Jersey Care Model

Health & Social Security Scrutiny Panel Review Response

Prepared by

Rachel French

Introduction

Jersey Community Partnership is an independent and impartial registered Jersey charity championing the development of a robust and resilient voluntary and community sector. By connecting people, encouraging greater collaborative working, and sharing knowledge we aim to help improve the flow of money, ideas and time around our community to achieve even greater impact.

What follows is our feedback on the terms of reference, from the perspective and consideration of the Voluntary, Community and Social Enterprise (VCSE) sector, a sector that is key to delivering and improving the health and wellbeing of islanders.

Terms of Reference

1. To determine whether the Jersey Care Model is appropriate for the Island

Given the current care model is inappropriate for the Island and our needs, the new model – in putting Islanders' needs at the centre of the care system – is the appropriate model to be adopting. However, it is difficult to accurately assess *how* appropriate the model is without greater understanding of the population's health and care needs and how the model will be funded.

The perception is that the model has been developed based on the failings of the current system rather than what Islanders will need in the future. With access to predictive modelling, statistics and lived experience experts, it would be helpful to have the data around the future care needs of the island and a case study to illustrate how the new model (based on predicted future needs) would deliver and fund this person-centred care.

At the present time, with no clear indication as to how the model will be funded, or how funding mechanisms will support the new model, we struggle to evaluate it. New and effective commissioning practices will be key to achieving the model's vision. A recognition that private philanthropy combined with public funding and investment is needed. Pooling of Government budgets and funding sources across Ministries and within departments is needed.

In 2017 in the UK, the Voluntary Community and Social Enterprise Health and Wellbeing Programme was launched. An alliance between VCSE and the health care system was established and a dedicated fund (which pooled the three main government funding schemes)

was created to support healthcare projects. The Government of Jersey could look to this model with a view to establishing something similar.

(See Appendix 1 for the case study on the Alliance)

2. To assess how the proposed Jersey Care Model will be delivered and by whom.

In 2016 we identified 535 organisations working in the field of social action. Of these the top two income-generating aims were the 'advancement of health' and 'relief of those in need'. This illustrates where effort (and therefore funding) is concentrated on within the sector. Furthermore, we identified that the sector generated in excess of £80m annually. At the end of 2019 The Charity Commissioner confirmed that registered charitable entities had an asset base of £190m and an expenditure of £70m annually. What has not been determined by the Government of Jersey is the total value of outsourced public services, and the value of these services to the community.

We believe this lack of knowledge limits the ability to effectively assess how and whom will deliver the services proposed in the new model as not enough is known about the current level of funding for the services delivered by the VCSE (and indeed those which are needed but aren't currently delivered). It may be that we not have been privy to any gap analyses undertaken, but there is an admission that although a needs assessment and an asset mapping exercise are underway, the Government does not have the information on the total value of outsourced public services to the voluntary and community sector. Without this, how can the model be scrutinised as to its 'value for money' and whether it is capable of achieving its social outcomes in the future?

3. To consider the implications of the Jersey Care Model on the delivery of health services.

The model's foundations are the delivery of the health care system based on charitable and mutual responsibility, particularly if part of the vision is dramatically improved self-care and preventative care which is accessible and affordable. Without a political champion or a Minister whose responsibilities include the development of the VCSE sector, we struggle to see how the model will be wholly effective, as we only look at the implications on health services.

We would encourage the panel to view the implications of the care model not just on the delivery of the health services but on education, the environment, employment and housing (the list is not exhaustive), that it is one component part of an inter-connected system, and that funding of the model is also inter-connected. For example, investment in creating more opportunities for being active will benefit the physical health of islanders, but funding for sport initiatives may be silo-ed and not considered as having any implications on the delivery of the care model.

We believe that what is needed is a political champion of civil society and the VCSE, and a strategy that develops and supports this – without it the social benefits the new care model could provide will not be realised, there will not be the integration of truly person-centred care, and social prescribing will be limited in its effect as it will not be built on a socially-networked community. The model relies on the community, but community development is not a priority of the Government.

The introduction of the Care Commission and its impact on small care providers could be a good matter for reflection. We face a situation now where small charitable care providers are facing closure because the standards put in place were not proportionate for those small providers. It is an example of where because there was an absence of a political champion for the VCSE sector (which would capture the small care providers) a commission was put in place that was not proportional nor appropriate for the whole care community. The human impact is

that the care home may close, and their 12 residents are homeless unless alternatives can be found.

4. To examine the possible effects of the proposals on the current and future health sector workforce.

There is a shortage of care professionals in the island and charities are already cutting services due a lack of staff. Greater support of the VCSE sector, particularly in recognising and valuing the professional services they provide should be a priority of the Government when looking at ensuring we have the resources available to achieve vision of the care model.

We need to recognise the value of those working in the VCSE sector and urgent action should be taken to encourage and support careers in the care sector and VCSE organisations.

Summary

The Jersey Care Model is built on a solid foundation of community and voluntary action, and our charitable organisations have a central role in providing quality, accessible, affordable healthcare as well as being a partner of the healthcare system. Without the development of the VCSE sector, driven and supported by the Government, the care model will not realise its vision.

With no clear indication as to how the model will be funded holistically, or how funding mechanisms will support the new model, we struggle to evaluate its potential. New and effective commissioning practices will be key to achieving the model's vision. Pooling of Government budgets and funding sources across Ministries and within departments will bring about the change that is required. Recognise that stimulating private philanthropy combined with a renewed approach to public funding and investment mechanisms is needed.

Collaborative commissioning for social value needs to replace the current paternalistic system. Empower communities to be directly involved in the design and implementation of services of which they will directly benefit. Co-produce the commissioning process itself, not just the commissioning of the healthcare provision. Provide the environment for innovation to flourish and don't stifle competition from VCSE providers by having tendering processes that prevent small providers or charitable consortia from applying.

Recognise and promote the value of those working in the VCSE sector and take action to encourage and support careers in the care sector and VCSE organisations.

Determine the total value of outsourced public services to the VCSE sector, and the value of these services to the community. Use this information to guide where the need is most, and the gap is widest.

In an island where we rely heavily on the services and resources of our charities, when the sector contributes much to the economy as employers, service providers, and early interventionists that save tax payers millions of pounds, it is essential that the development of civil society is high on the agenda of the Government of Jersey. It is time for a Civil Society Minister.

Case study: government, NHS and voluntary, community and social enterprise partnership working to enhance health and care

Voluntary, community and social enterprise organisations improve health outcomes and tackle health inequalities not only by delivering services but also by shaping their design and advocating for, representing, and amplifying the voice of service users, patients, and carers. Their input is essential to a vibrant local health economy.

The voluntary, community and social enterprise health and wellbeing programme was launched in April 2017. It is the place where the Department of Health and Social Care, NHS England and Public Health England work together with voluntary, community, and social enterprise organisations to drive transformation of health and care systems, promote equality, address health inequalities and help people, families and communities to achieve and maintain wellbeing. The objectives of the programme are to:

- encourage co-production in the creation of person-centred, community-based health and care which promotes equality for all
- enable the voice of people with lived experience and those experiencing health inequalities to inform national policy making and shape the delivery of services
- build evidence of sustainable, scalable solutions to mitigate and prevent inequalities impacting on the health and wellbeing of communities

The programme seeks to achieve its objectives through two co-dependent funded mechanisms:

- a national partnership arrangement: the Voluntary, Community and Social Enterprise Health and Wellbeing Alliance
- funding for bespoke projects: the Voluntary, Community and Social Enterprise Health and Wellbeing Fund

Voluntary, Community and Social Enterprise Health and Wellbeing Alliance

The Voluntary, Community and Social Enterprise Health and Wellbeing Alliance is a partnership between the voluntary, community and social enterprise sector and the health and care system, designed to provide a voice and improve the health and wellbeing for all communities. It is made up of 21 voluntary, community and social enterprise members that represent communities who share protected characteristics or that experience health inequalities. It has been established to:

- facilitate integrated working between the voluntary, community and social enterprise and statutory sectors
- support a two way flow of information between communities, the voluntary, community and social enterprise sector and policy leads
- amplify the voice of the voluntary, community and social enterprise sector and people with lived experience to inform national policy
- facilitate co-produced solutions to promote equality and reduce health inequalities