement	Project	Q1 2021	NA	NA
GP20-CSP2-3-03 GP20-CSP2-2-02	Maintaining health & care standards	1. Deliver outcomes identified in Mental Health Improvement plan	Mental Health & Social Care Group	BAU	ongoing	Improve islanders experience of Health and Community services Mental health and wellbeing are fundamental to quality of life in Jersey	Number of attendances at the Emergency Department for mental health issues per 100,000 population
		2. Co-design of Long Term care pathways commencing with: a. Diabetes pathway b. End of Life care to ensure high quality care whilst maximising efficiency	Innovation and Improvement/ Care Groups	Project	Q4 2023	Islanders can access high quality, effective health services	% of Islanders aged 60 to 64 years with one or more of 13 long-term conditions % of Islanders with a long-term health condition that affects their day-to-day activities

CSP Ref	Title of Initiative	Description of the deliverables (what will we do in 2021)	Lead Service/ Directorate	Project Programme BAU	Target Delivery Date	Island Wellbeing Outcomes impacted by success	Island Indicators or Service performance measures impacted by success
		3. Develop with IHE options for accommodation for Keyworkers to ensure recruitment of essential staff	IHE	BAU	Ongoing	Islanders benefit from a strong, sustainable economy and rewarding job opportunities	Total number of Jobs
GP20-CSP2-3-01	Digital Health & Care Strategy	Continued implementation of the Digital Health Strategy	M&D COO	Programme	Q4 2025	Islanders can access high quality, effective health services	% of Islanders with physical or mental health conditions lasting or expected to last for 12 months or more
GP20-CSP2-1-02	Preventable diseases: Improving health outcomes by reducing mortality, the incidence of disease and injury	Improve access to healthcare for the financially vulnerable	Innovation & Improvement/ CLS	Project	Q1 2021	Islanders can access high quality, effective health services	% of households who said the cost of GP appointments for adults stopped them going at least sometimes Amenable deaths per 100,000 population – (Deaths due to treatable causes are avoided where possible)
GP21-CSP2-CAPITAL GP20-PFV-12-N	Our Hospital	Support IHE in the development of the Our Hospital Programme	IHE	Programme	Q4 2026	Islanders can access high quality, effective health services	N/A
GP20-EST-19-N	Health Services Capital Improvements (including vital IT)	1. 2020 - Delivering 30 infrastructure projects and 9 feasibility studies to unlock 2021 projects	HCS Estates	BAU	Q4 2021	Islanders can access high quality, effective health services Improve Islanders experience of Health and Community services	Maintain existing estate to an acceptable level until a new hospital is delivered.

CSP Ref	Title of Initiative	Description of the deliverables (what will we do in 2021)	Lead Service/ Directorate	Project Programme BAU	Target Delivery Date	Island Wellbeing Outcomes impacted by success	Island Indicators or Service performance measures impacted by success
		2. 2021 Maintain critical HCS infrastructure – draft project schedule currently identifies 20 projects.	HCS Estates	BAU	Q4 2021	<p>Islanders can access high quality, effective health services.</p> <p>Improve Islanders experience of Health and Community services</p>	Maintain existing estate to an acceptable level until a new hospital is delivered.
GP20-EST-20-N	Five Oaks Refurbishment	Replace critical HCS infrastructure that supports frontline operations. Failure will result in service delays	HCS Estates	Project	Q4 2021	<p>Islanders can access high quality, effective health services i.e. operating theatres & CSSD.</p>	Maintain existing estate to an acceptable level until a new hospital is delivered.

Departmental Initiatives

This table shows departmental initiatives not included in the Government Plan that we will deliver in 2021.

Title of Initiative	Description of the deliverables (what will we do in 2021?)	Lead Service/ Directorate	Project Programme BAU	Target Delivery Date	Island Wellbeing Outcomes impacted by success	Island Indicators or Service performance measures impacted by success
Development of a Health & Community Commissioning Strategy	Co-design with CYPES, CLS, COO and external partners a Commissioning Strategy Develop as part of the strategy the commissioning intentions as identified in the Jersey Care Model	Innovation and Improvement/ (CYPES/CLS/ COO)	Project	Q3 2021	Islanders can access high quality, effective health services	N/A
Improve Islanders experience of Health and Community services	Continue the development of the Care group dashboards and monitor progress against the Dashboard information Develop and monitor bespoke Care Group service improvement & operational plans	Group Managing Director	BAU	Q4 2021 Monthly Q1 2021	Islanders can access high quality, effective health services	% of Islanders with physical or mental health conditions lasting or expected to last for 12 months or more

Title of Initiative	Description of the deliverables (what will we do in 2021?)	Lead Service/ Directorate	Project Programme BAU	Target Delivery Date	Island Wellbeing Outcomes impacted by success	Island Indicators or Service performance measures impacted by success
Clinical and Corporate Governance	<p>Develop Systems & structures that guarantee quality & safety across boundaries within & beyond the organisation:</p> <p>Develop an outcome framework which is reviewed & critically assessed regularly.</p> <p>Develop clear risk management and mitigations procedures in line with GOJ Risk Management Strategy. Including explicit consideration of compliance.</p> <p>Develop a Board Assurance Framework (BAF) to help the Board distinguish between the strategic from the operational, and help bring clarity around Board working in terms of focusing efforts on areas of risk and where assurances are most needed.</p> <p>Establish a clinically led clinical audit and quality improvement programme.</p> <p>Develop training in relevant quality improvement methods for staff throughout the organisation</p> <p>Ensure transparent public reporting of HCS governance</p> <p>Establish system(s) for delivering a high-quality experience for all with a focus on patient involvement & engagement for the purposes of learning and making improvement.</p>	Quality and Safety Group	BAU	Q4 2021	Islanders are safe and protected at home, work and in public	-

Title of Initiative	Description of the deliverables (what will we do in 2021?)	Lead Service/ Directorate	Project Programme BAU	Target Delivery Date	Island Wellbeing Outcomes impacted by success	Island Indicators or Service performance measures impacted by success
Delivery of high quality services within the HCS financial envelope	Financial management training for Care Group management teams (on-line)	Group Managing Director (T&E)	BAU	Q1 2021	Islanders benefit from a strong, sustainable economy and rewarding job opportunities	Performance against income forecast
	Care Groups to deliver services in line within approved budgets		BAU	Q4 2021		Balancing the government budget: expenditure including depreciation shown against income
	Reducing waiting times	Group Managing Director	Project	Q3 2021	Islanders can access high quality, effective health services	
	In partnership with T&E, SPPP and wider internal and external stakeholders, design and implement a sustainable funding model for future health care costs	Innovation Improvement (T&E/SPPP)	Project	Q4 2024	We will create a sustainable, vibrant economy and skilled local workforce for the future	

Monitoring service performance – our service performance measures

Our services are having a direct impact on Islanders' lives. It is important to us to monitor how we are doing across the department. We have selected key performance measures that reflect how we are doing across our services.

Lead service / directorate	Performance Measure Description	Data Availability	Reporting frequency	Baseline	What we want to achieve	International Benchmarking possible
Scheduled Care	Outpatient DNA Rate	2012-2020	Monthly	8%	Maintain/ Decrease	N/A
Scheduled Care	New to follow-up ratio	2012-2020	Monthly	1:3.3 (2019)	Decrease	N/A
Scheduled Care	% patients waiting > 90 days for Elective Admission	2012-2020	Monthly	60.1% (Sept 2020)	Decrease	N/A
Scheduled Care	% patients waiting > 90 days for first appointment	2012-2020	Monthly	46.5% (Sept 2020)	Decrease	N/A
Cross Cutting JCM Outcome	Acute elective length of stay (not including Samares)	2012-2020	Monthly	< 4.5 Days	Maintain	N/A
Efficiency	Theatre Utilisation	2018-2020	Monthly	80%	Increase and maintain above 80%	85% = NHS Target
Unscheduled Care	% commenced treatment within 60 minutes	2012-2020	Monthly	>70%	Maintain	Avg NHS is 45%

Lead service / directorate	Performance Measure Description	Data Availability	Reporting frequency	Baseline	What we want to achieve	International Benchmarking possible
Unscheduled Care	ED conversion rate	2012-2020	Monthly	<15%	Maintain	< 30% is NHS Target
Cross Cutting JCM Outcome	Acute bed occupancy at mid-night (EL & NEL)	2018-2020	Monthly	<70%	Maintain	N/A
Mental Health	MH Acute admissions per 100,000 registered population	2019-2020	Monthly	<20	Maintain	N/A
Mental Health	MH Acute bed occupancy (including leave)	2019-2020	Monthly	<88%	Maintain	N/A
Mental Health	MH Caseload	2019-2020	Monthly	2103	Decrease	N/A
Mental Health	% Adult acute admissions under MH Law	2019-2020	Monthly	< 37%	Maintain	N/A
Adult Social Care	ASC % adults needs assessments closed within 30 days	2019-2020	Monthly	71.8% (Oct 2020)	Decrease	N/A
Adult Social Care	ASC Caseload	2019-2020	Monthly	1654 (Oct 2020)	Decrease	N/A
Mental Health	% Waited > 18 Weeks for Treatment	2019-2020	Monthly	66.7% (Oct 2020)	Decrease	N/A

Our operating context

Key Strategies and Service Plans for the Department

This section summarises what we do day-to-day by setting out our key departmental delivery strategies and service plans.

Due to the impact of the COVID-19 pandemic, some of the strategies identified in the 2020 plan have not been fully progressed. Dates for delivery of these initiatives have been deferred until Q2 FY 2021.

Lead Service	Strategy/Plan	Planned / Developed	Delivery Timeframe
HCS	Jersey Care Model	Developed in 2019; Reviewed, tested and moderated following the impact of COVID in 2020	Tranche 1 in 2021 Full delivery 2026
HCS	Quality and Safety strategy	In development	2021
HCS	People plan	In development	2021
HCS	Mental Health Improvement Plan	Developed in 2019	2021
HCS	Digital health strategy	Developed in 2020	2025
HCS	Cancer strategy	To be developed in 2021	2021
HCS	Diabetes strategy	To be finalised in 2020	2021
HCS	Intermediate Care	To be finalised in 2020	2021
HCS	Carers Group strategy	To be developed in 2021	2021
HCS	Stakeholder engagement strategy	To be developed in 2021	2021
Multi-agency	Adult Safeguarding Strategy	2019 -2022	2022
HCS	Experience of Care Strategy	To be developed in 2021	2021
HCS/SPPP	Suicide prevention strategy	Developed in 2015 to be refreshed 2021	
HCS	Private Patient Strategy	To be developed in 2021	2021
HCS	Communications Strategy (including Crisis Communications)	To be finalised in 2020	2021

Working with others

HCS has identified the key cross-governmental relationships required to take forward our strategic ambition.

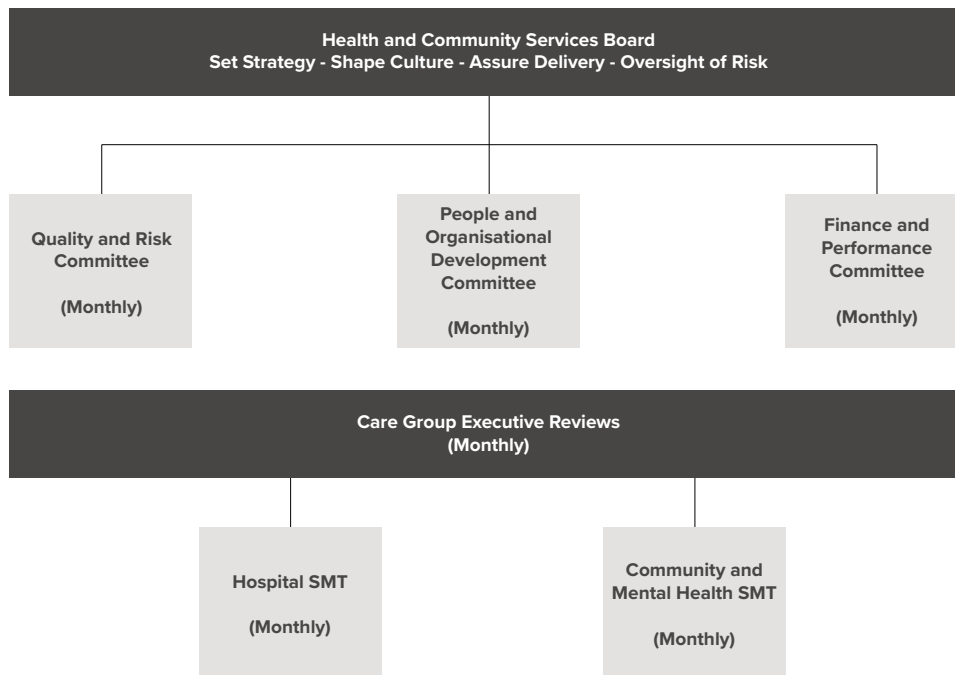
Other departments	Linked Service/ Directorate	Deliverables
Customer & Local Services	Social Care and Mental Health	Further development of the Long Term Care offer to improve personalisation Support in developing the local care market Further development of closer to home Support from the People Hub to ensure successful recruitment of staff
Children, Young People, Education & Skills (CYPES)	Social Care and Mental Health	Development of transition pathways
	In-patient services HCS & SPPP	Co-development of children's health care pathway Prevention work
Justice and Home Affairs (JHA)	HCS	Co-development of emergency services for health Interface with States of Jersey Police Emergency planning
Office of the Chief Executive	HCS	Communications & engagement support OneGov approach Inter Channel Island work
	HCS & GHE	Our Hospital
Treasury and Exchequer	HCS	Support to develop funding and costing models Support in developing financial cases for transition to new ways of working
Growth, Housing and Environment (GHE)	Social Care and Mental Health	Housing development support for vulnerable individuals with additional housing requirements
	HCS - COO	Housing development for essential workers
	HCS	Development of Our Hospital
Strategic Policy, Performance and Population (SPPP)	HCS	Island planning to support models of care and care group strategies
		Health and Community Care Policy development
		Prevention and Public health initiatives

Other departments	Linked Service/ Directorate	Deliverables
Chief Operating Office (COO)	HCS	Development of both a HCS and Island wide Care Sector workforce Strategy Digital Platforms to support integrated health and care systems. Support from People and Corporate Services with Organisational Development work

In addition to the cross governmental relationships HCS has key external partnerships to support the delivery of care across the island.

Monitoring Progress of delivery of the Business Plan

Evidence against key metrics and deliverables will provide assurance and certainty to the Board pertaining to delivery of the HCS business plan. This will be monitored through the HCS governance and assurance committee structure detailed below.



The purpose of each of the committees is as follows:

The HCS board

HCS Board

The purpose of HCS Board is to govern effectively and in doing so build public and stakeholder confidence that the healthcare system in Jersey is in safe hands. This fundamental accountability is delivered by building confidence in the quality and safety of all HCS services, that resources are invested to deliver optimal health outcomes, in the accessibility and responsiveness of HCS services, that the public can effectively shape health services to meet their needs and that public money is spent in a way that is efficient and effective.

This will be achieved by:

- formulating strategy for HCS
- ensuring accountability by holding the organisation to account for the delivery of the strategy & through seeking assurances that systems of control are robust and reliable.
- shaping a positive culture for the Board and the organisation.

The following Committees all report into the Board providing assurance:

Quality & Risk Committee

To provide assurance to the HCS Board that robust governance structures are in place

to monitor, manage and improve all aspects of quality & risk: ensuring oversight of an effective system for delivering a high-quality experience for all service-users with a focus on involvement and engagement for the purposes of learning and making improvement.

Operation, Performance & Finance Committee

To provide assurance to the HCS Board that systems and procedures are in place to monitor, manage and improve overall performance, to consider financial matters, to consider the Corporate Plan and business cases, to support the development of performance management systems and reporting, to promote efficiency, productivity and ensure best value is achieved from resource allocation, and to assume oversight for service continuity issues.

People and Organisational Development Committee

To support and maintain a culture within the HCS where the delivery of the highest possible standard of people management is understood to be the responsibility of everyone working within the organisation and is built upon partnership and collaboration. Ensuring that robust arrangements to implement people governance are in place and are monitored so that staff are well informed, appropriately trained and developed, involved in decisions, treated fairly and consistently, with dignity and respect, in an environment where diversity is valued and provided with a continually improving and safe working environment, promoting the health and wellbeing of staff, service-users and the wider community.

Senior Leadership Team

To serve as the senior decision-making group within HCS and to assist the Director General as the accountable officer in achieving the strategies, aims and objectives of HCS.

In addition to HCS formal committee structure as detailed above, additional assurance committees or project boards are established as required to have oversight of focussed projects. These groups report into their respective committees.

All programmes/projects are reported monthly in the corporate portfolio reporting tool (Perform). Departmental portfolio reviews will be undertaken on a monthly basis, to review and assess the delivery of programmes/projects within the directorate. Major or strategic programmes/projects tracking Red or Amber are escalated by CPMO to Executive Leadership Team along with any issues or risks which cannot be resolved at the departmental level. The CPMO also provides a quality assurance function to assess and health check strategic and major programmes/projects on an on-going basis and provides governance oversight along with best practice standards, tools and techniques

Risk Management Reporting Arrangements

The impact of COVID-19 pandemic is likely to be felt across government for some time. There is a significant likelihood that there are risks in all departments that will not surface or begin to be understood until 2021 or beyond. There is therefore the potential for these risks to have a significant impact on the current plans of departments. Plans will need to be reviewed on a continuous basis and re-assessed as these risks emerge.

Risk Management Arrangements

Health and Community Services (HCS) risk management strategy ensures that the department embraces and embeds a positive risk culture by following the steps in the Risk Management framework set out in figure 1. The purpose of risk management is to enable HCS and in turn

the Government of Jersey (GOJ) to make informed risk-based decisions, help us achieve our objectives, and to protect the interests of our customers and Islanders. The risk management process is a continuous cycle. It aims to help manage threats that may hinder delivery of priorities and to maximise opportunities to deliver them.

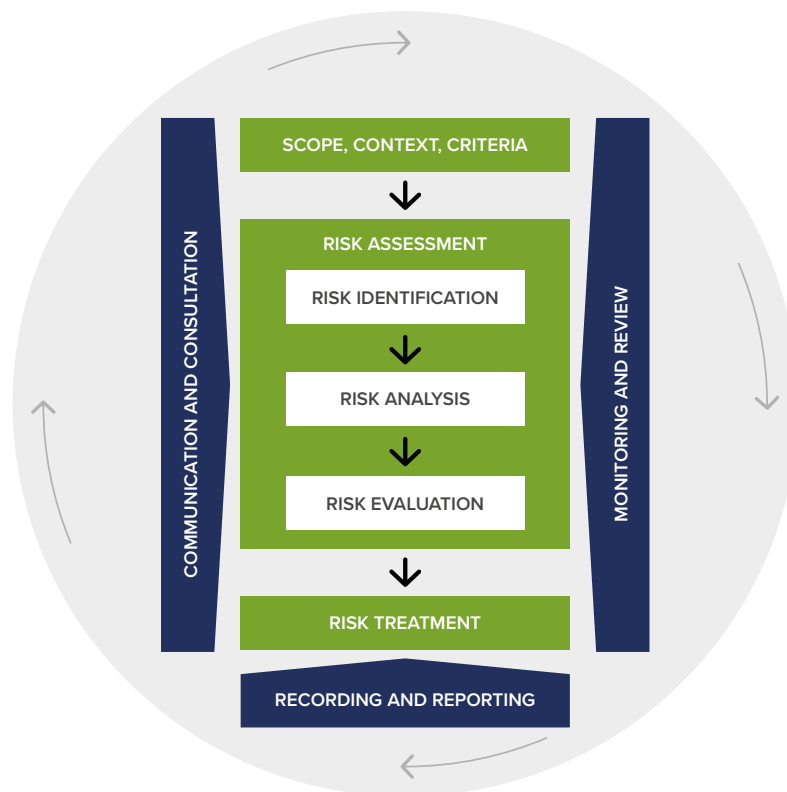


Figure 1. Risk Management Framework

A risk can be defined as ‘something that might happen that could have an effect on GOJ objectives’, meaning that a risk be either a negative threat or a positive opportunity.

Risk Identification

Risk identification takes place regularly as part of the business planning process. Risks identified at the strategic level are aligned to the tactical and departmental objectives of HCS to establish interdependencies.

Risk Analysis and Evaluation

Risks are analysed to identify the cause and impact and then evaluated using the impact and likelihood ratings set out in the Risk Management Policy. Risks are recorded on the departments risk register and risk owners assigned.

Controlling Risks and Treatment

Risks owners are responsible for controlling the risk(s). Risk controls and risk treatment options are identified by those who are directly involved in the management of the activity or by experts who have detailed knowledge of the underlying risks and who have actively engaged in the risk identification and evaluation process. Risk owners review the risk treatment routinely

to ensure that any changes to the risk are identified and re-evaluated, and the treatment remains effective and continues to facilitate service delivery.

Monitoring and Review

The monitoring and review of key risks and key controls is carried out by risk owners and HCS Departmental Senior Leadership Team with the ongoing support from the Risk and Audit Function. HCS Department Senior Leadership Team will review the departmental risk register monthly.

Recording and Reporting

Risks are recorded within the risk management system Datix. HCS will be working with the audit and risk function to transfer this information to the corporate SharePoint site and they are reviewed and reported on the following basis;

- Annual - Risk Identification and Risk Register Review as part of business planning process – including lessons learnt.
- Monthly - Key Risks are reviewed monthly by the Executive Team in the Care Group Performance Reviews and the Quality, Performance and Risk Committee. Key risks are also discussed monthly with the GOJ Head of Risk.
- Ad-hoc - Key risks or operational level risks that are more dynamic in nature form the basis of one to one meeting between the Treasurer and Senior Leadership Team members and between Senior Leadership Team Members and their direct reports.

Significant risks that need to be escalated are reported directly to the Chief Executive and the Executive Leadership Team through the Director General, the Risk and Audit Committee or through the Departmental Risk Group, depending on the proximity and level of risk against identified tolerances.

DHCS uses an electronic risk management system called Datix. Every member of DHCS has access to report incidents and key individuals are able to record risks using this system. Reported incidents are reviewed daily to maintain safety across HCS and identify risk. All risks are recorded within Datix and can be populated according to location, Care Group and category of risk. Any risk graded as 16 and above (12 and above for CYPES) is reviewed and validated at the Quality, Performance and Risk Committee, chaired by the Assistant Minister for Health. Any risks graded 16 and above that cannot be mitigated following this will be escalated to the HCS Board.

Our customers

This section outlines who our customers are, and the projected demand for our department’s services. This section also outlines how we have/will engage our customers and what we will deliver as part of the customer strategy. The customer strategy provides a framework on how we will continue to deliver improvements for our customers and is based around four principles – make it easy, make it consistent, make it accessible and think ahead.

Service Users and Projected Demand for Services

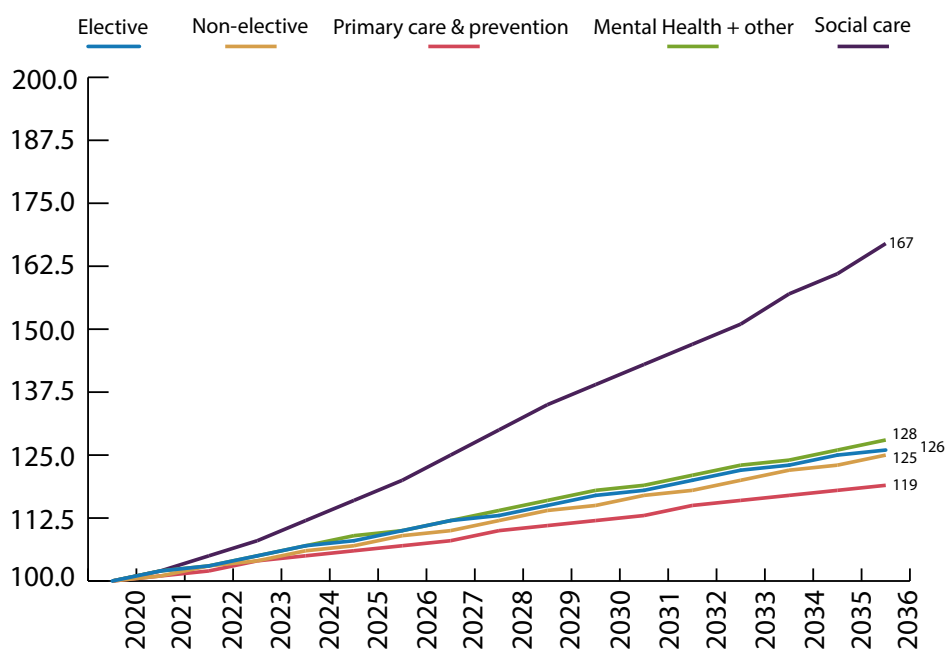
Like many health systems, Jersey benefits from an ageing and growing population. With these changes health and care services need to adapt to ensure the continued high quality care provision meets the changing need. Jersey expects the population to grow by 13% between 2019 and 2030, with a growth in the proportion of people aged over 65 from 17% to 19%. By 2036, around one in five of the population would be 65 or over.

While the population is projected to grow by 54%, hospital activity is projected to grow faster under the current model of care. In a do-nothing scenario, Jersey can expect to see an increase in ED attendances of 12%, inpatient admissions of 20% and bed days of 30% (27% in psychiatric care). It is anticipated that this growth will be greater due to the covid pandemic. By 2055 bed days will have doubled. The do-nothing scenario is simply not sustainable if the island is to carry on providing a high standard of care.

Population growth and demand and capacity

The ‘do nothing’ growth assumptions are based on latest demographic growth scenarios data provided by Jersey Statistics. A number of assumptions have been made in modelling population change, demographic change and associated demand and capacity. See the Financial Case for a full detail of these assumptions.

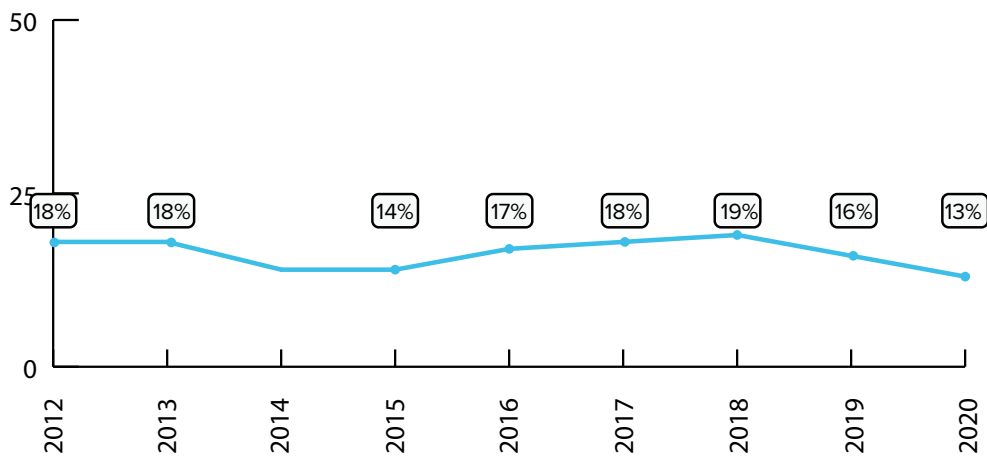
In a do nothing scenario there is projected to be increased demand across all areas, with up to a 35% increase in activity in non-elective in hospital care by 2036.



Increase in chronic conditions and comorbidities

The management of long-term conditions in the community is being considered under the JCM. In 2019, 25% of Islanders identified as having a long-standing illness, while 47% said that their life was limited a little by their health and 19% said their life was limited a lot.

These figures have stayed relatively constant over the last 10 years. According to figures obtained through the Jersey Quality Improvement Framework (JQIF), the most prevalent conditions in the Jersey population are hypertension (13%); obesity (8%); depression in over 19s (6%); and diabetes (6%). Prevalence of all these conditions is slightly lower than recorded in England. Around 8% of our population have two or more conditions. This increases to more than half of the population over 60.



Percentage of Islanders with long term conditions

In 2015, the Government of Jersey Social Policy Unit commissioned a survey of households to establish the prevalence of disability in Jersey. The survey found 14% of all residents living in private households (around 13,900 residents) had a disability as defined by the UK Equality Act 2010 (that is, they have a physical or mental condition or illness lasting or expected to last 12 months or more which impacts on their ability to carry out day to day activities a little or a lot).

In part due to the ageing population, and due to the impact of lifestyle, it is expected that Jersey will see an increase in people with multiple conditions. Those with multiple complex care needs result in higher clinical and administrative costs, particularly if poorly managed. The impact of this would be significant, with a significant increase in activity in both outpatients and emergency care.

Health and wellbeing

Jersey has much to be proud of in terms of the wellbeing of its population. A child born in Jersey between 2016 and 2018 could expect to live to an age of 82.6 years. New-born boys could expect to live, on average, for 80.8 years and new-born girls could expect to live, on average, for 84.6 years. This compares to 77.5 years for boys born in Jersey in the period from 2003-05 and 82.3 years for girls. This improvement has slowed down in the last decade; a change which is also evident in several countries across Europe, North America and Australia. Life expectancy at birth in Jersey is not only higher than in England, Scotland or Wales, but

is amongst the best in the world. Healthy life expectancy is also high, with around 83% of an average individual's life spent in good health.

However, as our population ages there is more that could be done to support our population to live healthy lives for longer. Currently, 15% of adults smoke either daily or occasionally. While this figure is dropping, it is still a significant minority of the population. In addition, 23% of adults in Jersey who drink alcohol do so at potentially harmful or hazardous levels (although hospital admissions for alcohol related conditions are falling). Only 51% of Islanders meet the recommended level of physical activity, and 35% eat the recommended amount of fruit and vegetables.⁶

Jersey has a relatively low proportion of children who are overweight or obese compared to the peer areas. Jersey also has high levels of inactivity in young people, with 80% of children not doing recommended levels of physical activity.⁶

- The average BMI of year 6 pupils has stayed the same since 2011 but this hides variations across age groups.
- In 2017/18, 20% of reception pupils (age 4-5) were overweight or obese (24% of boys and 16% of girls), while 32% of year 6 pupils were overweight or obese (34% of boys and 29% of girls).
- A lower proportion of children living in rural parishes were overweight or obese.
- A higher proportion of children attending non-fee paying schools were overweight or obese.

Mental health

Islanders report an average mental wellbeing score on the short Warwick-Edinburgh scale as 26 – in line with the rest of the UK. However, 27% of Islanders have high levels of anxiety; 21% are lonely often or some of the time; and 49% of working Islanders say they spend too much time at work – a figure which has steadily risen from 37% in 2013. 71% of working adults say they spend too little time on hobbies and interests, and more than half say they spend too little time with their families.⁶

The number of attendances to ED for a mental health problem has been rising, and in 2019 there were 932 attendances. This equates to a rate of 873 attendances per 100,000 population, the highest rate since 2013. 22% of these attendances involved deliberate self-harm and over the last three years, the Emergency Department has dealt with an average of 204 self-harm cases a year.

The Customer Strategy:

HCS Experience of Care Services value and recognize the voice of people that experience our care. The services' vision is to listen to improve experiences of care and ensure that people's views and experiences matter. They will be inclusive of approaches for 'seldom heard voices', enabling better insight from our Islanders that traditionally have found it difficult to have a voice (for example, Children, Learning Disability, Non English speaking communities).

An experience of care strategy will be developed aligned to customer principles in the customer strategy which will be inclusive of an approach to capturing and learning from feedback and initiatives with the focus to provide support and encourage feedback and engagement from people experiencing our care. The strategy will outline how plans and initiatives will be implemented via the different services.

PALS will provide users of our service with guidance, support, advice or information should they have concerns, suggestions or queries about their care at point of contact. It will signpost to local services, support groups, complaints process and advocacy services including access to information – online, leaflets. The service will be across HCS in a range of methods (virtual and in person), taking into consideration all HCS sites and linking in closely with 'Closer to Home' and Customer Experience team.

PALS will actively seek the views and experiences of care via methods such as surveys that will inform service improvement and development and ensure active representation in activity across services (user groups).

The HCS volunteer service across will support and improve experiences of care. We envisage a time when you will never be alone through your experience of care and will develop a range of volunteer services to support staff, improve the wellbeing and experience of patients; in turn providing fulfilling roles for volunteers.

Underpinning the services will be the delivery of training in relation to Feedback, improving experience of care and developing a culture of engagement and coproduction.

The Customer Strategy provides a framework on how we will continue to deliver improvements for our customers. It is based around four key principles:

Make it easy - We will make interacting with us as easy as possible, by removing obstacles to access our services and reducing the level of effort required for customers.

'MyExperience' Survey is being rolled out across the organisation as a continuous measure of voice of the customer. It is anonymous and provides services with near real time feedback for service improvements based on the service user/relative/carer experience on that day.

Feedback data in relation to accessing services and level of effort required will be monitored and analysed on a monthly basis with the view of making changes to services.

Implementation of signature feedback survey will be introduced to services that have customer interaction via email e.g travel office, information governance, medical secretaries.

Focus groups will be established with 'seldom heard groups' and with services that need to improve access to services and/or engagement with service users to have a voice e.g. mental health

Make it consistent

We will make customer experience and level of service consistent, regardless of the way our customers interact with us.

PALS Manager will contribute to the development of GoJ Customer Experience standards and champion/lead on implementation within HCS.

PALS Manager is leading on embedding customer feedback policy in HCS to ensure consistent processes and that complaints are responded to in a timely manner. In order to develop a learning organisation we will monitor complaints and feedback with a view to changes to processes, policies or service delivery from feedback received.

Service user information (leaflets, policies, letters, written correspondence) to follow GoJ brand guidelines and using Hemingway app to support plain English style. The provision of information will also be made accessible to meet different communication needs e.g. impairment or sensory loss, non-English speaking.

Make it accessible

We will ensure services and information are accessible in the way our customers want them.

Ensure services are accessible as an integrated part of service design considering how provide services for seldom heard groups e.g. visual and hearing impairments, physical and learning disabilities, those with English as a second language, by asking for feedback through surveys/focus groups/experience of care stories, and inviting customers to take part in service improvements.

Think ahead

We will develop proactive, forward-thinking services, so they are connected and designed around the long-term needs of our customers.

Patient Advisory and Liaison Service (PALS) manager working with Local Services developing close relationships with key non-government organisations and member of key cluster groups (equality diversity and inclusion, and cancer). Also a member of the Closer to Home steering Group to ensure closer working in partnership with the voluntary sector to enable sharing of resources and delivery of services.

Engagement and consultation exercises planned for 2021-2024

Exercise	Informal/formal	Who we will engage with	What we want to achieve with the engagement / consultation
Engagement on Jersey care model	Informal	Islanders, external partners and stakeholders through parishes	Keep Islanders informed of progress on the JCM, outcomes they can expect to see, understanding of what it means to them
Consultations for the Our Hospital project	Formal	<ul style="list-style-type: none"> Clinicians External partners Islanders 	What is included, internal design

Our people

This section outlines how we will develop our people, their capabilities, a positive workplace culture that supports us to succeed, and our approach to diversity and inclusion.

People and Cultural Development

A central People Strategy has been released across the whole of Government and in support of this People Strategy our department commits to:

- develop and implement a department people plan to ensure a targeted approach to resourcing and talent management to build the capability of our department,
- ensure that all staff members understand their objectives and the behaviours required of them and receive regular feedback on their progress and performance and ensure development plans are in place. This will include appropriate and regular clinical and professional supervision. This work will be supporting by embedding MyConversation/ MyGoals,
- embed positive behaviours and Government of Jersey values through engagement in the Team Jersey programme, supporting our people to attend colleague and leadership workshops, and teams to use the 'Our Values' toolkit. In addition, we will sponsor and mentor our department Team Jersey lead community to deliver interventions that respond to the Be Heard survey and support a positive workplace culture,
- welcome new starters and ensure they receive appropriate support throughout their probation through the provision of a clear induction plan using the My Welcome online induction programme,
- ensure the health and safety of our people ensuring adherence to all health and safety requirements and actively support wellbeing and mental health through an agreed programme of activity.
- Ensuring a strategy is in place to improve staff engagement responding to issues highlighted through the Be Heard survey

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

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

Ensuring that after any management of change staff can get the training they need to take up new roles and extended responsibilities to improve patient safety and excellent outcomes for patients.

- Encouraging staff retention through a comprehensive induction programme and personal and professional development.
- Securing engagement and involvement by staff in the organisation's decision-making processes and the development and delivery of its strategic aims.
- Making sure that the organisation's commitment to diversity and equality is fulfilled.

- Compiling a set of management information which is available for a range of activities, such as performance review, professional registration, clinical audit, and employment checks.
- Underpinning the organisation earning the reputation as an employer which provides high quality and education.
- Enabling the organisation to influence the wider education environment in terms of direction, priorities and resource allocation.

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

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

In 2021

We are introducing Mental Health – Pre-registration Nursing Degree & Specialist Community Public Health Nurse (SCPHN) training on island.

By providing this local training, there is evidence we will improve the recruitment and retention of people since it enables residents to develop and utilise skills locally.

An ongoing campaign to recruit to all professions will continue through 2021, with governance around the roles ensuring that agency spend.

HCS through 2021 we will continue our Higher Education Department partnership with the University of Chester to provide education programmes, including the pre-registration nursing degree for general nurses

HCS will also be providing seminars for Sixth form students on all the careers in Health.

Our financial context

Detailed service analysis - Health and Community Services

Service Area	Near Cash			Non Cash 2021 Net Revenue Expenditure	Total 2021 Net Revenue Expenditure	2021 FTE
	Income	DEL	2021 Net Revenue Expenditure			
	£'000	£'000	£'000	£'000	£'000	
Hospital and Community Services	22,978	241,869	218,891	3,207	222,098	2,327
Chief Nurse	1,481	3,836	2,355		2,355	42
Medical Director	572	6,761	6,189		6,189	61
Net Revenue Expenditure	25,031	252,466	227,435	3,207	230,642	2,430

Statement of Comprehensive Net Expenditure - Health and Community Services

	2021 Net Revenue Expenditure
	£'000
Income	
Earned through Operations	25,031
Total Income	25,031
Expenditure	
Social Benefit Payments	68
Staff Costs	158,718
Other Operating Expenses	93,407
Grants and Subsidies Payments	271
Finance Costs	1
Total Expenditure	252,466
Net Revenue Near Cash Expenditure	227,435
Depreciation	3,207
Total Net Revenue Expenditure	230,642

A reconciliation of changes in departmental expenditure between 2020 and 2021 can be found in Table 8 of the [Government Plan Annex](#)

COVID-19 Head of Expenditure - Health and Community Services

Service Area	Near Cash		Total 2021 Net Revenue Expenditure	2021 FTE
	Income	DEL		
	£'000	£'000	£'000	
Warehousing Staffing and logistics	0	338	338	0
COVID Vaccine	0	5,474	5,474	19
Nightingale Field Hospital (HCS)	0	4,313	4,313	0
Total	0	10,125	10,125	19

Government Plan 2020 Growth - Health and Community Services

CSP Priority	Sub-priority	GP Ref	Programme	Minister	2021 Revised Allocation (£000)
Improve Wellbeing	Support Islanders to live healthier, active, longer lives	GP20-CSP2-1-02	Preventable diseases	Minister for Health and Social Services	1,200
		Support Islanders to live healthier, active, longer lives Total			
	Improve the quality of and access to mental health services	GP20-CSP2-2-02	Mental Health	Minister for Health and Social Services	4,800
		Improve the quality of and access to mental health services Total			
	Put patients, families and carers at the health of Jersey's health and care system	GP20-CSP2-3-01	Digital Health and Care Strategy	Minister for Health and Social Services	700
		GP20-CSP2-3-02	Health P82 reinstate 2019 new and recurring	Minister for Health and Social Services	3,597
		GP20-CSP2-3-03	Maintaining health and community care standards	Minister for Health and Social Services	10,000
	Put patients, families and carers at the health of Jersey's health and care system Total				14,297
	Improve Wellbeing Total				20,297
	Reduce Inequality	Improving social Inclusion	GP20-CSP4-3-01	Care Needs at Home	Minister for Health and Social Services
GP20-CSP4-3-02			Disability social inclusion	Minister for Health and Social Services	60
Improving social Inclusion Total				130	
Reduce Inequality Total				130	
Grand Total					20,427

Government Plan 2021 Growth - Health and Community Services

CSP Priority	Sub-priority	CSP Ref	Programme	Minister	2021 Allocation (£000)
Improve Wellbeing	Put patients, families and carers at the heart of Jersey's health and care system	CSP2-3-06	Air Ambulance Services	Minister for Health and Social Services	395
	Support Islanders to live healthier, active, longer lives	CSP2-1-05	Jersey Care Model	Minister for Health and Social Services	6,600
Improve Wellbeing Total					6,995
Total					6,995

CSP Priority	Sub-priority	CSP Ref	Programme	Budget Minister	2021 Allocation (£000)
Improve Wellbeing	Government Covid-19 Response	CSP2-C-01	Covid-19 Vaccine	Minister for Health and Social Services	5,474
		CSP2-C-02	Nightingale Field Hospital	Minister for Health and Social Services	4,313
		CSP2-C-05	Covid-19 PPE Warehousing Staffing and logistics	Minister for Health and Social Services	338
Improve Wellbeing Total					10,125
Total					10,125

Government Plan 2021 Capital - Health and Community Services

Capital Programme Area	Head of Expenditure	CSP	2021 (£000)
Information Technology	Jersey Care Model	6	1,300
	Digital Care Strategy (Major Project)	6	3,400
Replacement Assets	Replacement Assets (Various)	2	3,250
Estates including new Schools	Health Services Improvements (including vital IT Investment)	2	5,000
	Five Oaks Refurbishment	2	2,550
	Learning Difficulties - Specialist Accommodation (Major Project)	2	2,000
	Our Hospital (Major Project)	2	20,000
	In-patient/support services refurbishments	2	1,044
Total			38,544

Efficiencies

The Government Plan 2020-23 set out a commitment to deliver £100 million of efficiencies, now increased to £120 million with the inclusion of 2024. The objective for 2021 is to deliver £20 million of efficiencies in addition to any efficiencies not delivered in 2020.

Several of the efficiencies delivered in 2020 require continued focus including a number of the Modern and Efficient Workforce activities to manage overtime, sickness, agency and fixed term contract expenditure.

Efficiencies in 2021

In 2021 the department's contribution towards the Government's £20 million objective is £5.2m.

Summary description	Recurring or one-off?	£'000
Efficiencies delivered via ZBB exercise and a further element for non-staff expenditure – will be shared in detail during Q1 2021	Recurring	5,200
Total		5,200

Efficiencies brought forward from 2020

The following value of efficiencies were not delivered on a one-off basis in 2020 and will be delivered on a recurring basis during 2021

Summary description	Recurring or one-off?	£'000
Use of growth funding in 2020 to offset undelivered efficiencies in 2020	One-off	7,500
Total		7,500