Independent Oversight Board
Review of the HCS Performance Against The Tranche 1 2021 Jersey Care Model Programme Plan
29th March 2022

R.73/2022

CONTENTS

1. EXECUTIVE SUMMARY

The Jersey Care Model (JCM) programme has made solid progress last year against the 2021 programme plan. Specifically:

- the programme team has been mobilised
- programme governance is well defined and now operational
- good progress has been made on the Commissioning Strategy, Intermediate Care, and the establishment of the Public Health function.

Areas that require further attention or remedial action are:

- development of a four-year programme plan,
- project level governance,
- communications strategy – this needs to be aligned to the four-year programme plan and relevant to each audience and format,
- extension of the workforce strategy to include workforce planning and to be continually enhanced/updated as the care pathways are developed.

The programme team have under-estimated the impact of working with 3rd parties or other parts of government which has led to delays in recruitment and procurement, particularly impacting the Care Pathways project which is now six months behind the original schedule. The level of engagement with organisations external to the JCM team will increase significantly as the programme progresses so it is essential that going forward the project plans incorporate this complexity and high level of engagement to set realistic time-frames.

Digital engagement in the JCM programme is inadequate and needs to be addressed urgently.

The budget for 2021 was £6.6m and the programme underspent by £1.5m mainly due to procurement and recruitment delays. The ensuing 'catch up' creates a risk of front-loading too many activities into 2022 and requires greater focus on support for the programme.

The IOB have made specific recommendations to address the above, and these fall under the headings of:

- Strategic management plan for the JCM programme,
- Project governance,
- Project planning and control,
- Programme resourcing,
- BAU versus JCM programme,
- Workforce strategy,
- Communications strategy,
- Digital engagement,
- Engagement processes.

2. INTRODUCTION

The Independent Oversight Board (IOB) for the Jersey Care Model (JCM) Programme has been established as a result of the Health and Social Security Scrutiny Panel's amendment to P.114/2020 (Jersey Care Model)[1] which was agreed by the States Assembly. The amendment was a result of the Scrutiny Panel's review of the JCM in October 2020[2]. The Chair for the IOB was appointed at the end of November 2021 and the remaining two Non-Executive Members of the IOB were appointed on 1st March 2022.

The full terms of reference of the IOB are shown in Appendix 4. The first responsibility of the IOB is to prepare: "a publication at the end of Tranche 1 of a detailed analysis of progress against set targets". This report is intended to meet this objective. To complete this analysis we have undertaken the following three steps:

1. a review of the composition of the 2021 Tranche 1 plan: that is, following approval to proceed did the plan set-out to do the right things:
    a. as defined in the approved business case which has been published as part of P.114/2020,
    b. and with regards to the specific recommendations made in the Scrutiny Panel Review of October 2020 (referred to above),
2. performance against plan: a review of what was achieved versus the first published programme plan,
3. the IOB's recommendations for 2022 and beyond.

[1] https://statesassembly.gov.je/Pages/Propositions.aspx?ref=P.114/2020&refurl=%2fPages%2fPropositions.aspx%3fdocumentref%3dp.114%2f2020

[2] https://statesassembly.gov.je/ScrutinyReports/2020/Report%20-%20Review%20of%20the%20Jersey%20Care%20Model%20-%2023%20October%202020.pdf

3. COMPOSITION OF THE TRANCHE 1 2021 JCM PROGRAMME PLAN

The first published programme plan was presented and agreed at the July 2021 Programme Board. This defined ten projects or workstreams:

1. Programme set-up and resourcing
2. Governance set-up and recruitment
3. Commissioning strategy
4. Workforce strategy
5. Communications & engagement strategy
6. Digital
7. Intermediate care
8. Advisory groups and pathways
9. Public health set-up
10. Mental health planning.

The detailed components of each of the above workstreams are shown in Appendix 1. As the programme progressed the plan was amended in line with known changes/additional requirements so the detailed listing of the workstream components shows the changes made between July and November 2021.

The approved funding for the Tranche 1 plan was £6.6m for 2021.

The IOB reviewed the business case recommendations for Tranche 1 – Immediate priority (these were detailed in Section 5: Management Case; for ease of reference, an extract of this is included in Appendix 2) to satisfy ourselves that the 2021 programme plan addressed these priorities.

The IOB concluded that the 2021 programme plan did address these requirements. The following variations should be noted as the business case identified the immediate requirement to:

- draft the operating model. However, this is a consequence of the care pathways work and should be undertaken in the later tranches,

- implement quality improvement and innovation. We believe this is addressed by the 'business as usual' function implemented in March 2021 and managed by the Director Improvement and Innovation (Health). Going forward this should not exist within the JCM programme plan,

- business Intelligence (including population health management). While this activity was not formally included in the Tranche 1 plan, significant activity and analysis is being undertaken by the team in parallel with the implementation of the Public Health team. We believe this has been valuable and timely to support further tranches of work.

- complete an estates profile and gap analysis. As with the operating model work, we believe any estates review should be completed following the development of the care pathways as these will identify public and private estate's needs. As such, there is little value in undertaking this review in the short term.

Similarly, the IOB reviewed the 21 recommendations made by Scrutiny in its October 2020 review to validate that the 2021 programme plan adequately addressed these. The HCS management team routinely update Scrutiny on the status of these actions. The most significant change to the 2021 programme plan (as envisaged in the business case) was in response the recommendation 7: "Bring Forward the planning of future primary and community services to Tranche 1 of the implementation plan". This led to the inclusion of the Intermediate Care project/workstreams being included in the 2021 programme plan.

Having reviewed the Scrutiny recommendations against the 2021 programme plan we consider that these are being addressed in the appropriate time-frame for the programme.

In summary, the IOB believes that the 2021 JCM Programme Plan was an appropriate representation of what was required for Tranche 1.

4. PERFORMANCE AGAINST THE TRANCHE 1 2021 JCM PROGRAMME PLAN

This section provides the detailed findings of the IOB's analysis of the JCM programme's achievement against plan for 2021. This analysis has been undertaken by:

- reviewing activity status from the July programme plan to the end of November 2021 programme plan as reported to the programme board
- a detailed review of programme documentation
- direct engagement with the programme team and programme board.

Appendix 1 also shows the completion dates against original planned dates for each major activity. Commentary provided by the JCM Programme leadership team on the status of the 10 projects/workstreams is included in Appendix 3.

4.1 Programme set-up and resourcing

HCS decided to establish its own capability to deliver the programme management aspect of the JCM (as opposed to using external consultants or contractors) and commenced recruitment in March 2021. Recruitment was adequate for the requirements of 2021 but going into 2022 there are still five vacancies to be filled to support the 2022 plans (30% of the team). This did not materially impact 2021 performance but will be an issue for 2022 with the increased project workload and the requirement to address the remedial actions detailed here.

The JCM Programme Board was formalised in early summer 2021 and met for the first time on 8th July 2021.

4.1 Governance set-up & recruitment

The programme level governance is well defined and the IOB believe that it is appropriate for a programme of this nature. It consists of:

- The Programme Board
- Clinical & Professional Advisory Forum (CPAF)
- Health & Care Partnership Group (HCPG)
- User Experience Panel (UX)
- Independent Oversight Board (IOB)

The terms of reference of each of these groups are clearly documented and the remit of each one is value-adding. The Programme Board became effective in July 2021. Recruitment to these groups has taken significantly longer than expected. Consequently the first HCPG meeting took place 17th March 2022 and the first IOB meeting 18th March 2022. CPAF is now fully constituted and the timings of these meetings need to be co-ordinated with the Care Pathways project.

The UX panel is still being recruited to. The IOB do not see this as an issue as the engagement of this panel is not appropriate until later in 2022 when any significant user experience would become available.

The JCM Programme will consist of a number of projects or workstreams over the next four years. While the programme level governance is seen as appropriate the IOB believe that the project level governance (which manages the day to day work of the programme) has not been established with the necessary rigour to ensure the effective management of the projects. Specifically, the project structures are too complex and create a significant burden on HCS management. Project planning standards and processes need to be agreed, documented and implemented (this is a project playbook) and the full four-year programme plan still needs to be developed. This will ensure that all parties have a baseline to manage and report against and the dependencies, or sequencing, between projects or components are well articulated and help to manage expectations. These observations (and the required actions to address these outlined in the next section) have been previously raised by the IOB Chair with the HCS Director General so that immediate action can be taken to address them.

Also raised with the HCS Director General is that governance arrangements need to be defined to detail the programme relationship with 'business as usual (BAU)'. In a programme of this nature, this is a complex topic that requires clarity to ensure there is clear and appropriate accountability between line management and programme management as services are implemented and transitioned to operational management. This is expanded further in the recommendations section.

4.3 Commissioning strategy

The IOB are content that Commissioning strategy has met its deadlines for the 2021 plan with the public document on commissioning strategy demonstrating outreach to a wide range of stakeholders. The co-designed strategy was made available at the first HCPG meeting on 17th March 2022.

4.4 Workforce strategy

The Workforce Strategy was due for completion December 2021. Progress has been slow for a number of reasons but an initial strategy has now been developed and shared at the HCPG 17th March 2021. At this point in the programme, the workforce strategy can only address foundation issues such as: bringing Islanders into medical professions through training, enabling career inter-operability of existing Island medical staff across different providers; and attracting non-Islanders to Jersey in terms of housing, taxation, salary levels, pension portability, degrees/ qualifications, etc. These are long-haul issues requiring governmental involvement and engagement should not be delayed.

However, the Workforce Strategy also needs to address workforce planning to ensure the right talent is available to meet the staffing requirements as the JCM is defined and commissioned.

These staffing requirements will need to be identified iteratively as the programme progresses and the clinical pathways become able to articulate needs in terms of numbers and types of staff. Consequently the Workforce Strategy should not have an end point as it will need to be continually reviewed and updated/amended as the programme progresses.

As such the workforce strategy must, in our view, sit as a foundation to the whole programme at two levels: the foundations above and the specific requirements for each workstream.

4.5 Communications & engagement strategy

The recruitment of the communications team experienced a three month delay but is now in place. The communications plan and refresh has been completed on time (February 2022).

However, this is a topic the IOB are concerned about. The IOB are acutely aware of the sensitivity of JCM on the island and the need for balanced and appropriate communications to all relevant parties that support and enable the success of the programme. Our initial observations are that the communications strategy requires further work to ensure it is able to meet this challenge. The strategy should clearly lay out when and on what topics communications are useful to Islanders, and therefore necessary.

4.6 Digital

The original plans for 2021 included the procurement of teleguidance and telecare systems and services. These workstreams were moved into the Intermediate Care Project. A separate Digital Care Board has been established to oversee the HCS Digital projects (including EPR, EDMA, EPMA, VNA and PACS) which are essentially replacement/upgrade projects for the existing technology estate to provide standard healthcare systems infrastructure.

The JCM will require incremental digital technologies and/or systems inter-operability to maximise clinical information flow and thus bring the Care Pathways to life for healthcare consumers and practitioners. The specific opportunities or requirements for this can only be determined as the programme progresses. As such, digital skills need to be embedded into the programme of work to so that these can be determined and developed. This has not happened in 2021 and needs to addressed as a matter of urgency.

4.7 Intermediate care

As stated in the previous section, Intermediate Care was brought forward from Tranche 2. Overnight Community Care was launched on time in April 2021 (prior to the first Programme Board meeting) and HCS24 development completed (with a pilot) in November 2021 (two months later than planned) with HCS24 planned to go fully live in June 2022.

There has been a small slippage in the Telecare and Teleguidance procurement but current plans indicate that these will go live on time.

Overall, the IOB believe the Intermediate Care Project has progressed well against plan although the volume of activity and initiatives increases substantially in 2022 and the IOB will undertake a separate review of this project later in the year.

4.8 Advisory groups & pathways

The pathways project has experienced significant delays in the procurement of a partner to support the development of the necessary frameworks/tools/techniques for pathway development and to support the development of a strategic needs assessment for the island's population. This project is running approximately six months late but is a key component of the Jersey Care Model.

The prioritisation, development, commissioning and implementation of the Care Pathways will be a complex and demanding project that will have the greatest impact on the business as usual operations of all healthcare providers on the island. One of the IOB's key recommendations in the next section is the urgent creation a four-year programme plan so that the impact of project changes like this can be assessed/evaluated and corrective action or interventions taken to address this issue. The four-year plan will now be based on the revised Care Pathways procurement outcome and should provide Scrutiny with target programme outcomes for the end of the programme.

4.9 Public health set-up

The establishment of the Public Health team was in accordance with plan and the team are now focused on supporting the Strategic Needs Assessment. Now the function is in place and developing its BAU capability there will need to be a clearer distinction between BAU and JCM programme work and how the JCM programme work will be managed. In particular, an initial activity of the Care Pathways project is to extract maximum public health information content from existing data, and this falls under the JCM.

4.10 Mental health planning

The original plan agreed with the JCM Programme Board included a workstream for Mental Health Planning. Following the allocation of separate funding for the Mental Health Improvement Programme (which is managed outside of the JCM programme) this workstream was removed from the plan at the Programme Board on 28th October. The IOB are clear that mental and physical health are inextricably linked and we understand that mental health will now be addressed in the Care Pathways project whilst respecting the two separate funding sources.

4.11 Financial performance

The budget for 2021 was £6.6m, the final reported out-turn is £5.1m. A separate detailed breakdown of the underspend has been prepared by HCS management. In essence the underspend has occurred for three primary reasons across a range of headings: lower headcount costs due to delayed recruitment/service start-up than planned and lower spend

on digital due to procurement slippage and contingency not utilised. In our view key areas such as recruitment, procurement and digital will be required to focus much more closely on the programme to support the 'catch up' required.

We are concerned, however, that time charging may be inaccurate and not fully reflect true expenditure. The budget document indicates that some recharges had to be reversed for correction and re-entered. Going forward, the IOB will engage with the finance team to enable us to monitor programme expenditure and ensure appropriate mechanisms are in place for charging time.

4.12 General observations

As noted above, slippage has occurred in a number of areas and in general this is related to the need to engage with 3rd parties not under the direct control of the Programme Management team. Nevertheless, the very nature of the JCM programme requires significant consultation and engagement going forward and it is imperative that the individual project planning takes this into account so that realistic delivery dates are set and managed to.

5. RECOMMENDATIONS FOR 2022 AND BEYOND

Overall the JCM Programme has made good progress against the Tranche 1 2021 JCM Programme plan but there are a number of remedial actions that need to be taken to address some issues raised in previous section. The recommendations are detailed below:

1. Strategic management plan for the JCM programme

The business case and some of the supporting materials provide a solid foundation for moving into implementation.

The above, along with other content, provided a solid basis for preparing the programme definition and overall 4-5 year implementation plan which would provide the strategic guidance and context for the whole JCM programme. Several of the workstreams (for example Workforce Strategy) require this to be in place.

However, in the move to quickly start delivery of the programme, attention skipped the traditional programme management method and focused directly (in terms of project work) at the project level. We recommend that all involved in the programme have a single reference document (updated with significant changes as the programme develops) that provides a simple integrated view of the scope/objectives of the whole programme and the four-year strategic plan to implement it.

2. Project governance

The project governance below the programme board needs to be more rigorous and consistent so that all projects are managed to a defined set of standards and the supporting information and processes are in place. This will also enable the programme level functions to perform more effectively through improved visibility of project level outputs/QA processes. Specifically, this requires:

- Rationalisation and simplification of the programme structure to a three level hierarchy programme-project-workstream with fewer but larger projects to optimise the time and focus required from senior staff and to minimise non-productive administration. Based on our understanding of the JCM scope, we would recommend four core projects: Intermediate Care, Care Pathways, Outpatients and Enabling projects,
- Preparation of a programme 'playbook' which establishes the basic principles and standards to be followed by ALL involved in the programme's delivery. This should include the required compliance with Government of Jersey standards, but go much further and include:
    - management planning and work planning standards – the current central templates and guidelines are not thorough enough for this purpose,
    - alignment with Perform to ensure minimum duplication of effort and optimise the use of the Government's selected PMO tool,

- processes and standards to be followed for issues, risk, change and escalation management – there is some inconsistency in the handling of these,
- tracking and reporting standards to be followed including milestone definitions and reporting calendar,
- quality assurance processes for key deliverables and guidance on engagement with the UX Panel, HCPG and CPAF for prioritisation (e.g., the order in which the Pathways are mapped) and final sign-off.

3. Project planning and control

As discussed there was project slippage from 2021 (specifically and crucially Care Pathways, Workforce Strategy and Digital). The outline plans for 2022 bring a substantial increase in workload for the programme and it is key that the viability of these plans is established before they are baselined and published. To achieve this the following actions should be taken:

- for each of the revised projects an updated Project Management Plan (Project Initiation Document) and works plans based on the new playbook standards. These updated plans need to take into consideration the appropriate and necessary engagement with the UX Panel, HCPG and CPAF, communications team and other potential 3rd parties, the recognition of inter-dependencies, and the transition to BAU acceptance processes (as discussed below),
- in parallel with the above, the Project Boards need to be redefined, mobilised/engaged, and aligned to the new plans. This should enable the Project Boards and Project Sponsors to become fully engaged with their projects and bring the required leadership to them, which will in turn enable the Programme Board to focus on the programme level rather than project level issues/actions/approvals.

4. Programme resourcing

As noted, the programme team are still only 66% resourced against plan. We note and support the intention to recruit and develop a strong in-house team to manage the JCM programme. However, in the short term the team does not have the capacity or experience to address the remedial actions detailed in this report and we recommend that HCS engage a professional services organisation to supplement the team in the short term (4-6 months) to support it. The Programme team has acknowledged (see Appendix 3) that it is short of qualified project management capacity and skills.

5. BAU versus JCM programme

Because of the nature of this programme, the line between Project and BAU activity is not always clear. The standards to be applied for testing, transitioning, and accepting new services should be clearly defined and documented, including appropriate communications (internal and external) so it is clear when project responsibility ends and BAU starts. In general, the manager/leader accepting the new service should also be a key member of the respective Project Board.

6. Workforce strategy

As noted above, there are two components to the workforce strategy – the foundation elements and workforce planning. The IOB recommend, during the strategic planning exercise, the Workforce Strategy development plans are updated to reflect the rolling requirement and necessary synergies with the Care Pathways project. Sufficient capacity and expertise of support from the centralised HR team will be critical to achieve both the foundation and planning elements. The team should be cognisant that many facets of the foundation work will require early engagement with the broader Government of Jersey.

7. Communications strategy

We recommend that the Communications Strategy and plan is revisited with a communication "reset and reframe" that shifts the focus to actual, tangible outcomes that have been and will be delivered. Simplicity and rhythm of communication is key, as is communication tailored to each audience and format.

In our view there is a separation of communications from engagement with stakeholders and communication is only valuable when there is something relevant to say to an audience, the 'what does it mean to me?' approach.

8. Digital engagement

Digital will be critical to the success of the JCM programme. There are two key actions that the IOB recommend in relation to this:

- IOB extend their remit to have some engagement/visibility (to be defined) with the HCS Digital Health Strategy Programme,
- Digital talent is embedded into the JCM programme as a matter of urgency so that requirements of both inter-provider communication and patient access can be identified and planned for. Every project will need to scope and implement relevant digital enablers to ensure that the desired patient centred experience is achieved.

9. Engagement processes

The CPAF and HCPG are now established and the UX should be up and running later in 2022. The mechanisms to ensure their meaningful engagement in the JCM programme need to be defined and planned to ensure that they are able to fulfil their terms of reference. The detailed project plans that are being prepared should all consider the processes/ mechanisms and project deliverables to be consulted, reviewed/signed-off so that there is a clear forward agenda for each of these groups. We believe that all stakeholders in these groups are motivated to fulfil their roles once they are clear what their objectives are.

APPENDIX 1: TRANCHE 1 2021 JCM PROGRAMME PLAN

Project/ Workstream	Topic	Dates As Presented At 8th July 2021 Programme Board		Dates As Presented At 25th November 2021Programme Board		Slippage (Months)		Comment
		Planned Start Month	Planned Finish Month	Actual Start Month	Actual Finish Month	Start	Finish	
Programme Set-up & Resourcing	I&I Infrastructure	Feb-21	Mar-21	Feb-21	Mar-21	0	0	
	Recruitment & Starters	Apr-21	Aug-21	Apr-21	Aug-21	0	0	
	Portfolio Steering Group	Mar-21	Jun-21	Mar-21	Jun-21	0	0	
	Tranche 1 Prioritisation	Apr-21	May-21	Apr-21	May-21	0	0	
	JCM Programme Board	Jun-21	Ongoing	Jul-21	Ongoing	1	-	1st Programme Board 8th July 2021
Governance Set-up & Recruitment	Governance Approval	Feb-21	Mar-21	Feb-21	Mar-21	0	0	
	Governance Recruitment	Apr-21	Jul-21	Apr-21	Dec-21	0	5	
	C&P Forum Review	May-21	Jul-21	May-21	Jul-21	0	0	
	C&P Forum Set-up	Aug-21	Nov-21	Aug-21	Dec-21	0	1	
	HCPG & IOB Set-up	Sept-21	Dec-21	Dec-21	Feb-22	3	2	Inaugural HCPG 17/3/22 and inaugural IOB 18/3/22
	User Experience Panel Set-up	Sept-21	Dec-21	Jan-22	Jun-22	4	6	Significant slippage but non-critical at this stage
Commissioning Strategy	SLT Scope & Model Sign-off	Mar-21	Apr-21	Mar-21	Apr-21	0	0	
	Partner Workshops	May-21	Jul-21	May-21	Aug-21	0	1	
	Co-produced Strategy Written	Aug-21	Nov-21	Jul-21	Nov-21	-2	0	
	Strategy Consultation	Dec-21	Jan-22	Nov-21	Dec-21	-1	-2	

Project/ Workstream	Topic	Dates As Presented At 8th July 2021 Programme Board		Dates As Presented At 25th November 2021Programme Board		Slippage (Months)		Comment
		Planned Start Month	Planned Finish Month	Actual Start Month	Actual Finish Month	Start	Finish	
Workforce Strategy	Project Scoping	May-21	Jul-21	Jul-21	Oct-21	2	3	
	Source Partner	Jul-21	Sept-21					Activity Removed Sep 2021
	Requirements & Analysis	Sept-21	Dec-21					Activity Removed Sep 2021
	Gap/Risk/Strategy	Jan-22	Jun-22					Activity Removed Sep 2021
	Co-produced Strategy Development			Oct-21	Dec-21			Activity Added Sep 2021
	Strategy Consultation			Dec-21	Jun-22			Activity Added Sep 2021
Comms & Engagement Strategy	Draft Strategy	Feb-21	Apr-21	Feb-21	Apr-21	0	0	
	Recruitment For Comms	May-21	Sept-21	Jul-21	Dec-21	2	3	
	Strategy Plan & Refresh	Sept-21	Feb-22	Oct-21	Feb-22	1	0	
Digital	Digital Care Board	Jun-21	Dec-21	Jun-21	Sept-21	0	-4	
	Telecare &Teleguidance Procurement	Mar-21	Nov-21					Moved To Intermediate Care
	Strategy Update	Feb-21	Jun-21					Activity Removed
	Telecare & Teleguidance Implementation	Nov-21	Jun-22					Moved To Intermediate Care
	Digital Care Plan Delivery	Jun-21	Jun-22					Added September 2021
Intermediate Care	Overnight Community Care Development	Jan-21	Apr-21	Jan-21	Apr-21	0	0	
	HCS 24 Development	Mar-21	Sept-21	Mar-21	Nov-21	0	2	
	HCS 24 Live	Sept-21	Jun-22	Dec-21	Jun-22	3	0	
	Cart Review	Apr-21	Jul-21	Apr-21	Jul-21	0	0	
	Telecare &Teleguidance Procurement	Mar-21	Nov-21	Mar-21	Dec-21	0	1	Moved From Digital

Project/ Workstream	Topic	Dates As Presented At 8th July 2021 Programme Board		Dates As Presented At 25th November 2021Programme Board		Slippage (Months)		Comment
		Planned Start Month	Planned Finish Month	Actual Start Month	Actual Finish Month	Start	Finish	
	Telecare & Teleguidance Implementation	Nov-21	Jun-22	Jan-22	Jun-22	2	0	Moved From Digital
	Strategy Update			Feb-21	Jun-21	0	0	Activity added September 2021
	Discharge Service Support Design & Planning	Sept-21	Dec-21	Sept-21	Dec-21	0	0	Activity added November 2021
	Help at Home scheme							Not included in plans
Advisory Groups & Pathways	Pathways Approach Development	May-21	Aug-21	May-21	Aug-21	0	0	
	Source Partner	Aug-21	Sept-21	Aug-21	Mar-22	0	6	
	Framework Development	Oct-21	Dec-21	Apr-22	Jun-22	6	6	
	Pathway Development	Nov-21	Mar-22					Activity Removed September 2021
Public Health Set-up	PH Director Recruitment	Mar-21	Jul-21	Mar-21	Jul-21	0	0	
	PH Service Development	Sept-21	Jun-22	Sept-21	Jun-22	0	0	
MH Planning	MHIP Planning	Jan-21	Apr-21					Formally removed 28th Oct Prog Board
	MHIP T1	Apr-21	Jul-21					Formally removed 28th Oct Prog Board
	MHIP T2	Jul-21	Nov-21					Formally removed 28th Oct Prog Board

Project/ Workstream	Topic	Dates As Presented At 8th July 2021 Programme Board		Dates As Presented At 25th November 2021Programme Board		Slippage (Months)		Comment
		Planned Start Month	Planned Finish Month	Actual Start Month	Actual Finish Month	Start	Finish	
	MHIP T3	Nov-21	Jun-22					Formally removed 28th Oct Prog Board
	Crisis Support Phone Line Development	Jun-21	Sept-21					Formally removed 28th Oct Prog Board
	MH Legislation Recruitment	Mar-21	Jun-21					Formally removed 28th Oct Prog Board
	MH Service Review			Nov-21	Dec-21			Activity Added in December
	MH Delivery Plan			Jan-22	Jun-22			Activity Added in December

APPENDIX 2: BUSINESS CASE IMMEDIATE PRIORITY ACTIONS

	Immediate priority	Key activities following	Initial outcomes sought
Clinical care models	• Prioritisation of clinical areas for progress/ implementation • Integrate JCM with public health plans in GoJ	• Develop clinical pathways for key 'cohorts' across the system (e.g. aged, long term conditions) • Implement quick wins	• Strengthened wellness/self-care model in partnership with GoJ Public health • Clinical priorities agreed with change in care delivery seen in alignment with JCM
Operating model	• Draft the target operating model and supporting functions and services across workstreams and enablers	• Identification of capabilities required for operating model • Detailed design of digital front door in first instance	• Detailed design of all key cross-cutting operating model functions
Quality improvement and innovation	• Assessment of existing quality improvement model	• Consider alternative models to promote innovation and support funding schemes • Refine quality improvement model	• Agreed continuous quality improvement model in place • Innovation programme identified and launched
Business intelligence (incl. Population Health Management (PHM))	• Understand current datasets (including supporting governance arrangements) • Engagement on leading indicators to identify rising risk individuals	• Develop strategy for PHM including associated governance requirements • Develop a data strategy • Consider different PHM systems	• Agreed PHM approach and preferred model • Data strategy in place • Ability to progress to contracting for PHM system
IT and digital	• Understand existing IT requirements from the JCM interventions proposed including: ○ Jersey Care Record ○ Performance monitoring ○ Outcomes ○ Understand digital requirements for JCM and new digital opportunities	• Understand requirements for digital front door and bookings • Outline of system requirements and initial market sounding for IT partners • Digital strategy refreshed • Prioritisation of digital initiatives completed with a focus on flexible solutions which can be adapted to the rapidly changing landscape	• IT and Digital strategy in place • Understanding of IT and digital requirements for the system • Market sounding for partners in place in line with Our Hospital work

	Immediate priority	Key activities following	Initial outcomes sought
Finance	• Detail modelling on one-off costs (fully costed and put into modelling) • Refine the impact of the Our Hospital specification • Refine the modelling and activity profiles	• Consider funding models proposed • Model designed for financial management including principles, rules regarding pooling budgets and capitated contracts • Governance arrangements for financial oversight and monitoring developed and transition plan in place	• Refined modelling completed • Primary care funding model agreed with transition plan in place • Financial management approach developed
Workforce	• Consolidate workforce data • Identify workforce including non-health • Develop workforce plan/strategy and business plan for the provision of 24-hour cover	• Design new roles across system • Develop external partnership model • Recruitment planning for new models	• Workforce assessment, gap analysis completed • Defined key roles in place (incl. new positions)
Estates	• Complete estate profile and gap analysis	• Estate plan developed with plans for existing secondary and community estate	• Estate plan in place fed into Our Hospital and phasing
Human resources	• Identify team to support design / implementation (incl. project managers, clinical input, learning and development teams) • Recruit team (dedicated PMO, clinical and workstream leads)	• HR/IR plan developed based on workforce requirements (including joint teams, external partners) • Work with regulatory / registration bodies on needs for JCM • Design strategic HR function	• Resource arrangements in place for implementation • HR plans in place to support new ways of working

	Immediate priority	Key activities following	Initial outcomes sought
Strategic planning	• Refresh of the Jersey Joint Strategic Needs Assessment • Identify potential non-hospital/non-health workforce in alignment with GoJ Public Health strategy • Identify areas of opportunity to strategically partner in JCM	• Strategic plan refresh of Our Hospital as a part of the hospital/precinct build • Develop plan for strategic partnerships with other systems (e.g. Guernsey, France, UK systems) • Engage with non-health and care professionals with strategy for broader care model	• Clarity on strategic needs and target at risk individuals • Expanded plan relating to whole of Jersey approach to health and care • Alignment of JCM with Our Hospital programme • Clarity on target strategic partners (incl. other systems)
Governance (incl. PMO)	• Identify resource requirements for JCM implementation/oversight • Develop programme plan • Develop reporting and oversight functions	• Identify governance needs for JCM and develop proposed model • Identify governance role for external partners including strategic partners in future JCM	• Governance and associated groups and roles are clear and aligned with existing arrangements
Commissioning	• Agree on primary care model and develop proposal with partners • Agree on outcomes for commissioning • Assess gap on commissioning framework and key areas requiring detailed design	• Refine commissioning arrangements for primary care model • Detailed commissioning framework design incl. strategic commissioning function • Work with external partners on commissioning arrangements	• Strategic commissioning function agreed • Plan in place to shift to new commissioning model in pilot areas
Change management (incl. L&D)	• Assessment of change areas (including scoring severity) and workforce, service users and carers	• Assess capability gaps (skills) in workforce, service users and carers • Develop change management plan to transition to a new business-as-usual • Learning and development plans developed in key priority areas in first instance	• Key staff and service users understand impact of JCM • Staff and service user learning and development plans developed

	Immediate priority	Key activities following	Initial outcomes sought
Community engagement and communications	• Communication of the outcome of Review and the next steps	• Develop communication plan in line with the overarching programme plan	• Key stakeholders are aware of the key developments of the JCM

APPENDIX 3: JCM PROGRAMME TEAM COMMENTARY ON THE 2021 OUTURN

Project / Workstream	JCM Programme Leadership Commentary
Programme Set-up & Resourcing	The I&I restructure was agreed in March 2021 to create the capacity and capability to deliver the JCM programme and to align relevant team functions. Recruitment in the first round was good, with the majority of new starters joining over the summer. There were still some key vacancies unfilled at this stage, but there was a pause on external recruitment after round 1 due to increasing negative public publicity. Internal secondments were sought, which resulted in clinical resources joining the team in early 2022. Late 2021 another round of recruitment was approved after embedding of existing capacity. Experienced project management resources are still required to strengthen the team and support delivery against plan. In early 2021 a Portfolio Steering Group was established, which reviewed the 2021 objectives and priorities for the department, including JCM. This group established the JCM programme and initiated core projects. The group disbanded in May 2021 in favour of a dedicated JCM programme board which was established in July 2021 and has met monthly since. The membership of the group has grown to outside of HCS, bringing in other relevant departments and the Chair of the Health and Care Partnership Group.

Project / Workstream	JCM Programme Leadership Commentary
Governance Set-up & Recruitment	The governance framework for the programme was developed in consultation with partners to ensure it was co-designed and had the required components. The HCS team worked with the Primary Care Body (PCB) in the first instance on the overarching design and framework, then ran a series of public consultations sessions with partners, HCS staff, HCS Ministerial Team, and Scrutiny. The final version was taken via the HCS committees to the HCS board for approval (08 Mar 2021). CPAF - The clinical and professional advisory forum was the first group of the new governance to be established, led by the Group Medical Director. Recruitment to the permanent members was achieved in September 2021, with further members added by application and interview throughout the rest of the year into March 2022 . The group is now complete. Independent Oversight Board & Health and Care Partnership Group (H&CPG) - Recruitment for the positions of Chair and Members (IOB) and the Chair (H&CPG) started in March 2021. The recruitment process turned out to be more complex than expected and due to the reliance on a range of 3rd parties, timeframes were difficult to control by the programme team. Recruitment to the Chair of the IOB and the H&CPG were completed in November 2021 and the members to the IOB were confirmed in February 2022. The first meeting of the H&CPG was on 17 March 2022. The first meeting of the IOB was on 18 March 2022. User Experience Panel (UxP)– The set up the UxP has been delayed, however, as it needs to align to the pathways project this delay has not had an impact on delivery.
Commissioning Strategy	The new commissioning team established in 2021 led a co-design exercise to develop the commissioning strategy with a wide range of internal and external partners. A series of workshops were held in Q3 and Q4. The strategy will be launched at the H&CPG meeting on 17 March 2022. It is a key delivery item of the JCM and one of the foundations necessary to enable a different way of working across the health and care system. The slight delay of finalising the strategy has been due to a longer than anticipated review and refine phase.
Workforce Strategy	Development of the workforce strategy was delayed due to resourcing and sponsor availability. In Q3/4 development was started and a workshop held with partners to gain input into the direction. A draft strategy has been produced, and is now being aligned to the recently released GoJ People Strategy. A summary of the strategy will be presented to the H&CPG meeting in March 2022. The full strategy and delivery approach will be developed during 2022 (pending resource allocation from GoJ People Services).

Project / Workstream	JCM Programme Leadership Commentary
Comms & Engagement Strategy	The Communication and Engagement strategy progress for JCM has been slow to start due to change and limited resource availability in the central communications team. The OneGov principle of employing project resources in the central team rather than as part of the project team provides benefits in terms of access to a wider range of communication resources, however, it also impacted on the length of the recruitment process which was not anticipated. Dedicated resources were secured in November 2021 and February 2022. The initial strategy was updated and the communication team are now developing a pro-active programme for the JCM, particularly linking the plan with planned service changes. The limitation of communication resources resulted in a number of new intermediate care services having been soft-launched in 2021, but not communicated.
Digital	Integration with the M&D digital team has been slow in 2021 and continues to be an area of concern as there is not enough capacity within the team to engage on JCM projects, particularly on integrated care records. There is currently a gap between the teams in terms of understanding of requirements. Telecare & teleguidance procurement has been successful and contract is about to be signed with AirTel Vodaphone for provision of both services.
Intermediate Care	The Intermediate Care Strategy was developed in late 2019, just pre-pandemic. Resources were then diverted to management of the pandemic and the strategy implementation delayed until 2022. The strategy was reviewed in early 2021 to adapt the implementation plan to the evolved environment. The recommendation of bringing forward these services were implemented and HCS24 and enhanced overnight community care went live in 2021. Telecare and teleguidance procurement started mid-year and took longer than expected to get to market, but achieved good procurement outcomes. The discharge support service was brought forward to address the increasing need for discharge support services. A new service to support people to get home when ready for discharge was developed, and launched in January 2022. A recruitment drive "Help at Home" was launched in partnership with the home care market to encourage new recruits into the system and train existing staff. Whilst this was not an anticipated JCM project (fiscal stimulus funded), the project was very much in line with the JCM principles and JCM programme resources were used to support and drive the initiative.
Advisory Groups & Pathways	The approach to pathways development was initiated in Q3 2021, in conjunction with the developing CPAF. Requirements

Project / Workstream	JCM Programme Leadership Commentary
	were developed over the summer for a procurement strategy. Delays were experienced due to commercial services processes to get the strategy approved and the tender issued to market. The objective of the procurement was to source a partner, or consortium, that could provide additional capacity and capability to run a strategic needs assessment with Public Health, prioritise pathway development, create a tool kit for pathways development, and then run a series of pathways development tranches. The procurement is in process, with a preferred supplier selected. Anticipated contract start date in April 2022.
	The approach to pathways development was initiated in Q3 2021, in conjunction with the developing CPAF. Requirements were developed over the summer for a procurement strategy. Delays were experienced due to commercial services processes to get the strategy approved and the tender issued to market. The objective of the procurement was to source a partner, or consortium, that could provide additional capacity and capability to run a strategic needs assessment with Public Health, prioritise pathway development, create a tool kit for pathways development, and then run a series of pathways development tranches. The procurement is in process, with a preferred supplier selected. Anticipated contract start date in April 2022.
Public Health Set-up	Key Public Health recruitment was progressed mid-2022 with the appointment of the director for the service, and an interim consultant. Existing resources from within the COVID public health team will eventually join the BAU service, but capacity for BAU public health is still limited. Business Planning is a priority for development in Q1 22, along with specific intelligence reports to support the needs assessment for the pathways development.
MH Planning	The portfolio steering group initially decided to include the MH improvement programme in its entirety into the JCM programme reporting to monitor the delivery of the improvement programme – many actions being important to the JCM. However, the MHIP is a dedicated, separately funded service improvement programme and not a JCM project and therefore should not be reported within the JCM programme. The decision was taken to remove the MHIP from the oversight of the JCM programme in October 2021. The MHIP has its own programme board and a dedicated oversight with a new Director for Mental Health and Social Care. Mental Health services and outcomes are an important part of the JCM and will be included in the pathways project.

APPENDIX 4: INDEPENDENT OVERSIGHT BOARD TERMS OF REFERENCE

Terms of Reference

Jersey Care Model Independent Oversight Board

CONTENTS

TITLE OF THE BOARD

The Jersey Care Model (JCM) Independent Oversight Board (henceforth called the "Board")

ROLE OF THE BOARD

The Board is an independent, non-executive board, that will keep the delivery of the Jersey Care Model under continuous review.

The Board reports to the Minister for Health and Social Services and ("the Minister") and the Health and Social Security Scrutiny Panel ("the Panel") on its findings and recommendations. It shall also provide advice on good programme management practice to the JCM Programme Team, therefore contributing to a continuous improvement and learning culture.

a. The Board is responsible for keeping under continuous review, the delivery of the JCM and for reporting monthly to the Minister and the Panel on the quality and robustness of the following:
    i. delivery plan
    ii. risk management
    iii. resource management (people and finances)
    iv. communication and engagement plan
    v. programme management reports
b. The Board is responsible for agreeing the format of
    i. monthly progress reports;
    ii. a publication at the end of Tranche 1 of a detailed analysis of progress against set targets
    iii. a detailed look ahead to the delivery of Tranche 2

The Minister will retain the legal and political responsibility for all acts and omissions of the Health and Community Services Department.

The Panel has no financial fund allocation authority and cannot commit the Minister to expenditure, commit the Minister to consider individual decisions, or commit the Minister to change or recommend change to any aspects of policy.

ACCOUNTABILITY

The Board is:

a. accountable to the Minister;
b. reports to the Minister on delivery progress and programme management rigour to support the Minister to hold the Accountable Officer and their management team for Health and Community Services to account for the efficient and effective delivery of the Jersey Care Model;
c. reports to the Panel on delivery progress and programme management rigour to support the Scrutiny Panel and States Assembly [to hold the Minister to account for the efficient and effective delivery of the Jersey Care Model];
d. works with the Accountable Officer for HCS (Director General of Health and Community Services) on issue resolution, recommendations for improvement and any clarifications prior to any reporting or escalation to the Minister and the Panel.

MEMBERSHIP

The Board shall comprise of non-executive directors, including one acting as chair. The Chair of the Board, and members will be recruited and appointed by the Jersey Appointments Commission.

The Board members shall be remunerated.

SUB-BOARDS / COMMITTEES

Not Applicable

HOW THE BOARD WORKS

The Board will meet in private to allow free and frank debate.

The Boards' agendas and reports will be provided in confidence to the Minister, the Panel and the HCS Accountable Officer.

The Board will work with the Accountable Officer for HCS (Director General of Health and Community Services) on issue resolution, recommendations for improvement and any clarifications prior to any reporting or escalation to the Minister and the Panel.

It is important that the Board members provide constructive feedback to the programme team with the aim to support improvement and delivery progress.

The Chair of the Board can request officers and/or the Chairs of the JCM advisory groups and/or the Jersey Health and Care Partnership Group to attend the meeting to provide relevant information.

All Board meetings will be virtual via Microsoft Teams and arranged by the Board Secretary.

The Board Secretary will make and retain records of the meeting. After review, reports will be published quarterly in arrears, subject to reasonable confidentiality and commercial content redaction.

Board members will adhere to the five core values of the Jersey Government:

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

CHAIR OF THE BOARD

The Chair of the Board will be appointed by the Jersey Appointments Commission.

TERM OF OFFICE

The term of office for the Chair and for board members covers the period of the JCM programme (until the end of 2024).

QUORUM

The Board should have all members present to be quorate including the Chair.

DECLARATIONS OF INTEREST

Declarations of Interest must be made during the application process. The register shall be reviewed and updated at every meeting. The Jersey Appointments Commission will decide whether any conflict of interest is not amenable to being a Board member and may remove members from the Board during their term if this becomes the case.

FREQUENCY

Meetings will be monthly.

AGENDA AND PAPERS

Agenda and papers shall be circulated two working days before the meeting by the Board Secretary.

NOTES OF MEETINGS

The Board Secretary will make and retain records of the meeting.

The Board's monthly report to the Minister and the Social Security Scrutiny Panel shall be approved and circulated by the Chair at least two days in advance of the meeting.

After review, reports will be published quarterly in arrears, subject to reasonable confidentiality and commercial content redaction.

HOSTING / SECRETARIAT ARRANGEMENTS

The JCM programme team will provide a Board Secretary to arrange virtual meetings, to collate and circulate papers, minute meetings and monitor progress against agreed actions.

DATE OF NEXT REVIEW

The Terms of Reference shall be reviewed annually.

APPROVAL AND REVIEW DATES

Approved – 8 March HCS Board

Next Review – March 2022