STATES OF JERSEY

REVIEW OF THE JERSEY CARE MODEL (S.R.5/2020) – RESPONSE OF THE MINISTER FOR HEALTH AND SOCIAL SERVICES

Presented to the States on 11th December 2020
by the Minister for Health and Social Services

STATES GREFFE

REVIEW OF THE JERSEY CARE MODEL (S.R.5/2020) – RESPONSE OF THE MINISTER FOR HEALTH AND SOCIAL SERVICES

Ministerial Response to:	S.R.5/2020
Ministerial Response required by:	4th December 2020
Review title:	Review of the Jersey Care Model
Scrutiny Panel:	Health and Social Security Scrutiny Panel

INTRODUCTION

I welcome the Panel's review of the Jersey Care Model and thank members for the opportunity to comment and respond to the Report's findings and recommendations.

FINDINGS

	Findings	Comments
1	The main objectives of the Jersey Care Model are aligned with what was previously proposed within P.82/2012 - "Health and Social Services: A New Way Forward".	Acknowledged. The Jersey Care Model builds on the key principles of P.82/2012. The JCM review has further refined those principles and provided a detailed financial and activity model which will be used to define the delivery plans.
2	Jersey's current care model is unsustainable in the long term due to the Island's ageing demographics.	Acknowledged. Data from Jersey Statistics predicts that due to an ageing population and increasing complex healthcare needs of that ageing population, there will be increasing pressure on Jersey's healthcare system over the next 15 years if we do not change the current health and care delivery model to accommodate the changes.
3	No further consultation has been undertaken by the Health and Community Services Department with the general public on the Jersey Care Model since the initial engagement process in 2019.	Acknowledged. Extensive engagement, both with professional stakeholders and with the public, was undertaken in 2019. In addition, a review of the model with professional stakeholders took place at the beginning of 2020. The outbreak of the Covid-19 pandemic in March 2020 meant further engagement with the public was not possible before the proposition was lodged. However, in 2021, a public communication and engagement plan will be created to ensure robust communication of the changes proposed, with engagement activities to include gaining public, patient, carer and service user views.
4	It is imperative that the public are sufficiently consulted with in order	Agreed. The thorough engagement with the public and stakeholders at the end of 2019 and

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	that they understand, and can therefore have confidence in, the ambitions of the Jersey Care Model.	beginning of 2020 resulted in a wide range of positive feedback and increased the understanding of the case for change and the resulting proposals. Due to the outbreak of the pandemic in March 2020, the engagement process ceased and as a consequence a drop in public understanding and stakeholder satisfaction was seen. Ongoing engagement and communication is key to the programme delivery and as projects are being developed in the next phase of the model, public, professional and patient stakeholder groups will be engaged and actively encouraged to co-design services and pathways.
5	There is no robust system in place that demonstrates the current health and wellbeing needs of the Island. It is imperative that the 'case for change' for the Jersey Care Model is driven by broader acknowledgment of what isn't working in terms of Jersey's overall current service provision.	Acknowledged. Public Health will be developing the Jersey Needs Assessment which will demonstrate the gap and the requirement.
6	The role of Public Health in the Needs Assessment and the implementation of the Jersey Care Model, in terms of prioritising programme deliverables, will be critical.	Acknowledged. Public Health will be a key partner in the development/delivery of the JCM.
7	Whilst it is recognised that care in the community can be better for patient outcomes, it is also acknowledged that without adequate communication and care coordination, patients may fall within silos. The Panel would therefore support the establishment of a Care Co-ordinator to enable oversight of a patient's journey through the health and social care system.	Acknowledged. The aim of the model is to make sure there is better care co-ordination for patients. At an organisational level, this requires health and care providers to work closer together. To support this function, the role of a care coordinator function will be considered in the JCM programme design.
8	Whilst the key ambition of the Jersey Care Model - to transfer services out of the hospital and into the community - is welcomed, there is concern that, to date, there has been little investment from the Government of Jersey into community services, despite the approval of P.82 by the States in 2012.	Noted. Investment was focused on establishing services which would trial new ways of working in the community on a small scale. The aim was to evaluate these trials and then to deploy the concepts more widely. It is recognised that whilst the trials went well, the wider roll out did not happen. The learning from these services is being taken into account in the development of community services.
9	The detail as to how services will be configured in the community, working across primary care, community	The Proposition did not aim to provide this detail before the States Assembly had agreed on the main principles of the JCM (as in P.114/2020). It

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	providers, social care, intermediate services, carers or outreach services from the hospital has not yet been developed. This lack of clarity has caused confusion about how the Jersey Care Model will operate in practice.	is important that the detailed design for services will be conducted with stakeholder groups and this design and planning phase will be the focus of the first tranche in 2021 as detailed in the Strategic Outline Business Case. A new Governance Framework that enables that wider input and oversight from stakeholders is currently being designed to support the process of creating a detailed plan.
10	Whilst there is reference to some services in the Jersey Care Model and reference to activity changes in Appendix 4 of the Strategic Outline Business Case, the whole care model in the community has not been defined. Therefore, whilst independent services might change, at this stage it will be impossible to determine how the whole service will operate together.	The Jersey Care Model sets out a strategic framework for how to integrate services across the island. As the detailed design and implementation of services continues, this model will continue to be updated as a reference model. Health and care services are complex and sometimes it can be difficult to conceptually navigate how interconnected services affect each other. The programme will seek to address this and simplify access for service users. As for finding #9, it is important that the detailed design for services will be conducted with stakeholder groups and this design and planning phase will be the focus of the first tranche in 2021 as detailed in the Strategic Outline Business Case.
11	Without the full details of how care will be moved into the community, the Panel and its advisers cannot be confident of the financial implications of this ambition.	The Jersey Care Model is a model, not a detailed delivery plan. It sets out a strategic framework for how to integrate services across the island. The financial model is a very useful model to understand current demand and capacity and related costs. A detailed activity model was provided within the business case and this will be used when designing the services in the community. The cost model will be refined.
12	To date the Panel has not received tangible evidence of the proposed new "community hubs" – what they would look like, how they would operate and what services would be delivered within them.	The concept of a community hub has changed throughout the development of the model. Initially, physical hubs were conceived adjacent to population centres. As the model has developed further, the concept of virtual hubs and coordination of services has become more prevalent. An Integrated Care Hub model aims to ensure the continuity of care required within the health and care system. This will ensure we have efficient planned care services that connect Primary, Secondary Care and community care services.

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		Hubs can be physical and/or virtual and we will be scoping the requirement for both functions with all partners. Non-health related activities that are already happening in physical community hubs, such as Parish Halls and sports centres, are extremely important for increasing and maintaining Islanders' health and wellbeing and are an important part of prevention and early intervention and link back into the Public Health component of the JCM.
13	Without clear examples of what will actually be different under the Jersey Care Model, as opposed to theoretical user cases, the public are likely to remain concerned about changes to their known care provision.	The service user and patient stories used in the P.114/2020 documentation are real user stories and have been taken from services that were developed through P.82/2012. One of the key priorities of phase one in 2021 is to develop a comprehensive communications strategy in order to support public engagement and to strengthen the use of patient/carer/service user feedback.
14	Remodelling primary care is a core part of the Jersey Care Model, recognising that a well-functioning primary care sector is an essential underpinning of the overall model.	Agreed.
15	Only 7% of the GPs who responded to the Panel's survey said that they would definitely be receptive to future employment opportunities contracted by Health and Community Services.	At the time of the survey, GPs had just exited from a contract with the GoJ as a result of COVID. The contract was put in quickly in order to deal with the instability in the primary care market and ensured that Islanders had continued access to this valued service. The contract was not a model for future management of primary care. The lessons learned from this period were very valuable and will inform future conversations and service design. We accept that increased involvement with GPs is required and continue to engage with GPs and will do so through the JCM programme in order to develop a funding model which supports primary care to develop, to grow and innovate as part of the model.
16	In order for the Jersey Care Model to deliver on its ambitions and proposals, one of the key priorities will be to ensure that GPs are on board with the changes and are "taken along on the journey" whilst the Model progresses.	Agreed. General Practice is a core component of the health and care system. It is essential that they are engaged and on the journey with us. A renewed focus on engagement with the Primary Care Board since the end of October 2020 has led to a co-designed draft overarching Governance model which will go out for wider

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		stakeholder input in December 2020. This will ensure partners, and in particular GPs, are happy with the way they can participate in the programme plan and delivery. The JCM is a partnership approach – government cannot deliver this change on its own.
17	When local GPs were asked whether they felt they had been adequately consulted with about the proposals contained within the Jersey Care Model, only 1% of those who responded to the Panel's survey agreed.	Noted. The communication strategy that will be developed and the wider inclusion in the governance model will make sure that we do have wider engagement with individual practices.
18	A significant 85% of GPs who responded to the Panel's survey did not believe that Health and Community Services understood the on-going demands on practice in Primary Care.	Acknowledged. We recognise this is a significant percentage of general practice and will be working on gaining better insights into the pressures and demands faced by Primary Care.
19	Despite GP's support being vital to the success of the Jersey Care Model, the plans to address, in detail, changes to the primary and community care offer, only feature in Tranche 3 (years 2023-2025) of the implementation plan.	This is possibly a miscommunication through the plan. Transformation within Primary Care is heavily dependent on changing the funding model – we recognise that this cannot be done quickly and must involve wider engagement and finally consultation. The intention is to work early and consistently with all partners in primary care in order to develop that funding model and negotiate contracts. However, we also recognise that it will take time to negotiate contracts and make sure that all parties get to the right solution for the future of health and care services in Jersey.
20	The engagement with GPs is currently not working appropriately and needs immediate attention, so that they feel significantly more involved, listened to and confident in the Jersey Care Model.	Disagree. Monthly meetings with the Primary Care Board have been in place throughout 2020, but, due to Covid, both sides were not always able to make them. Engagement on the JCM has been picked up again in October 2020 and has been received positively by the PCB and the HCS leadership team. As stated above, engagement with all partners involved will be strengthened as part of the JCM design phase in 2021 and engagement on the future Governance structure for the JCM has already started.
21	Although the creation of an Urgent Care Centre is central to the envisaged future state of secondary care, the Jersey Care Model does not clearly articulate what the Urgent Care Centre would entail.	The concept of an urgent care centre was developed early in the Jersey Care Model as a complementary service within acute emergency care. The concept was further explored during COVID with the establishment of the Urgent Treatment

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		Centre (UTC) which was staffed with GPs and provided a mixture of primary and emergency care on a walk-in basis. The UTC was developed during COVID in order to provide "hot" walk-in primary care during a time when most practices were closed. It also provided minor injury services as well as treating minor illness. The facility performed a critical service during spring/summer 2020, but was not modelled as a sustainable service. We will continue to explore this concept, learning from the UTC, looking at our statistics around case acuity coming into our Emergency Department to make sure that we have got the right skills in place to deliver high quality services at our front door, tied into the wider care model. We have listened to feedback from the GPs from the UTC and will incorporate any findings into any new service development.
22	Only 2% of GPs, that responded to the Panel's survey, would like to see the Urgent Care Centre (Urgent Treatment Centre equivalent) reinstated under the proposed Jersey Care Model.	The UTC served a critical purpose during COVID but was not modelled as a sustainable service. We have listened to feedback from the GPs involved in the running of that service and will incorporate findings into any new service development.
23	Although the Jersey Care Model proposes that care in the community will be enhanced by increasing support to carers, there are no firm suggestions or details as to how carers will receive increased support from the Government of Jersey.	Acknowledged. The Government of Jersey, in consultation with relevant stakeholders, will develop a Carers' strategy as part of the JCM and aims to produce a draft document by Q4 2021.
24	To date, the Health and Community Services Department has been unsuccessful in delivering the Carers' Strategy. However, we have been assured that greater focus will now be given to its delivery as part of the future work in respect of the Jersey Care Model.	Acknowledged. The Government of Jersey, in consultation with relevant stakeholders, will develop a Carers' strategy as part of the JCM and aims to produce a draft document by Q4 2021.
25	The Panel welcomes the integration of Adult Social Care and Mental Health Services and see the change as a positive step to improving the care received by patients and vulnerable people within our community.	Noted.
26	One of the key ambitions within the Jersey Care Model, in respect of	Noted and agreed, the JCM does not recommend separating physical and mental health services at

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	mental health, is to co-locate mental health services within the main new hospital site. Due to this ambition, some options that may have previously been considered regarding the configuration of the new hospital, were not taken forward and they were too much of a dilution of the Jersey Care Model's objectives.	the hospital site and therefore one of the hospital site options was rejected and not explored further. See p.7 of the 'Our Hospital: Site Shortlisting Report': *Initial discussions with HCS clinicians and health professionals suggested that this option was not clinically palatable, and it was considered to be too much of a dilution of the ambitions of the JCM with respect to co-locating the mental health service within the main hospital site. Option 3 was not explored further.*
27	The Jersey Care Model does not define the role of mental health services within the proposed Urgent Treatment Centre of the Emergency Department.	Mental health already features within our Emergency Department, although facilities are not currently adequate. The concept of the urgent treatment centre is to incorporate many services, including mental health and social care liaison, to ensure robust and comprehensive services are provided at our front door.
28	The key principles of the Jersey Care Model are widely accepted amongst the public and key stakeholders. However, the lack of detail as to how the provision of care will change under the Jersey Care Model and the impact the new model will have on service users, the workforce and the overall care system in Jersey, makes it hard to accurately assess how appropriate the model is for Jersey.	The Jersey Care Model is a model, not a detailed delivery plan. It sets out a strategic framework for how to integrate services across the island. The financial model is a very detailed and useful model to understand current demand and capacity and related costs. A detailed activity model was provided within the business case and this will be used when designing the services in the community. PwC assessed that the model was in line with international best practice and suitable for the island of Jersey. A detailed delivery plan including a workforce plan is part of the tranche delivery approach.
29	Overarching safeguarding and governance measures are going to be key to ensuring community confidence in the new delivery model and provide assurance.	Agreed.
30	Whilst the Jersey Care Model is often referred to as if it is a single coherent programme, it is in fact a series of inter-related projects, which combine to form the Jersey Care Model but individually all require their own delivery champions, implementation framework and an easily described, and understood, public narrative.	This is correct. The Jersey Care Model will be delivered as a portfolio of work, incorporating a series of workstreams with inter-related projects which will combine to deliver the overall benefits of the JCM programme.
31	Without a Programme Management Framework, the Jersey Care Model's	The outline business case documents the programme management approach that will be

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	individual component projects cannot succeed and, critically from the Panel's point of view, it has nothing against which to measure progress. Whilst there have been references to a programme management approach, nothing has been received to review, such as a programme plan or comprehensive risk log.	put in place as part of the next phase of delivery. The Jersey Care Model programme is indeed a complex delivery process and will require comprehensive programme management. The funding required to run this process has been included in the Government Plan 2021-24.
32	Care must be taken to ensure that any new commissioning process is proportionate and not burdensome, especially in regard to smaller charities where investment in infrastructure has been modest and their capacity to engage in complex data collection and reporting is limited.	Acknowledged. A new commissioning approach will take a proportionate and standardised approach to facilitate transparency and ease of engagement.
33	There is a risk that the role of relationships in the provision of care across the Island could be adversely impacted by a commissioning approach that is not adequality developed.	Acknowledged. We recognise that a traditional approach to commissioning and procurement could adversely impact on the current good relationships with external partners. This is why HCS started with the Partnership of Purpose. However, we recognise that we require partnerships to be accountable and we need to develop an approach as part of the first tranche of the programme.
34	Due to past failures of delivering changes to our current care model, it is imperative that the new Jersey Care Model includes a clear implementation programme so members of the public can have confidence in its delivery.	Agree. Communication of the implementation plan will be part of the communication strategy.
35	There is insufficient pace and rigour behind the Jersey Care Model and those responsible for its delivery are not being held accountable for considerable slippage against previously promised actions.	Disagree. The implementation of P.82/2012 was immediately picked up by the Director General HCS when she joined in 2019 and within a year, the Jersey Care Model was produced, tested and lodged. The work has been conducted following Treasury guidelines on funding requests, which require a detailed business case. The programme management was delivered using best practice and an external company supported the high quality and timely delivery. Within this timeframe, a thorough analysis of operational and financial data, the development of a financial model that will inform the service re-design, a review of best practice in other jurisdictions, and an analysis of the local circumstances have been conducted and results published. The extensive documentation has been made available to Scrutiny and the public and has been lodged

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		within extremely tight timeframes. The detail and rigour of the approach has not been seen before and has been to a high standard even during the additional pressures experienced during the outbreak of the pandemic. Officers are being held to account through their line manager and ultimately their accountable officer who is accountable to the Minister for Health and Social Services.
36	With no end in sight to the global pandemic, there is little confidence that the combination of the current Health and Community Services team, plus its external consultancy support, will deliver the combined agendas of business as usual service delivery, reacting to the continuing pressures of the pandemic, and the Jersey Care Model, in a timely manner.	Acknowledged. It is recognised that considerable additional resources are required to plan, manage, communicate and deliver the JCM delivery programme and therefore additional resources have been added to the business case and are included in the Government Plan 2021-24.
37	There is currently no robust mechanism for maintaining regular overview and challenge on the detail of the Jersey Care Model on a very regular basis.	The programme management framework will provide oversight and challenge on the detail and delivery of the programme. The external assurance process suggested by the Health and Social Security Scrutiny Panel will also support the transparency and challenge required.
38	As previously stated in the Government Plan 2020-2023, it is still the intention of the Minister for Health and Services' to have an Electronic Patient Record in place by 2022.	Acknowledged. Procurement for the replacement electronic patient record within the hospital is underway. It is likely that implementation will start during 2021, subject to the outcome of the procurement process.
39	There is a lack of confidence amongst GPs as to the deliverability of digital health initiatives, due to the level of change that has been implemented to date.	Acknowledged. It is recognised that IT projects are complex to deliver. However, recent improvements included connecting General Practice with HCS diagnostic services and providing electronic discharge processes from the hospital to General Practice. Work with General Practice will continue in order to build confidence in delivery.
40	It is not clear in the Jersey Care Model documentation or in the Digital Health and Care Strategy how the digital programme would be resourced and aligned to the Jersey Care Model or wider on-going business as usual in the Health and Community Services Department.	Acknowledged. The Digital Health and Care Strategy and, in particular, elements that support the Jersey Care Model have been worked through with both programme teams. It is recognised that there is limited information on digital within the Jersey Care Model business case. A detailed delivery plan for Digital Health will be included in the programme management documentation for the JCM.
41	Reference to diagnostic provision is absent from both the Digital Health and Care Strategy and wider Jersey	A core objective of the Jersey Care Model is to ensure timely assessment for patients and clients, including access to diagnostic services. The JCM

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	Care Model.	specifically aims to improve access to diagnostic services for Primary and Community Care colleagues. This will be a key deliverable of the Digital Health and Care Strategy.
42	From the evidence the Panel has gathered during its review of the Jersey Care Model, it is clear that there is a significant deficit in the current health and social care workforce and issues of retention are adding to the increasing pressure on these services. In addition, the proposals contained with the Jersey Care Model will only exacerbate the already over stretched workforce.	The production of an island-wide workforce strategy is a key deliverable in tranche one. The model relies on a workforce that is flexible and can deliver care where and when people need it. This does not necessarily mean that more staff are required in order to deliver the model, but that existing staff may need to work in different places. Training of our own health and care staff will be a key aspect of creating and maintaining a sustainable workforce.
43	Whilst the Panel has been advised of staff deficits in a number of specific areas, to date we have not been provided with any documentation that confirms the current workforce provision we have in Jersey against what will be needed going forward under the Jersey Care Model.	The workforce strategy will look at recruitment needs across the sector and look at how we can recruit, retain and train locally in order to provide ongoing service provision across the sector. Detailed workforce requirements will be worked up in the individual projects and viewed at a programme level.
44	In the absence of confirmation of Jersey's current workforce, the Panel cannot confidently assess the impact of the Jersey Care Model on the future workforce.	Acknowledged. The production of an island-wide workforce strategy is a key deliverable in tranche one and will include an analysis of the current workforce.
45	The PwC "stress test" concluded that further work needed to be undertaken on workforce, including the emergence of issues, such as recruitment, that were not present, or as noticeable, before the arrival of Covid-19 onto the Island. Despite our request, we were not provided with further details as to the impact of the pandemic on the workforce and how that has impacted the workforce plans under the Jersey Care Model.	Acknowledged. The production of an island-wide workforce strategy is a key deliverable in tranche one and will include an analysis of the current workforce. The impact of COVID on the workforce will form a key element of the development of the workforce strategy.
46	The Panel is pleased to see key initiatives planned in respect of skilling, training and retaining staff in order to build capacity and capability in the workforce.	Noted. An on-island training capability is crucial to be able to attract local talent and develop staff on-island without having to send students off-island for training. This will make a major difference to staffing sustainability and needs to be expanded over time into different professions.
47	It is widely recognised that the worldwide market for health and care professionals is very challenging.	Acknowledged. Although Jersey does well with regard to recruitment and retention in comparison to other smaller jurisdictions,

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	Thus, unless the Jersey Care Model offer is significantly more attractive than offers elsewhere (including lifestyle, cost of living, affordable housing) Jersey will struggle to import the number and type of practitioners from all the clinical disciplines it requires to fulfil the needs of the Jersey Care Model.	recruitment and retention strategies will be included in the workforce strategy to ensure we have a sustainable workforce for the next ten years and beyond. Combined with a strengthened on-island training programme and development of a flexible workforce, we should be able to meet the needs of the care model.
48	The Minister for Health and Social Services' submission to the Migration Development Policy Board concludes that, whilst Jersey can increase efforts to source local staff or reassign existing staff into community work, the health and care sector will need to recruit off-island for a range of skilled jobs.	Agreed. There will always be a need to bring in specialist skills from other locations.
49	There is a significant risk that the output of the future workforce plan, in terms of numbers, becomes an aspiration that will be never be realised.	Noted. We will await the outcome of the workforce strategy to assess this risk.
50	In order to deliver the Jersey Care Model, non-recurrent investment of £17m over a five-year period is required. In addition, the Jersey Care Model will require the implementation of several new services and expansion of existing out of hospital services which, over 16 years to 2036, will cost an estimated £679m.	Noted.
51	After investments, the Jersey Care Model is forecast to save £23 million per year by 2036. However, this will still leave a funding gap of a further £153m to mitigate. Efficiencies of approximately 1.8% per year will be required in order to be financially sustainable and the Panel has been assured that this level of efficiencies will be easily achievable.	The JCM financial modelling indicates a level of growth over the next 16 years where costs outstrip income. The JCM reduces this in-year gap, but a further circa 1.8% efficiencies would be needed to balance the position. This level of efficiencies is an achievable target if compared with higher targets achieved throughout public and health care sectors in other jurisdictions.
52	The Jersey Care Model does provide a list of high-level service changes against projected financial implications. Whilst these are useful, the service model is yet to be completed and therefore the financial implications will be subject to change.	Agreed. At the point of publication, the cost modelling indicates financial sustainability. The financial model underpinning the business case is a live document and will continue to be refined and updated throughout the programme.
53	Due to the timing of the receipt of detailed financial assumptions, the	Noted.

	Findings	Comments
	Panel and its advisers were unable to adequately scrutinise the financial model and its validity.	
54	The Panel will be undertaking a detailed review of the proposals to use any funds from the Health Insurance Fund (HIF) for the purposes of funding the Jersey Care Model, as part of its review of the Government Plan 2021-2024. However, concerns raised to date in respect of the use of HIF will be considered as part of that review.	Noted.
55	The current approach to funding primary care is neither resilient or sustainable	Noted. There is a commitment to review sustainable funding for the entire healthcare system which has been agreed as part of P.114/2020.
56	A capitation plus model has been proposed as the preferred primary care payment option to support the delivery of the Jersey Care Model. In practical terms, a Capitation Plus model would mean that GP surgeries would receive an annual lump sum for taking care of a patient but, in addition, would receive a payment each time a GP saw a patient.	The description of the scheme is correct, but no decision has been taken on the final model. At this point, all payment models are subject to negotiation with General Practice. Further work will be progressed with the engagement of primary care and proposals will be subject to business case approval.
57	It does not appear that there was wide support of the Capitation Plus model amongst Jersey's GPs or that sufficient consultation was undertaken with the wider GP workforce, beyond the Primary Care Board.	The main GP stakeholder involved in the discussion of financial models was indeed the Primary Care Board, which is made up of nominated representatives for commercial negotiations with General Practice. Board members have changed since and we have started discussions with the new board in order to develop the model. Wider engagement and communication with GPs at all practices will be factored into the next round of negotiations. GPs need to ensure that they are represented sufficiently during those negotiations, recognising that each practice is its own legal entity.
58	Approval of P.125/2019 – "Affordable Access to Primary Care Scheme" meant that the Minister for Health and Social Services was obligated to bring a Proposition to the States for debate in the third quarter of 2020, which identified a scheme that would improve access to primary care for vulnerable patients, in order that it	The Minister for Social Security is bringing forward proposals in order to move this proposition forward in terms of access to primary care services for financially vulnerable groups. At the time of writing, it is understood that the implementation timeline of January 2021 is still on target. In relation to lodging P125 alongside the JCM in

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	could be implemented from 1st January 2021. The Panel is extremely disappointed that, despite this, a response to P.125/2019 was not lodged, as anticipated, alongside the Jersey Care Model in September.	September, there was no mention of this nexus in P125. It was never required or necessary.
59	In 2019, the Chief Minister advised that the Jersey Care Model "would determine the patients' needs for a new hospital, and therefore the size and shape of the hospital to be developed". However, now we have been told the Jersey Care Model will not influence either the shape and size of the future hospital or define the clinical and non-clinical design requirements. Instead it will inform the development of the functional brief for Our Hospital.	The functional brief specifies the clinical viewpoint of the Our Hospital built environment and hence outlines the accommodation required, the way in which it is arranged, and provides a high-level statement for each clinical service on the philosophy of care delivery. Therefore, by its very nature, it does influence and inform the size, shape and design of the hospital, but the hospital must offer a delivery space from which the care provided can be flexible and continue to evolve along with the strategic context of predicted changes to the models of care and the demographic profile of Islanders.
60	There has been a lack of clarity as to how the Jersey Care Model will directly impact the development of the future hospital, which has resulted in a lot of confusion amongst States Members and members of the public.	See comment to finding 59.

RECOMMENDATIONS

	Recommendations	To	Accept/ Reject	Comments	Target date of action/ completion
1	The Minister for Health and Social Services must ensure that a communication strategy is put in place as soon as possible to explain and support the development and implementation of the Jersey Care Model.	MH SS	Accept	This will be delivered in tranche 1.	Q1/2021
2	The Minister for Health and Social Services must ensure that Public Health is made more prominent in the shaping of the Jersey Care Model. This should include its input into the case for change	MH SS	Accept	Improving public health and tackling wider health inequalities and determinants of health is a primary focus of both Government of Jersey policy and the JCM, across all workstreams. Public Health has been heavily engaged with the development	2021

	Recommendations	To	Accept/ Reject	Comments	Target date of action/ completion
	and its leadership of the health and care needs assessment exercise. In addition, population health-based improvement targets should be agreed throughout the life-time of the Jersey Care Model.			of the JCM. Prevention and early intervention are fundamental to the Model, and so it is appropriate they should have more prominence. Recent months have proved that we have a very good public health capability when needed. We now need to build on this and properly strengthen the public health function for the future. We've put some good foundations in place since March with an expanded public health policy team, an excellent public health intelligence capability and an invaluable environmental public health team. The Jersey Care Model investment includes the funds needed to consolidate and develop the delivery of the Public Health function through dedicated senior strategic system-wide public health leadership of a statutory Director in Public Health and the strengthening of the key public health domains – Health Improvement, Healthcare, Public Health and Health Protection. Public Health delivery through these domains will ensure the capacity and capability to deliver public health activities through a strengthened public health function for the future and is fundamental to the successful support, development and implementation of the Jersey Care Model. Leadership is also important and in order to ensure we maintain momentum whilst we recruit a replacement for the recently retired Medical Officer of Health, we have engaged an Interim Director of Public Health who will be leading this work over the next six months. The Panel's advisors commended the	

	Recommendations	To	Accept/ Reject	Comments	Target date of action/ completion
				new Health and Wellbeing Framework, which is another excellent foundation that a dedicated public health resource would further develop and build upon. In addition, work started before March on a Jersey Needs Assessment and this will be progressed once we have an expanded analytical capacity in place over the coming months. The Jersey Care Model, supported by the Health and Wellbeing Framework, is a real opportunity to address the root cause of preventable illnesses, to improve Islanders' wellbeing and to tackle health inequalities. So we're fully committed to ensuring, as the Panel recommends, that Public Health plays a prominent role in shaping the Model.	
3	The Minister for Health and Social Services should ensure that a review of each individual care setting is undertaken, which includes the case for change, a costed service model and a more detailed transformation plan. The review must be made available before the end of Tranche 1 of the implementation plan.	MH SS	Partially accept	The tranche model has been developed to phase the activities as it has been recognised that not everything can be delivered immediately. Reviews will be made in line with targeted services and aimed outcomes for patients to provide relevant information at the time when services are targeted. Some reviews will be needed earlier, some later.	ongoing
4	The Minister for Health and Social Services must define the "hub" concept before phase one of the implementation plan commences.	MH SS	Accept	We recognise this term has caused some confusion and has been used interchangeably in a number of areas. During early development of the model, the concept was to have physical hubs. However this has changed over time into more of an approach for virtual hubs to support care coordination and teams working collaboratively across care settings.	
5	The Minister for Health and Social Services must	MH SS	Accept	We recognise this and are working with the Primary Care Board to address this.	Q1/2021

	Recommendations	To	Accept/ Reject	Comments	Target date of action/ completion
	ensure that the wider population of GPs, beyond the Primary Care Board, are adequately consulted with and, most importantly, listened to in respect of their views on the proposals contained within the Jersey Care Model.			Further engagement with the wider GP community is envisaged for the new Governance Framework.	
6	The Minister for Health and Social Services must ensure that every effort is given to understanding current and future demands on practice in Primary Care, in order to ensure that the ambitions of the Jersey Care Model are realised.	MH SS	Accept	We will continue to work with Primary Care to get a better understanding of the sector and ensure that their views and considerations are built into any future developments. Key to understanding the demand will be the ability to access GP data for modelling and that this data is of good quality.	12/2021
7	The Minister for Health and Social Services should bring forward the planning of future primary and community services to Tranche 1 of the implementation plan.	MH SS	Accept	Planning of primary and community services has already started and will continue throughout the delivery phase. This is possibly a miscommunication through the plan. Transformation within primary care is heavily dependent on changing the funding model – we recognise that this cannot be done quickly and must involve consultation. The intention is to work early and consistently with primary care in order to develop that funding model and negotiate contracts. However, we also recognise that it will take time to negotiate contracts and make sure that all parties get to the right solution for the future of health and care services in Jersey. This is also recognised by the PCB.	Q2/2021
8	The Minister for Social Services must ensure that consideration is given to the operation of the Urgent Treatment Centre during the Covid-19	MH SS	Accept	The UTC was developed during the pandemic to provide a critical "hot" walk-in for primary care during a time when most practices were closed. The UTC served a purpose during that period, but was not modelled as a	12/2022

	Recommendations	To	Accept/ Reject	Comments	Target date of action/ completion
	pandemic and lessons are learnt from this period if an Urgent Treatment Centre/Urgent Care Centre is to be reinstated under the Jersey Care Model.			sustainable service. We have listened to feedback from the GPs who worked in the UTC and will incorporate findings into any new service development.	
9	The Minister for Health and Social Services must provide clarity as to the role mental health services will play within the proposed Urgent Treatment Centre and future Emergency Department. Specifically, the Minister must confirm whether it is the intention to have mental health staff positioned within the Emergency Department.	MH SS	Accept	We anticipate MH services will continue to have liaison and interface with all emergency care areas. This would include the UTC, if established, and the Emergency Department. We will continue to develop MH liaison as part of physical and mental health integration plans.	Q1/2021
10	The Minister for Health and Social Services should more clearly define the intention of introducing the commissioning framework and provide a further explanation as to the role of procurement and how services will be selected to be subject to that procurement.	MH SS	Accept	The commissioning approach will be defined more comprehensively in Tranche 1 of the programme. The JCM provides an opportunity to apply new commissioning models that have been successfully implemented throughout the UK, Europe and United States and which can be adapted to Jersey's unique context. These include the development of an integrated care system that will improve outcomes for Islanders and drive value for money. The model will be based on the ethos and principle of collaboration and build on the existing strong tradition of partnership working on the island, while facilitating significant improvements in the service offering across the primary care and social care sectors and with external partners.	12/2021
11	The Minister for Health and Social Services must establish a Risk Log for	MH SS	Accept	Agree. This will be a key part of the programme management framework. A risk log is in place, but will be refreshed	Q1/2021

	Recommendations	To	Accept/ Reject	Comments	Target date of action/ completion
	the top 10 risks for the successful delivery of the JCM that can be used to monitor progress.			going into tranche 1, where the risk profile will be delivery focused.	
12	The Minister for Health and Social Services must establish an independent, non-executive Board to hold executives to account for the timely and successful delivery of the Jersey Care Model. The Board would be responsible for agreeing a monthly progress report, which would be informed by a risk log (Recommendation 11) and would describe progress against the key monthly milestones in the overall programme. The Board would publish a report at the end of Tranche 1 (2021) which details an analysis of progress made during the first year against a pre-agreed set of outcome-based targets. The report would also include a detailed look ahead to the programme to deliver Tranche 2 of the implementation plan.	MH SS	Accept (as per amended amend-ment to P114/2020 passed by the States Assembly)	This was brought forward as an amendment by the Scrutiny Panel. The HSS Minister proposed an amendment to the amendment, which was accepted and voted through by the Sates Assembly. The terms of reference for the independent board will be reviewed with Scrutiny. The Terms of Reference should be agreed by January 2021 so that the recruitment to the board can start.	Q1/2021
13	The Minister for Health and Social Services must provide evidence that the Digital Health and Care Strategy and future Workforce Strategy are comprehensive and island-relevant, and that they have informed the	MH SS	Accept	A review of the Digital Health and Care Strategy will be undertaken in Q1/2021 and will include the production of a delivery plan against the strategy for the next four years. The Workforce Strategy will be developed in tranche 1 and will be Jersey-specific. Future workforce needs and the impact on services will both be	

	Recommendations	To	Accept/ Reject	Comments	Target date of action/ completion
	development of the services and future investment needs of the Jersey Care Model.			considered as part of the strategy.	
14	The Minister for Health and Social Services should develop a diagnostic strategy that links to the clinical, digital and workforce strategies.	MH SS	Accept	As part of the Cancer Strategy, we are developing clear diagnostic service plans. This is also a clear area of focus for the Our Hospital programme.	12/2021
15	The Minister for Health and Social Services must ensure that the workforce model is judged in the context of the worldwide shortage of health and care delivery staff. The model must therefore demonstrate how it will provide a more attractive proposition, and be more successful, than its competitors in the wider health and care workforce market.	MH SS	Accept	Agreed and will be an element of the model and the strategy.	12/2021
16	The Minister for Health and Social Services must develop a risk assessment for delivering the workforce strategy that is to be developed as part of the Jersey Care model, in order to provide confidence that it can meet the expected demand.	MH SS	Accept	This is agreed and is a very important part of developing a clear understanding of the risk elements of the strategy. The accompanying risks will be tracked on the risk register to ensure the mitigations in place provide assurance of the delivery of the strategy.	12/2021
17	Following the debate, and if the Proposition is passed, the Minister for Health and Social Services should work with the Panel to agree a timetable in which key pieces of evidence (such	MH SS	Accept	The Minister is happy to engage with the Scrutiny Panel in setting out a timetable.	Q1/2021

	Recommendations	To	Accept/ Reject	Comments	Target date of action/ completion
	as proposed budgets, performance measures, workforce plans etc) are provided to Scrutiny over the length of the following Tranche in order to provide ongoing financial assurance.				
18	In order to validate the service model and financial assumptions for each year of the implementation plan, the Minister for Health and Social Services should provide the States Assembly with an updated proposed budget for the Jersey Care Model for each Tranche. This should include an annual report detailing what has been spent on the JCM at the end of that Tranche and an updated plan for the following Tranche.	MH SS	Accept	The Minister is happy to provide that update at the end of each tranche. Dates for the reports will need to be agreed with the Treasury and Resources Department.	12/2021
19	The Minister for Health and Social Services must undertake greater consultation with local GPs to ensure that the proposed Capitation Plus model is suitable going forward. It is imperative that the future payment model for primary care is co-created with GPs.	MH SS	Accept	Any changes to the current financial model will be commercially negotiated and include consultation with GPs. We also recognise that consultation needs to be with each surgery, not just the PCB, as they are individual entities with differing views. This requirement will be included in the delivery plan.	Q1/2021
20	The Minister for Health and Social Services must ensure a Proposition is brought to the States Assembly before the end of 2020 detailing a scheme that will improve	MH SS	Reject	The Minister for Social Security has agreed with the Health and Social Services Minister to undertake the design, delivery and funding of a scheme to support financially vulnerable patients.	

	Recommendations	To	Accept/ Reject	Comments	Target date of action/ completion
	access to primary care for vulnerable patients.			The scheme will be delivered through a contract under the Health Insurance Law and the funding provided through the Health Insurance Fund. The Minister for Social Security will make a public announcement on the details of the scheme once these have been finalised. The scheme is planned to be available before the end of 2020. See also WQ.390/2020 and WQ.392/2020	
21	The Minister for Health and Services should ensure that greater clarity and transparency is provided to both States Members and the general public as to how the Jersey Care Model and the 'Our Hospital' Project will interact as each develop to support increased public workforce engagement and confidence.	MH SS	Accept	This will be included as a requirement in the JCM communications strategy.	Q1/2021

CONCLUSION

I thank the Panel for conducting a review of the Jersey Care Model and for its valuable and comprehensive report. I am pleased to accept 18 of the 21 recommendations, partially accept another, and to accept one brought forward as an amendment (and subsequently amended) to P114/2020 by the Panel. There is only one which I have rejected, although the outcome sought will be delivered in another way. The Panel's work has helped to understand gaps and to inform the next steps for the detailed design and planning phase of the model and I look forward to working collaboratively with the Panel in our regular reporting on delivery of the Jersey Care Model.