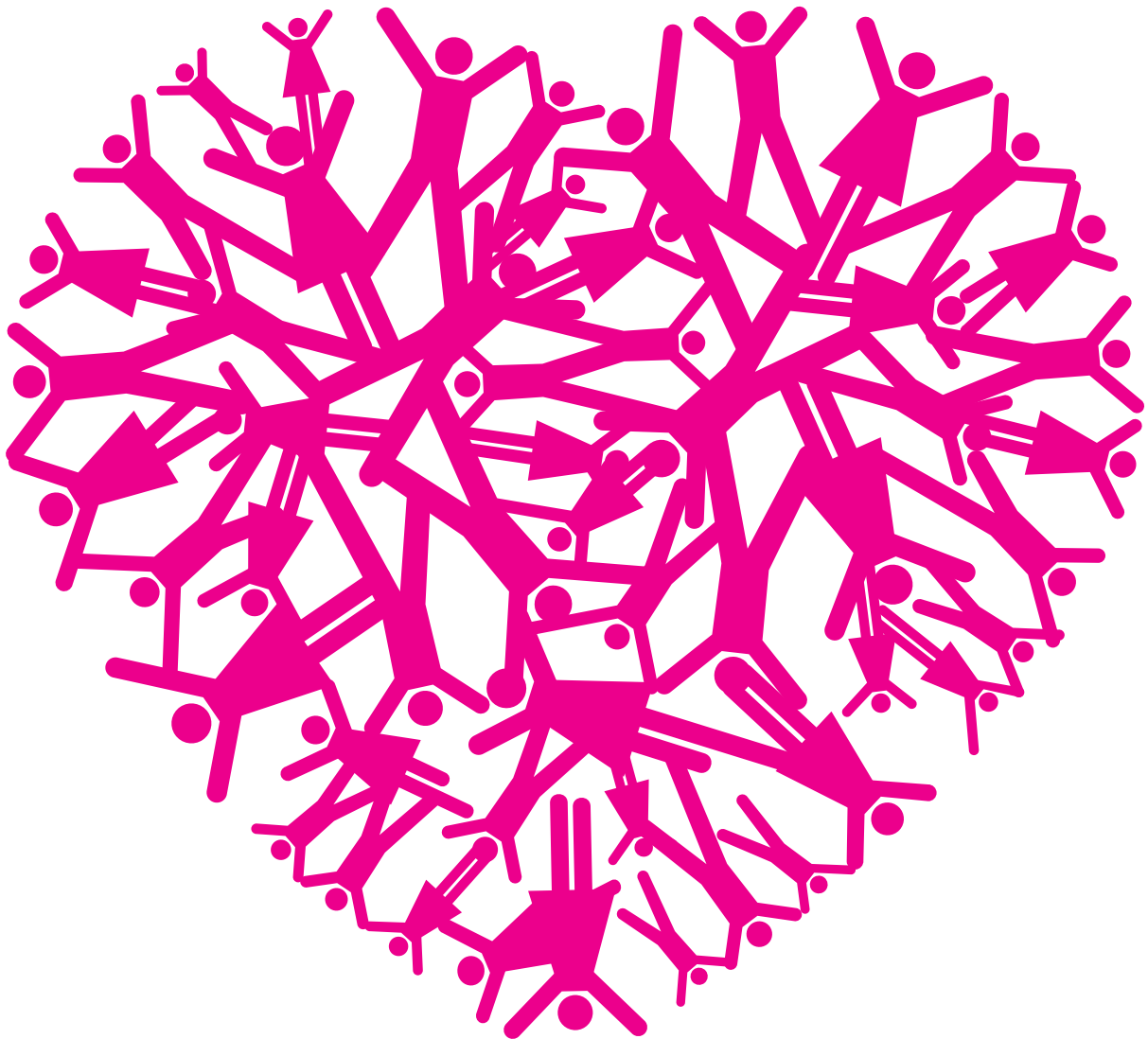


HEALTH & SOCIAL SERVICES
WHITE PAPER

Caring for each other, Caring for ourselves



Public consultation

States 
of Jersey

Welcome to the White Paper from Health and Social Services. We hope you enjoy reading it, and look forward to hearing your views. You can find out how to respond to the plans set out in the White Paper at the back of the document.



Contents

Introduction from Deputy Anne Pryke, Minister for Health and Social Services	3
Executive Summary	4
Section 1. Current and future challenges	5
Section 2. The Results of the 'Green Paper' consultation	8
Section 3. The 'Transition Plan'	11
Section 4. Priority Service Changes	13
Section 5. 'Enablers'	27
Section 6 - Governance	28
Section 7 - Costs and Funding	29
Summary	32
Conclusion	33
Have your say	34



Introduction from Deputy Anne Pryke, Minister for Health and Social Services

In 2011 when my Department published the Green Paper 'Caring for each other, Caring for ourselves' we clearly set out the challenges we all face in relation to the future of our health and social care services: a rapidly aging population; growing demand for services; spiralling costs; difficulties associated with recruitment of staff plus buildings and facilities in need of significant overhaul and financial investment – not least the need for a new hospital in the next ten years.

We also asked Islanders if they thought change was required. Over 86% of those who responded did, signalling their support for a fundamental redesign of our Island's care services. Islanders want services that "wrap" around the individual, that are delivered in the community – not just the hospital or institutions – and that give people choice and the ability to get the right care, from the right person at the right time.

Creating this change and ensuring our services are fit for the future is no easy task. We need to start with a number of key services – those which are under the most pressure or which have the biggest impact on people.

We need to build additional capacity and support the development of different mixes of skills, knowledge and expertise, both within my Department and amongst other services providers, including Third Sector organisations. Parishes need to continue to be supported in their role. We also need to deliver significant improvements to core services that cut across care settings and are fundamental to supporting efficiency and effectiveness, such as workforce planning, IT and estates.

This paper sets out an ambitious programme of change. It builds on Caring for each other, Caring for ourselves, and provides detailed information about the proposed redesign of our health and social care system. It reflects what public and professionals alike have told us they believe should happen.

I am determined to deliver a health and social care system that this Island is proud of. I hope you agree with the plans set out on the following pages and look forward to hearing your response, or hearing your views at our public meetings.

A handwritten signature in black ink that reads "Anne Pryke". The signature is written in a cursive style with a large, looped initial 'P'.

Deputy Anne Pryke

Minister for Health and Social Services

Executive Summary

Health and Social Services' Green Paper 'Caring for each other, Caring for ourselves' was published in May 2011, with the consultation concluding in late August.

The Green Paper concluded that certain health and social services need to be redesigned and enhanced imminently, as the lack of 24-hour services is leading to Islanders being cared for in the General Hospital more often and for longer time periods than might be necessary. Capacity across the whole of health and social services is becoming increasingly constrained, and this will lead to increasing waiting lists in some areas, for example residential and nursing homes. We face staffing challenges very soon as almost 60% of our consultants are due to retire within 10 years and we often find it difficult to recruit and retain nurses. Finally, our buildings are deteriorating, and we will need a new hospital within the next 10 years. This might be a new hospital on the existing site, or on a different site; this decision will be made later this year.

Almost 1,350 responses to the Green Paper consultation were received, and the results demonstrated overwhelming support for redesigning our health and social services. This indicated that Jersey residents understand the pressures facing Health and Social Services and agree that redesigning care is urgently required, in order to address the immediate issues and prepare for the impact of our ageing population.

Since the conclusion of the consultation, work has been underway to develop more detailed plans for the next 10 years, working closely with a wide range of stakeholders. Following the public consultation, and in partnership with stakeholders, priority service changes have been identified within key areas. This White Paper outlines a complex programme of change. We have adhered to the principle that changes must be introduced at the right pace, in the right order, and prioritised so that services with the greatest benefits to Islanders are developed first – whether these benefits relate to quality of care, improving productivity, reducing costs or managing the demand for hospital beds. The changes must also be affordable.

The changes that Islanders will see in the period 2012 – 2021 will cover:

- Services for Children
- Services to encourage healthy lifestyles
- Services for adults with mental health issues
- Services for adults, and in particular, older adults

A number of high priority changes have been developed in more detail, for the period to 2015. These are supported by 'enablers' (areas where change is required across all services, so that we can deliver services differently) such as workforce, finance, estates and IT.

Subject to the outcome of this consultation, detailed planning will be progressed, so that the health and social services that Islanders receive will start to be enhanced from January 2013.

This White Paper outlines these plans and seeks further feedback from Jersey residents.



Section 1. Current and future challenges

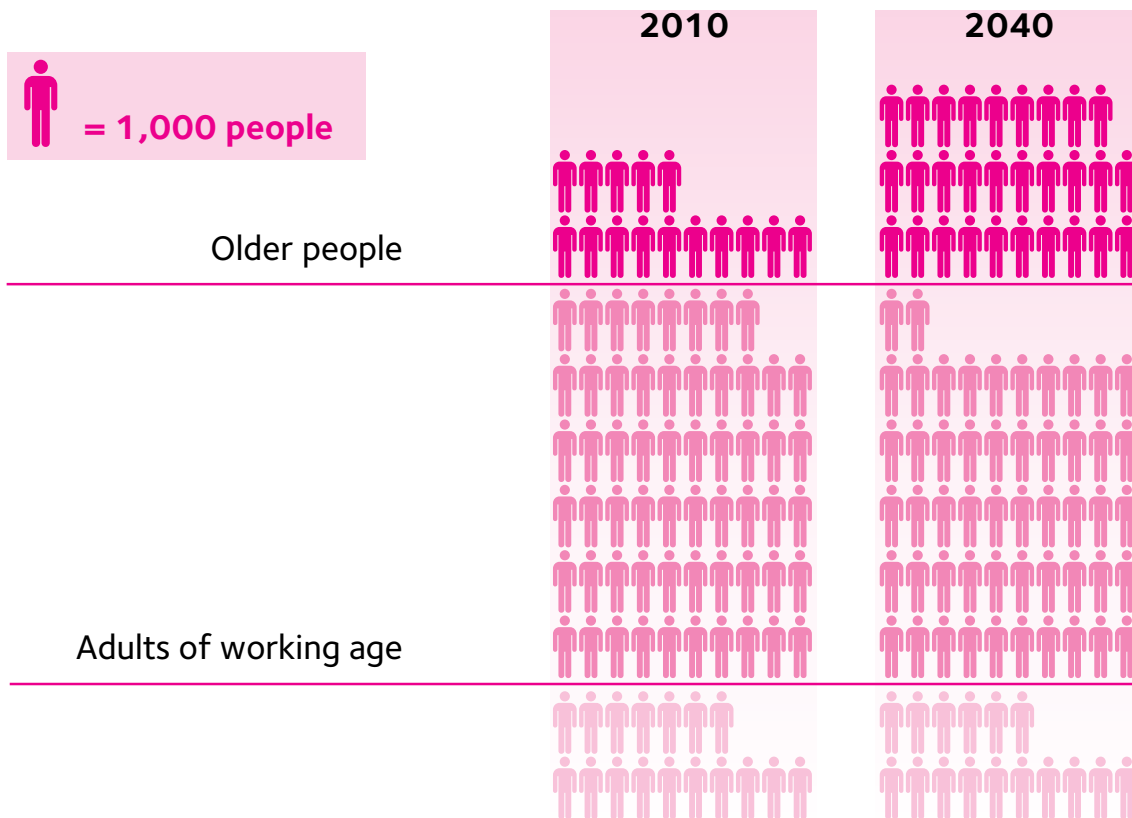
Health and social services in Jersey are, with some exceptions, relatively comprehensive. Key performance indicators suggest we are performing well compared with similar international jurisdictions. Generally, our staff are highly motivated and committed, with good levels of experience. Outcomes are good, and Islanders appreciate and value many aspects of their health and social services.

The Green Paper identified a number of challenges which arise because we are a small island, and relatively isolated. For example, our cost of living is also relatively high. Services are also more costly because the full suite of services available in our hospital would normally be only be available for a population of at least 250,000; this means that 'economies of scale' are lower in Jersey than in other jurisdictions.

We face a number of imminent challenges:

- The limited range and availability of community services, along with the waiting lists for long term care can cause people to stay in hospital for longer than is medically necessary. Once beds are full, planned operations will need to be cancelled and people will need to wait longer for surgery
- Models of care are more medicalised and more institutionalised than in other jurisdictions. Notwithstanding the diseconomies of scale from being a small, somewhat isolated island, these care models are more costly
- We are not taking advantage of services which demonstrably reduce costs and improve care, and enable individuals to be cared for in non hospital settings. One example of this would be technologies known as Telehealth and Telecare. They help patients, service users and teams to manage needs better, by measuring vital health indicators such as blood pressure in a patient's own home. Care is then designed to meet the individual's needs, as those needs change
- People may experience disjointed services, with duplication and confusion, and there is limited choice
- There are insufficient respite places, particularly for children and people with dementia. This increases the pressure on carers, and can cause individuals to be admitted to costly residential care more quickly
- Our population is aging rapidly. Over the 30 years from 2010 to 2040 the numbers of Islanders over 65 will rise from 15,000 to almost 30,000. Older adults tend to require more services and often need a range of services





We also face a number of challenges further into the future:

- The ratio of working age adults to older adults ratio will reduce from 3.9:1 in 2010 to 1.8:1 in 2040. This change will create a dual challenge of ‘who will provide the hands on care required?’ and ‘who will pay for the costs of care required?’
- Almost 60% of doctors are eligible to retire in the next 10 years
- We need to focus on early intervention and prevention, particularly for children and people with less severe mental health issues, in order to support our residents earlier.
- Islanders can expect to continue receiving high quality care, but the buildings from which services are provided are deteriorating. The hospital require complete refurbishment or rebuild in the next decade. In addition, other buildings and locations will require upgrading and modernising, including the Overdale site and many of our community facilities.

Between 2010 and 2040 there will be a 95% increase in the number of people over 65.

The review concluded that if we do not modernise services, the cost of health and social care would increase by 76% by 2040.

The implications of doing nothing

With no changes in the way care is delivered, services will become unsustainable. This means that demand and pressure increases to a point where we no longer enjoy the quality and quantity of services that we have been used to. The most likely impacts as demand increases, if we do not change the way we deliver services, are:

- Community staff become more stretched, so the amount of time available for each patient / service user decreases. This has two effects:
 - The length of stay in hospital will increase as services to support people at home reduce further.
 - An individual's condition can worsen if it is not being well managed. The numbers of Islanders presenting at the Emergency Department and/or requiring unscheduled care will increase, and more people will need to be admitted to hospital.
- Residential and Nursing home availability is due to be exceeded in the coming years. Once these homes are full there are extremely limited options for ongoing care. If patients cannot be discharged home (due to lack of availability of community support) or discharged to a residential or nursing home (because they are full), then lengths of stay in hospital increase and the availability of beds decreases even further.
- As emergency or unplanned admissions increase and lengths of stay increase, hospital beds start to become full.
- As hospital beds become full, operations will be cancelled more often. Waiting times will increase, and people's health will suffer as their condition worsens whilst they are waiting for surgery.
- A model based predominantly on emergency and unplanned care will reduce the attractiveness of a career in health and social services in Jersey. Skilled and experienced staff will start to leave the island, and it will be even more difficult to recruit replacements. Eventually, some services will become unsustainable because there will not be enough staff to run them.
- The wrong balance of planned and unplanned services will mean some services may have to close because volumes may fall below safe levels (because staff are focusing on unplanned care and so do not have the capacity to provide planned care as well). Jersey residents will then have to travel abroad to receive services, which increases pressure on costs and sustainability even further.
- Closing services may mean that emergencies have to be stabilised and flown off island – subject to flight availability – instead of being treated in our General Hospital
- With this scenario, the hospital will eventually cease to be a hospital as we currently know it and will become a “stabilise and send off island” emergency centre with some simple day surgery, outpatients and diagnostics services only.

Section 2. The Results of the ‘Green Paper’ consultation

Between May and August 2010 Health and Social Services consulted on the Green Paper ‘Caring for each other, Caring for ourselves’. Almost 1,350 Islanders responded to the consultation. The response was overwhelmingly in favour of redesigning health and social services so that they continue to be safe and affordable for the future. Many respondents included detailed comments and viewpoints; this section outlines the results of the consultation and a selection of viewpoints.

The Green Paper sought views on three scenarios for the future of health and social services:

Scenario One: “Business as usual” – services continue to be provided in the same way and through the same structures as in 2010; spending must increase to meet growing demand.

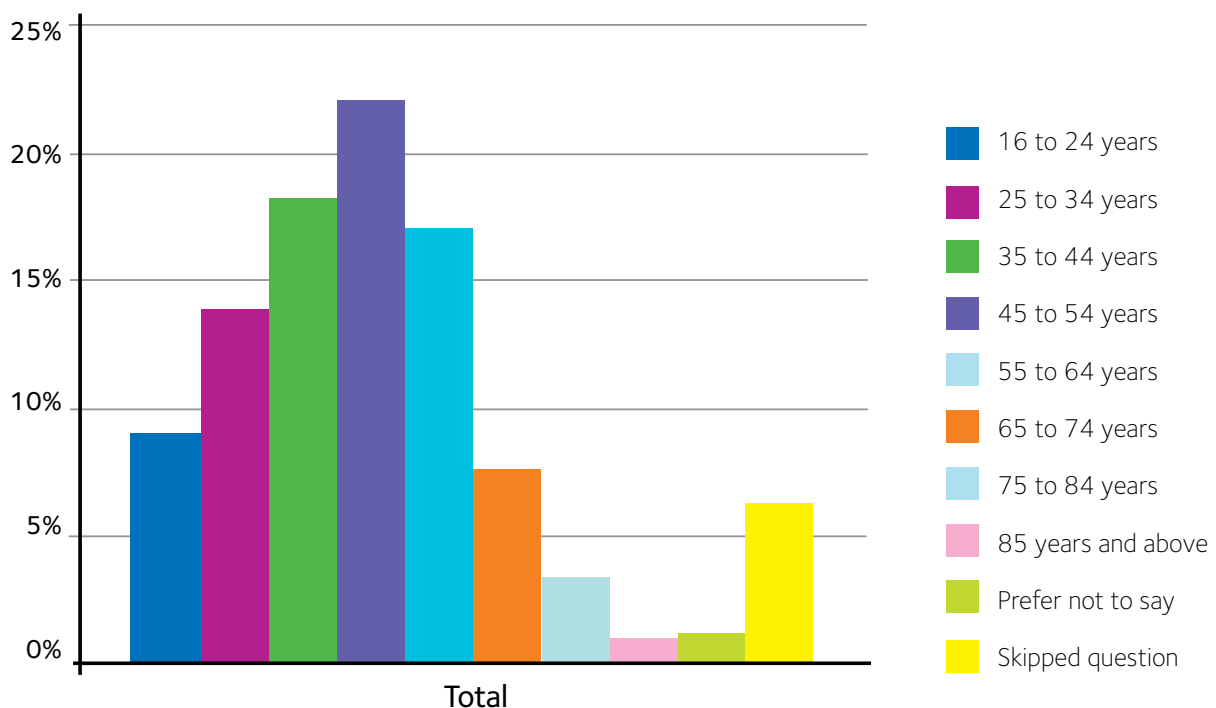
Scenario Two: “A small increase in funding” – the funding allocation stays at approximately the same level as in 2010. Services have to be prioritised within this budget and many services will be subject to ‘means testing’ or will be stopped.

Scenario Three: “A new model for health and social care” – prioritised changes to service delivery, to ensure health and social services are safe, sustainable and affordable and are able to meet projected increases in demand.

Who responded?

Almost 1,350 responses were received. 69% of responses were received from individuals; 17% from organisations, such as Family Nursing and Home Care, dDeaf Awareness Group and Mind Jersey. More women than men responded, but people of all ages sent us their views.

Almost 1,350 Islanders responded to the consultation.

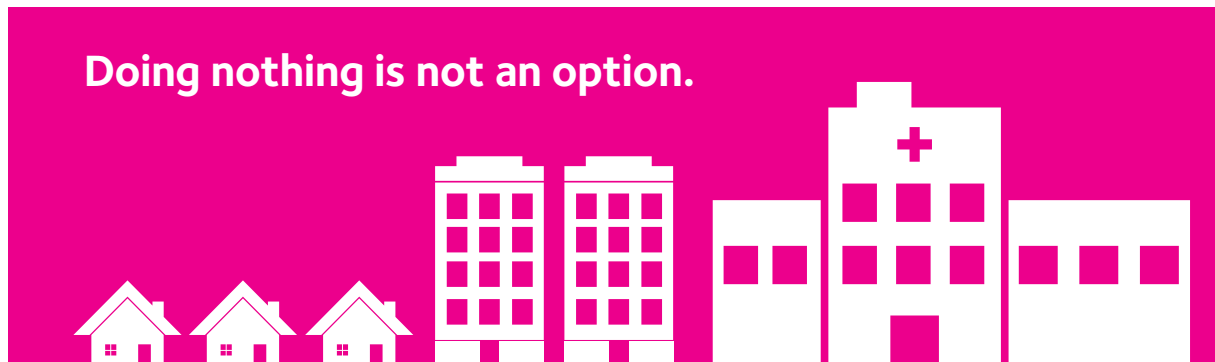


Values about health and social care

The overwhelming message from the consultation was the positive views of Islanders about their health and social services. The results of the survey show that the majority of the respondents believe it is very (81%) or fairly important (16%) to continue providing a wide range of health and social care services on island.

The majority find it very important (82%) or fairly important (16%) that in future these services are free, or affordable, and available to all.

Several respondents added comments relating to valuing health and social services. Some say that good health and social services are one of the main duties of the States of Jersey, that Health and Education should take priority over other budgetary demands and if cuts need to be taken from elsewhere to pay for this then this should happen.



Should we change services in Jersey and, if so, how?

86% of respondents agreed with scenario 3 (a new model for health and social care).

The consultation concluded that:

- To be fit for future challenges the health and social care system needs to change. Responses indicated that the way we provide health and social services now is not sustainable or affordable in the long term, and “doing nothing is not an option”.
- There is an understanding that simply raising revenue or controlling spending will not address the issues we are facing.

While the majority of people expressed these thoughts, there were some who believe that services should continue as they are, or should be reduced so that we live within the current budgets for the next 30 years. However, very few Islanders expressed a view that the system could not be improved.

What is important?

The vast majority of respondents (90%) agreed that *“The States should ensure that preventing ill health is as important as curing ill health”*. Some people felt that a large benefit could be gained from this area in the long term, whilst others were not sure whether this would be possible.

Islanders indicated that mental health is just as important as physical health. They also agreed that disadvantaged children and younger people should have better access to health and social care services.

What is the individual’s role in their own health?

There were mixed views on having “responsibility for your own health” – whether this was for longer waiting times or increased charges for people who choose not to look after their own health. In particular, there were concerns about “self-inflicted” injuries or illnesses. Some people argued that it was not always possible for everyone to look after themselves and that vulnerable, ill or disabled individuals should not be disadvantaged.

Where should care be delivered?

Most respondents agreed that “People should be able to live in their own home for as long as possible, providing they have the right health and social care support from the States of Jersey, the Third Sector and Parishes.

The vast majority of people (90%) agreed that “Instead of going to a hospital doctor or GP, I would be happy to be seen by a nurse, a pharmacist or other care professional, for appropriate minor procedures such as measuring blood pressure or monitoring my diabetes.”

Most Islanders said they would welcome qualified nurses working with GPs to free up their time, but others were not in favour of nurses doing what they considered to be the work of a GP. Some people commented that the GP system in Jersey was already very efficient and they were concerned about damaging patient-GP relations, and others were concerned about the cost of visiting a GP.

Respondents also indicated that off-island travel was acceptable for some treatments. Some Islanders would rather not have off island treatment, whilst others felt that going away for care to be inevitable on a small island like Jersey. Respondents also expressed views on whether patients should travel off island to see a doctor, or whether doctors should visit Jersey to treat patients.

Professionals working together to deliver better integrated care was important, and some people noted that Jersey's charities should receive more funding and support.

Paying for health and social care

The vast majority of respondents thought that health and social care should be accessible and affordable, if not free, to all. However, there was a range of views about who should fund this care, and how.

Fairness – who should pay?

The need for affordable care was often stressed, and many people felt payment and funding needed to be explored in more depth.

Most Islanders said that those who cannot pay should still enjoy high quality health and social care. Opinion was then split about whether the amount of free care available for each person should be capped, with some respondents expressing concern about the costs of care for people with long term illnesses.

Some Islanders commented that if health and social care was capped, for some conditions or for all, this should be means tested. However, others disagreed with means testing and felt that if someone had worked all their lives, they should have as much right to free care as others.

Some felt it would be fair that those who had lived in Jersey all their lives received free access to treatment – but that people who have not paid into the system should not enjoy the same benefits.

Payment for treatment

According to many respondents, significant numbers of people visit the Emergency Department rather than seeing a GP because there is a charge associated with the GP, whereas a visit to the Emergency Department is free. The majority agreed that if a charge applied to visit the Emergency Department for treatment of a minor condition, they would be more likely to go to see their GP. Many also suggested that GP consultation costs should be reviewed at the same time as Emergency Department costs.

Opinion was split about whether individuals would pay to wait a shorter time for a hospital appointment.

Efficiency

Many people felt that there are opportunities to improve the current system. Suggested ways to improve efficiency included reducing bureaucracy in health and social services, improving communication between organisations and bringing in more third party and private sector organisations to provide care.

Conclusions

The vast majority of Islanders who responded agreed that health and social services should be redesigned to make them fit for the future and ready to deal with the challenges we will face. However, many were concerned – to a greater or lesser extent – about the actual implementation of these plans, the costs and associated risks.

We have continued to work with hundreds of health and social care professionals, representatives from the Third Sector, the parishes and representatives of patients and families. Over the past 4 months we have developed plans for the changes that need to take place now. The next sections of this document outline in more detail these changes.

Section 3. The ‘Transition Plan’

The Green Paper outlined at a very high level the challenges and options for change in the period to 2040. Islanders told us that they supported a redesign of health and social services, and we have been developing plans for this.

Our planning has focused on the next 10 years (to December 2021), rather than on the 30-year time period outlined in the Green Paper, because:

1. The pressure on services caused by demographic changes is already building and will significantly increase by 2021, as the older adult population increases by 35%. In 2021 the rate of increase will rise, so that by 2030 there will be 75% more older adults. Services must change in the period to 2021 in order to cope with the increased demand in that period and simultaneously to prepare for the much larger increase in demand in the period from 2021 - 2030.
2. It is extremely difficult to make detailed plans for period longer than 10 years. Many factors can change in that time period and so, whilst the strategic vision will remain the same, the detailed plans for 2021 – 2030 will be developed in around 2018, when the situation, pressures and challenges of the next 10-year period are better known.
3. We need a new hospital within 10 years. Producing a 10-year period for the White Paper and its underpinning Transition Plan helps to ensure that the focus of all service changes supports the ongoing sustainability of the hospital and vice versa.
4. The States’ planning cycle now runs for 3 years. The White Paper period therefore naturally incorporates three of these cycles: 2013 – 15, 2016 – 18 and 2019 – 2021. This helps to ensure that the administrative burden of planning is reduced, and that financial and service plans can be consistently developed to link in with States timescales.

For ease of reading, each of the following sections in this document is colour coded, to indicate the phase or period in which the service would be introduced:



Phase 1
2013 – 2015



Phase 2
2016 – 2018

Guiding Principles

Jersey residents deserve safe, affordable, sustainable health and social services. These are characterised by:

- ✓ Services 'wrapped around the individual'. A single point of access for patients/service users and for care professionals, so that individuals can make informed choices and care for themselves as much as possible
- ✓ More health and social care services available in individuals' homes, and in community and primary care settings. Services provided by a range of professionals, with the care designed for the individual but within a standardised process, for example common assessment processes
- ✓ Care that is efficient, effective, productive, integrated and received in the most appropriate place, provided by the most appropriate professional
- ✓ The ability to use telehealth, telecare and telemedicine as part of an integrated set of services
- ✓ Improved identification of those individuals who are in need or at risk, with a holistic assessment of health and social care needs
- ✓ Care provided in less institutional settings, including an increase in fostering for children
- ✓ Improved value for money and robust contract management. Services available from a greater range of organisations, with the Third Sector and other providers having opportunities to provide more care, and individuals having more choice and control over the care they receive
- ✓ Effective workforce development and deployment, including services available locally, wherever practical and affordable. Patients will also be encouraged to support one another, and individuals will receive care from a range of professionals, therapists and nurses, particularly Practice Nurses

This White Paper outlines how Islanders will see their health and social services change in the period January 2013 – December 2021.

It is supported by a 'Transition Plan', which is an operational document that provides further detail on the service models.

Phase 3
2019 – 2021



Section 4. Priority Service Changes

A number of priority service changes will be implemented in the period 2013 – 2021, affecting key areas.

Each of these is presented in more detail on the following pages:

- Section 4a** Services for Children
- Section 4b** Services to encourage healthy lifestyles
- Section 4c** Services for adults with mental health issues
- Section 4d** Services for older adults (Mental Health, Long Term Conditions, Intermediate Care and End of Life Care)

Section 4a – Services For Children

Children and their families received health and social care from a wide range of departments and agencies. This diversity is essential but can lead to some organisations working in isolation.

Referral rates into Services for Children are higher than in English authorities, and Jersey has a large number of children placed in residential care as opposed to foster care. It is acknowledged that we have less fostering and adoption than we would like, for example because we have a very high number of families where both parents work.

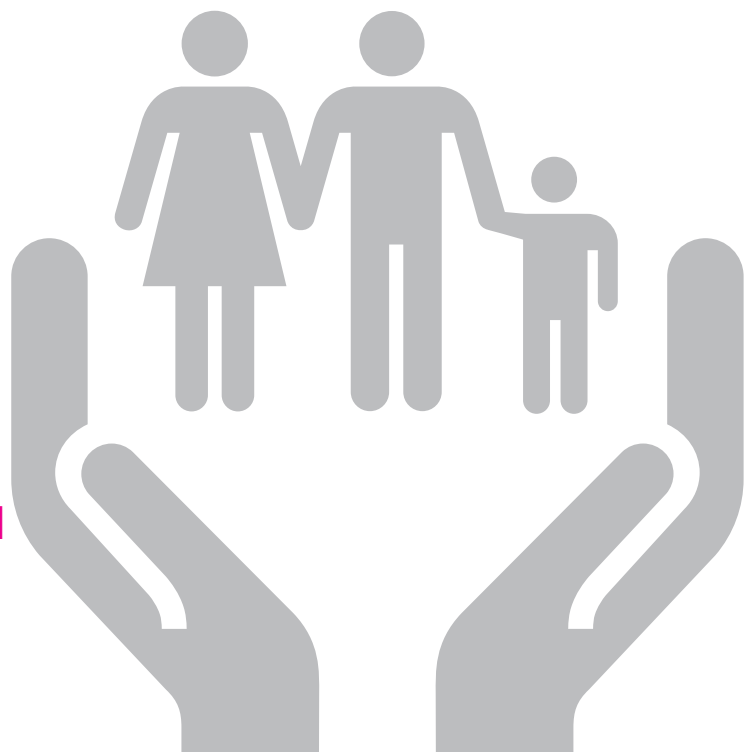
The Children’s and Young People’s Framework was laid before the States in November 2011. The Framework has been approved by the Children’s Policy Group and endorsed by the Council of Ministers. It outlines the Island’s approach to promoting child health.

Plans for developing health and social services for children will be linked with the Framework and the Children’s Policy Group, to ensure a co-ordinated approach across States departments.

Services For Children by 2021

The aim is that, by 2021, children’s health, social wellbeing and educational attainment will have improved from 2010 levels.

Children and their families can expect to receive a fully integrated service, with a common assessment framework and services “wrapped around” the child and family. Those children and families who are most at risk will be identified early. In addition more children will receive foster care. Health and Social Services will engage with the other States of Jersey Departments, the voluntary sector and independent advisory groups such as JCPC and Early Years and Childcare Partnership to deliver this.



The aim is that, by 2021, children’s health, social wellbeing and educational attainment will have improved from 2010 levels.

By 2015 – a focus on early intervention

We have prioritised services for children from pre-birth to five years of age, as we aim to continually improve children's 'school readiness' by the age of five. The importance of 'school readiness' is that it represents a fundamental developmental stage which is indicative of the overall health of a child.

Maternal Early Childhood Sustained Home visiting (MECSH)

International best practice on reducing inequalities recommends that early interventions during pregnancy and ongoing support in early years are critical to the long term health of the child and other long term outcomes. It concludes that the first five years of life can have a profound impact on child development, on outcomes such as truancy, conduct disorder and risk-taking behaviours such as substance misuse and mental illness.

MECSH starts with a mother who is potentially at risk completing a psychosocial and depression questionnaire. The child and family would then receive sustained Health Visitor input for the first two years of the child's life, supported by a multi agency team and subsidised childcare. The service would be introduced in phases, commencing in 2013.

Professional fostering

Jersey has a high proportion of children in facility-based care. This is costly and can lead to worse outcomes for children compared with being brought up with a family / foster carers.

Increased support (including funding) will be provided from 2013 in order to support more people to become foster carers.

Children's Respite

Respite services for children are under significant pressure. From 2012 there will be an increase in budget, in choice and in availability of respite for children, including those with special needs, and their families. This will then increase further in 2013 and beyond.

Community midwives

More proactive intensive pre-natal support will be offered to women during pregnancy by increasing joint working between Maternity Services and GPs. This would lead to better outcomes at birth such as reducing the number of low weight babies requiring admission to special care baby unit. From 2013, pregnant women can expect to be able to see midwives in more GP practices.

From 2013, pregnant women can expect to be able to see midwives in more GP practices

Mellow parenting

This is a targeted programme for vulnerable parents. It is a therapeutic fourteen week programme with a proven track record with high risk parents. Parents who have experienced neglect or trauma in their childhood or substantial difficulties with their wellbeing as adults are brought together in a small group setting to work on their own wellbeing and their parenting skills, whilst their children are cared for in a crèche. This service has already been piloted, and will be expanded in future years.

Rapid Access to Primary Care

Under 5s account for 8% of Emergency Department activity, with over 70% of this activity requiring no onward admission. It is estimated that 1,200 – 1,400 attendances per annum could have been seen in Primary Care.

One of the key drivers of Emergency Department attendance for Primary Care activity is the fact that Emergency Department services are free, whereas GP services have to be paid for by the patient. Recognising this, we are considering ways to increase access for under 5s visiting their GP.



2016 – 2018

'Life readiness'

Following the focus on early intervention and 'school readiness' (for children from pre-birth to age 5), in the period from 2013 to 2015, the focus in 2016 – 2018 will be on 'life readiness' (for children aged 5–11). Children and their families can expect to receive care from a network of practitioners. Appropriate services will be 'wrapped around the child', based on an assessment of the child's holistic needs.

Improving Access to Psychological Therapies (IAPT)

IAPT provides therapy services for people with low level mental health problems such as anxiety and depression. It is provided in a range of settings that are accessible and not stigmatising for individuals – specifically, it is usually not provided from a mental health facility. IAPT for adults will be introduced in the period 2013 – 15. During 2016 – 18 it will be rolled out to children and young people, suitably adapted to meet their specific needs.

2019 – 2021

Service developments will include:

- Family / Child Readiness – services for young people aged 11 – 19, using similar approaches to those introduced for other age groups.
- Aligning services, through a common assessment framework, central point of referral and access for children and young people.
- Children's mental health training programme.
- Review and enhancement of the Children's Plan.



Benefits Overall

Redesigning and enhancing services for children will result in:

- ✓ Fewer children becoming looked after in facility-based care
- ✓ A reduction in obstetric complications
- ✓ More appropriate use of the Emergency Department
- ✓ More children from vulnerable families able to meet development indicators e.g. language development, cognitive ability, physical milestones
- ✓ Improved maternal / child relationship
- ✓ Improved outcomes for children and reduction in the need for (higher cost) reactive services later, in both childhood and adulthood, by supporting children earlier with early intervention services
- ✓ Reduced confusion and improved co-ordination, with services planned to meet a multiplicity of needs in a co-ordinated manner
- ✓ Bringing together those who provide services for children to:
 - Gain early involvement of partners, enabling children and their families to gain early access to the right support quickly
 - Improve sharing of information between professionals, reducing duplication and gaps in provision and therefore reducing risk
 - Reduce safeguarding referrals from 1,390 referrals in 2010 to c1,225 referrals per year in 2020
 - Diversify provision by working collaboratively with Third Sector and private providers
 - Actively manage the performance of all contracts and service level agreements introducing a breadth of services, thereby increasing quality

Section 4b – Services to encourage Healthy Lifestyles

The Jersey Annual Social Survey in 2009 reported that over 85% of adults in Jersey rated their health as good or better. However, the survey also highlighted that the public may not be sufficiently aware of, or may underestimate, how their lifestyle choices impact on their health and well-being. Jersey does not have a coordinated approach to helping Islanders understand their health and social care needs and to care for themselves where appropriate. We don't have a coordinated way of creating opportunities to better engage the public in their own care to improve health and wellbeing, and reduce pressure on health and social care services.

One of the highest priorities for preventative health and wellbeing is reducing alcohol consumption and misuse. Jersey consumes significantly more alcohol than its near neighbours – 13.9 litres per capita compared to 11.2 litres in the UK.

Best practice indicates that 20% of dependent drinkers should access alcohol services. Below 10% is considered to represent a poor level of access. Currently Jersey has approximately 10% of its dependent users accessing services.

In a recent audit, Jersey General Hospital was found to have had the second highest rate of hospital admissions due to alcohol compared with all other English Regions (141 per 100,000). There were more than 250 alcohol-related emergency admissions a year with 24% being discharged within 24 hours, but 11% staying in hospital for more than 11 days.

Services to encourage Healthy Lifestyles by 2021

Promoting healthier lifestyles will delay the onset or progression of health and social care needs for Islanders, leading to improvements in health, wellbeing, independence and quality of life.

By 2015 – a focus on alcohol

The alcohol pathway will support a consistent approach to addressing alcohol misuse in our community. Modern approaches to alcohol misuse have moved away from managing problems only when they arise, which was often characterised by periods of time where the individual was not in contact with any services. Individuals can expect an emphasis on wellness and on accessing rapid support when required. These services will start in 2013, will increase in future years, and will include:

Emergency Department Liaison

The number of intoxicated people presenting in the Emergency Department between 7pm and 12am on Fridays and Saturdays places pressure on the hospital. Following the enhancement of Emergency Department Liaison, individuals would be screened and care would be provided by Emergency Department practitioners as part of a wider alcohol pathway. Individuals would receive brief advice and a referral to community teams after discharge.

Detox / relapse service enhanced

Based on 2010 figures, it is estimated that the hospital spends approximately £2 million on alcohol attributable conditions per annum. Non-hospital detox is less costly and can be more effective than hospital detox as it takes place in non-institutionalised settings.

Through increasing investment in non-hospital detox and relapse management, individuals will receive care provided by a multidisciplinary team, to help them achieve and maintain abstinence. This should reduce the need for readmissions and reduce deaths from alcohol. Individuals can expect their care to be provided on an ongoing basis, according to need. This may include cognitive behavioural therapy and social work support as part of relapse prevention.



**It is estimated
that the hospital
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per annum.**

2016–2018

In 2016 – 18 we will focus on diet, exercise and tobacco. These are key risk factors in an individual developing chronic conditions such as cardiovascular disease, respiratory disease and diabetes.

Population screening

Screening for key risk factors and diseases is already undertaken in Jersey. During 2016 – 18 more people will be screened in Primary Care settings, to improve access and local availability.

Sexual Health

The prevention and intervention approach developed in the alcohol pathway will also be rolled out to Sexual Health services. This will be supported by social marketing (such as Facebook and Twitter), designed to ensure that Islanders receive more information and tools to make informed choices, including online information provided through a 'Citizen's Portal' – an easily accessible website which will provide a wide range of information for Islanders.



2019 – 2021

During 2019 – 21 we will focus on Mental Health, Cancer prevention, Healthy Ageing and Illegal Drugs.

Benefits Overall

Enhancing services to encourage healthy lifestyles, and specifically alcohol services, will lead to:

- ✓ More people seeking information to help themselves and others to lead healthy lifestyles (including drinking sensibly)
- ✓ Reductions in long term damage e.g. liver cirrhosis and chronic lung disease
- ✓ Earlier identification of “at risk” individuals, through coordinated screening and brief intervention, to increase the chances of problems being identified sooner and treated in a timely and planned manner
- ✓ Increased awareness and public knowledge, leading to behaviour change in specific population groups through self help and guidance material as well as through social marketing initiatives
- ✓ An increase in severely dependent drinkers taking up non-hospital detox programmes, leading to a reduction in hospital admissions for alcohol related activity by 5%
- ✓ Increased leadership and guidance to key clinicians working at different stages of the pathway
- ✓ More timely use of health services

During 2019 – 21 we will focus on Mental Health, Cancer Prevention, Healthy Ageing and Illegal Drugs.

Section 4c – Services for Adults with Mental Health Issues

The total economic cost of mental health in Jersey is significant. Mental health issues such as depression and anxiety reduce an individual's ability to work and increase the likelihood of sickness absence.

Almost 50% of all claims made to Social Security for mental health problems, and it is estimated that this costs Jersey £7.9m each year.

More than 2,600 claims per year are made by people on benefits due to depression, anxiety and other mental health issues, and there is a demonstrated link between the length of sickness absence and the likelihood of moving into permanent incapacity benefit. However, research suggests that employment can improve recovery for those experiencing common mental health issues. Evidence also indicates that:

- ✓ Psychological therapy is as effective as drug treatment for many common mental health issues
- ✓ People who receive psychological treatment within 18 months of diagnosis are twice as likely to recover as people not receiving treatment
- ✓ Primary Care for mental health reduces stigma and discrimination and produces good health outcomes
- ✓ A "Stepped Care" model (with different 'steps' of care to meet different needs) for diagnosing and treating anxiety and depression can be particularly effective

Currently, adult mental health services are predominantly State provided. Although Third Sector and private provision is available, this is focused on cases of low complexity and need, and therefore a wide range of choice is not available for many service users.

More fully integrated mental health services are already provided in the community, however, the level of service provision available for mild to moderate conditions is low. In addition, a significant proportion of Jersey's mental health services for continuing mental health, severe or enduring symptoms, are still provided in inpatient settings.

Services for Adults with Mental Health Issues by 2021

Islanders can expect their services to be personalised – appropriate and relevant for their individual needs. They will receive services in safe, flexible and appropriate environments. Whilst their care may be provided by a wide range of professionals and organisations, the services they receive will be integrated and coordinated. Following an assessment, individual care packages will be provided, with a combination of high and low level interventions to deliver the right treatment at the right time for a number of common mental health problems.

By 2015 – Improving Access to Psychological Therapies (IAPT)

Service developments will start in 2013, when Improving Access to Psychological Therapies (IAPT) services are introduced. Quick, easy, equitable access will be available for all adults over the age of 18 years who need treatment for common mental health issues. Individuals would receive services in community settings such as GP surgeries, work places, sports centres and voluntary organisations. The services they receive would be graded depending on their needs, with self-help facilities and choice of evidence based psychological interventions.

2016 – 2018

During 2016 – 18, service developments for adults with mental health issues will include:

Community Wellbeing Centre

The Community Wellbeing Centre would act as a 'one stop shop' for all adult physical and mental health needs. Individuals would receive coordinated assessment, diagnosis and a review of their treatment / care plans, based on the principles and learning from the Older Adults Active Ageing and Wellbeing Centre.

The Community Wellbeing Centre would act as a 'one stop shop' for all adult physical and mental health needs.

Primary Care, to provide access to effective clinical monitoring and review of people's mental health, in the most appropriate setting.

Individuals with a dual diagnosis, including alcohol and/or drug dependency, as well as people with learning disability and those on the autistic spectrum will also receive enhanced services from the Community Team.

Residential Services

People experiencing poor mental health and wellbeing will be encouraged to integrate into society, and care will be provided outside a residential setting as far as possible. As part of this, individuals may receive support such as 'telecare', which helps to monitor risks and alert service providers to needs, thereby improving an individual's ability to live independently.

Inpatient services

Individuals with severe and enduring mental health needs will be cared for in a flexible inpatient unit, including a low / medium secure unit.

Residential care services will also be reviewed to ensure that care is provided in a safe and appropriate environment with improved quality and consistency.

Integrated Community Multidisciplinary Team for Adults

Islanders can expect their health and social care needs to be provided by an enhanced Community Services team, including mental health and physical health practitioners who will work closely with one another. This will be further enhanced through partnership working within

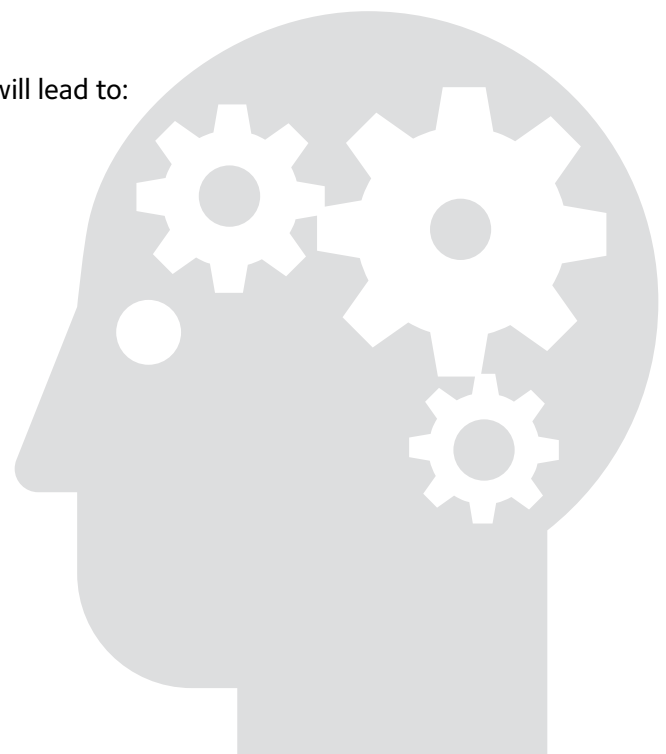
2019 – 2021

2019 – 2021 is planned to be a consolidation period, where the significant changes introduced during 2016 – 18 have time to stabilise. The services will remain under review, with lessons being shared and services continuing to develop operationally to meet the needs of clients at that time.

Benefits Overall

Enhancing services for adults with Mental Health issues will lead to:

- ✓ An improved range of care provided to people experiencing poor mental health and wellbeing
- ✓ Reduced levels of anxiety and depression
- ✓ Reduced levels of medication
- ✓ Reduced absenteeism and sick certification amongst employed workers
- ✓ Increased chances of remaining in employment for those with common mental health difficulties
- ✓ Reduced pressure on inpatient facilities



Section 4d – Services for Older Adults (Mental Health, Intermediate Care, Long Term Conditions and End of Life Care)

The ageing society poses one of our greatest challenges to health, social services and housing. By 2040 Jersey will have almost double the number of older people than in 2010, with the greatest increase in the over 85 population.

Jersey has a high proportion of older adults in care homes, more than double the rate of UK comparators, and there is currently a waiting list for States funded care.

Currently, community services and home care are not provided 24 hours per day, which, in addition to long waiting lists for nursing homes, creates an immediate impact on secondary care. Emergency hospital admissions are driven by general medical patients and other than the Samares Rehabilitation Ward, there are no step-up/step-down facilities in Jersey for patients whose long-term conditions are worsening, but who do not necessarily need to be in a hospital. Jersey has no specific model for self-care or telehealth or telecare infrastructure.

As demands on community settings starts to increase, the capacity available will reduce further. More people will then need to be admitted to hospital, and this would lead to an increase in cancelled operations and increases in the waiting times for surgery.

In the period 2013 – 2015, dementia, Chronic Obstructive Pulmonary Disease (COPD, or lung disease), heart disease, diabetes, respite and End of Life Care will be prioritised:

“Dementia” describes a range of progressive, terminal brain diseases. By 2040 it is estimated that over 3,000 Jersey residents will have dementia.

People with severe COPD, heart disease and diabetes present a significant burden to the hospital when their condition worsens, particularly during the winter months.

In 2010 there were 369 incidences of delay in a patient’s discharge from hospital. This is predominantly caused by the lack of alternatives for people who need more support than can be provided at home – including 24-hour community support and short term ‘respite’ services (also known as ‘intermediate care’).

The challenges outlined above apply predominantly to older adults, because the conditions tend to affect people over 65. However, individuals under 65 can also be affected. The services outlined under the heading of ‘older adults’ will therefore be available for any individual with a long term condition or requiring long term care, and for any individual who needs end of life care, regardless of their age.

Services for Older Adults by 2021

Older adults will receive a significant increase in support, enabling individuals and their carers to live productive and independent lives in their own homes for as long as possible. They will receive a personalised and coordinated service, driven by single assessment and supported by professionals who actively help the individual to manage their care and make informed choices.

The priority is to identify needs (whether these are mental health needs such as dementia or physical support needs) at an early stage, help individuals take decisions as early as possible and prevent a crisis in the future.

A wide range of care and support will be available, provided in a coordinated way by an integrated multidisciplinary community team. Individuals can expect their secondary care, primary care, community based health provision, public health, social care, housing, employment, benefits advice and education/training to be coordinated. The Third Sector is essential, as Islanders will continue to receive support from Parishes and other community based voluntary organisations, enabling them to remain independent for longer through a range of activities such as luncheon clubs and voluntary visitors.

People with conditions other than cancer and motor neurone disease often have very limited choice as to end of life care and as a result often have several admissions to hospital and/or a long spell in hospital. In 2010, approximately 21% of people on a nursing home waiting list died while waiting for a place to become available. Around 70% of those who are admitted to the hospital and who then die more than two weeks later, could benefit from an end of life care pathway which offers services in their own home or other community-based facilities.

Older adults will receive a significant increase in support, enabling individuals and their carers to live productive and independent lives in their own homes for as long as possible.



By 2015 – Enhanced and Integrated Older Adults Services

The new pathway and services will commence in 2013, and Islanders can expect to receive:

Increase in awareness and information

An “Active Ageing and Wellbeing Centre” will provide a single point of access for information, support and advice. Any Islander will be able to access the “Centre”, which will contain a café, access to professionals and volunteers for support and advice, and various activities. The “Centre” will also provide services in Parishes.

A number of campaigns will be run to promote services and to raise public awareness of certain conditions. This will include campaigns on COPD, alcohol and end of life care, the latter aiming to change society’s views on death and dying, and the ways in which all people can think through and record their preferences.

Early diagnosis and identification of dementia

Care professionals, including GPs will be provided with training, advice and guidance to assist with early diagnosis of dementia. Public awareness will be raised and, with the Active Ageing and Wellbeing Centre, any resident can seek advice and diagnosis.

Hospital inpatients who may have dementia will be identified by an expanded Liaison service, which will quickly arrange for their ongoing care, thereby reducing unnecessarily long stays in hospital.

The Memory Assessment Service will be enhanced. This will include the development of a Consultant who will specialise in caring for older adults in the Community, in order to support older people within their own home and/or in residential settings. The aim is to prevent future crises by encouraging more effective and earlier help seeking and so support people to live independently in their own homes for longer.

An End of Life register will be developed in order to ensure care is effectively designed and coordinated for those individuals in their last 12 months of life.

Single Point of Access

A number of Islanders visit the Emergency Department regularly, either because their condition has worsened or because they are at high risk of developing the first signs of a chronic condition such as heart disease. These people will be identified early, and care plans will be developed with the patient and their family in order to reduce the risk of their condition worsening.

Enhanced Community Services

Many more patients and service users will have the choice of being cared for in their own homes, thereby reducing the need for admission to an (often high cost) care home and providing a longer independent life. There will be a particular focus on Chronic Obstructive Pulmonary Disease (COPD, or lung disease), Coronary Heart Disease and Diabetes in the period 2013 – 2015, and Islanders can expect to receive:

- ✓ 24 hour nursing and domiciliary care support in their own homes throughout the day and night, including a night sitting service to support older adults living alone or provide carer respite.
- ✓ The services of a Consultant Physician, working in the community.
- ✓ An enhanced pulmonary rehabilitation team, working in community settings.
- ✓ The services of a Rapid Response Team, to respond quickly at any time of the day or night, with an experienced care professional assessing and arranging care for the individual in their own home in order to stabilise them and prevent admission to hospital.
- ✓ The services of a ‘virtual ward’ – more intensive support in an individual’s home, to care for people who are most at risk of emergency presentation to the hospital, and or those who have recently been discharged.
- ✓ ‘Inreach’ and hospital liaison, to identify patients early in their hospital stay and to quickly coordinate their needs, in order to support a reduced length of stay and reduce delays to an individual’s discharge.
- ✓ The services of a specialist palliative care team, to support individuals on the end of life pathway.
- ✓ Advocacy Services, to help the person express his/her views, and to ensure their voice is heard when decisions about their life are being made. This is necessary because dementia may impair the person’s ability to communicate effectively, and increase further the lack of control experienced by many service users.
- ✓ A ‘Safeguarding Board’, to oversee the needs of our most vulnerable adults.
- ✓ Curatorship, to support vulnerable people who are not able to manage their finances safely.
- ✓ The services of a Carers Support Workers, who will be able to access a Carers Support Budget and will offer an assessment of emotional, psychological and social needs and provide tailored interventions identified by a care plan to address those needs.
- ✓ Increased professional support for teams working with individuals who have dementia.
- ✓ Integrated pathways of care.
- ✓ Assistive Technology: ‘Telehealth’ and ‘Telecare’, to enable patients to be cared for in their own homes and reduce the need for residential care.

“Care navigators”

For individuals with multiple or complex needs, services are often confusing. A wide range of services will be available, and individuals may need assistance with ‘navigating’ the system and deciding which combination of services will best meet their needs. “Care navigators” undertake this role, working very closely with the individual and their carer. They will be responsible for supporting the individual, ensuring needs assessments are completed and individual care plans are produced.

Primary Care support

Residents with particular long term conditions will be able to access funding for GP consultations, thereby reducing the financial burden on those patients who need to see their GP very frequently.

Intermediate Care

Intermediate Care services, also referred to as ‘step up’ and ‘step down’ will provide care for all service users including those with dementia, long term conditions and end of life care for up to 6 – 8 weeks:

Individuals who do not need to be in hospital but are too unwell to be cared for in their own homes will be provided with ‘step up’ care, to help avoid unnecessary admissions to hospital and avoid a culture of dependence.

Individuals who are fit for discharge but due to their other care needs (e.g. the need to re-learn some activities of daily living) are not able to return immediately home will be able to access ‘step down’ care, to reduce the dependence on long term residential or nursing care.

Reablement Team

In the early days following discharge from hospital, an individual will receive intensive input from support staff. They would be encouraged to care for themselves, thereby increasing independence and increasing the likelihood of being able to continue living in the community rather than in long term care.

Day Treatment Service

Independent living will be encouraged and supported by the specialist assessment and treatment of frail and disabled older people, enabling them to remain in their own homes as well as having a favourable impact on impairment, disability and handicap.

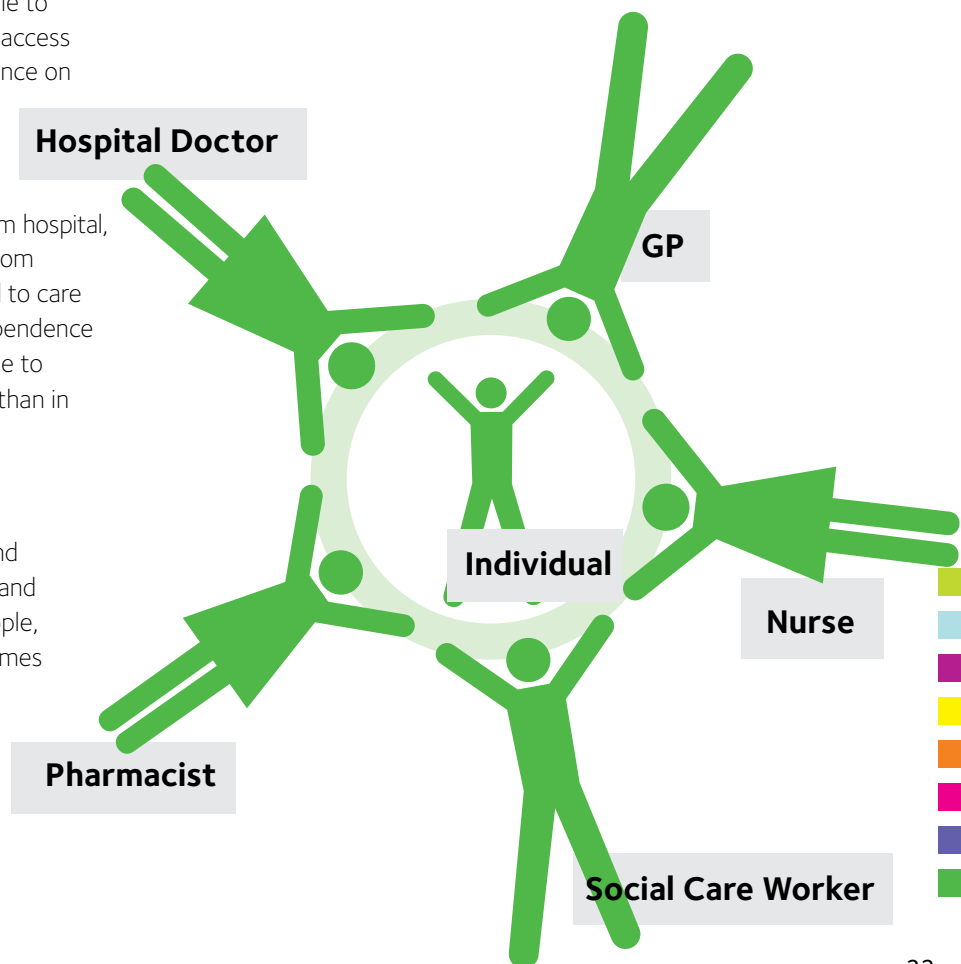
Self care

The health and wellbeing of patients, service users and carers can worsen due to a lack of confidence or through isolation. In the ‘expert patient programme,’ patients and service users offer support, help and guidance to one another. This can be beneficial for the person providing the support as well as the individual receiving it, as it increases social interaction and provides a psychological benefit.

Islanders will also be able to access information, advice and links to Third Sector websites via a ‘citizen’s portal’. This portal will develop in future years, and may provide the ability to book appointments on line or to access services online.

End of Life pathway

An overarching end of life pathway for children and adults will be developed and implemented based on the Liverpool Care Pathway and Gold Standards Framework. Individuals judged to be within their last 12 months of life will be provided with care in a range of appropriate settings. They will have choice in the way that their care is delivered and control over the setting and manner of their final phase of life. The End of Life pathway will cover patients of all ages and with any condition, and will be provided through expanding choice, respite, telecare and the 24-hour specialist multidisciplinary palliative care team.



Increased supported housing will enable people to make informed choices and plan ahead properly



2016 – 2018

Supported Housing

A range of supported housing solutions will be developed to provide a variety of options for individuals who do not require hospital care but who require significant assistance to live independently. This increased supported housing will enable people to make informed choices and plan ahead properly, supporting those most in need and enabling people with complex needs and multiple problems to receive joined-up housing and related services to enjoy the best possible quality of life.

Supported housing will reduce pressure on Nursing and Residential homes as Jersey's population ages. Individuals can expect:

- ✓ More support to live independently in their own homes
- ✓ Reasonable access to services, through the provision of public transport and the extension of communications and information technology
- ✓ Leisure, recreational and community facilities that help them maintain healthy lifestyles
- ✓ Access to training and development opportunities that support employment for the workforce beyond the existing retirement age

Supported housing will be achieved through departments working together, for example planning, housing and community social policy and stimulating an Island-wide debate on the implications, and best means of delivering integrated change in the design and delivery of services. We will need to build on strong partnerships to make change happen across traditional boundaries.

A **Musculo-skeletal and chronic pain pathway** will be introduced, drawing on lessons from introducing pathways for COPD, heart disease and diabetes.

2019 – 2021

By 2019, Jersey's older adult population will have increased by 35% against 2010 figures. As the older adult population continues to rise, the service developments introduced in the period 2013 – 2018 will need to expand. Throughout this period, service provision will remain under review to ensure that value for money, appropriate and high quality services are being delivered by a range of providers, including the Third Sector.

Services for people with physical or sensory disability, and individuals with special needs, will be reviewed both 'internally' to health and social care, and 'externally' across the Island. Services will be redesigned, with the objective of keeping individuals motivated and achieving to their full potential. Islanders should expect to receive integrated services for assessment, rehabilitation where required, equipment, aids, social security benefits/allowances and early intervention, with links to psychological motivation. In addition, an Island-wide approach to public infrastructure safety and accessibility, for those dealing with a sensory impairment, will be developed.

Pathways for other prevalent long term conditions will also be introduced.

Benefits Overall

Expanding services offered to older adults, in particular to those with dementia, will lead to:

- ✓ Flexible, holistic and tailored services, which can respond rapidly to crises or emergencies
- ✓ Choice, privacy and dignity at the end of life, enabling people to die at home and providing increased confidence to patients and their relatives/carers
- ✓ Greater confidence and independence for carers
- ✓ Increased independence by supporting people in their own homes where possible and supporting them “to do” rather than be “done to”
- ✓ Improve service user/patient experience, privacy and dignity to plan their own care – and a seamless pathway of care which is personalised to the individual’s needs
- ✓ Additional support and access to people in rural areas
- ✓ Reduced hospital readmissions and institutional care, with shorter lengths of stay where an admission is necessary
- ✓ Improved quality of life, increased choice and independence
- ✓ A wider range of high quality housing, to support older people living independent lives in their own homes
- ✓ Less duplication of services and more integrated services
- ✓ Increased Third Sector, Parish and volunteer support
- ✓ Improved transition for service users between hospital and community services
- ✓ Reduced hospital activity in the Emergency Department and reduced unnecessary admissions
- ✓ Reduced repeat admissions to hospital and care homes
- ✓ An even more vibrant Third Sector
- ✓ Reduced delayed transfers of care
- ✓ Reduced admissions to residential and nursing homes
- ✓ More people maintained in the community
- ✓ Improved transition for service users between hospital services and community services

Section 4e – Sustaining Acute Services

Jersey General Hospital provides a comprehensive range of acute services; however, the demand for these services is increasing, and this will place increasing pressure on services. Projected increases in inpatient spells and requirements for hospital beds means current capacity will be inadequate to meet demands, particularly in general medicine.

In addition, the hospital building is deteriorating, and refurbishment is urgently required to continue maintaining patient safety and comfort. New guidelines, for example on single en suite rooms, cannot be met due to the pressure on space within the hospital, and the cost of maintenance is increasing as the condition of the building deteriorates.

Furthermore, a new hospital will be required within the next 10 years, whether this is on the existing site or on a new site.

Emergency Department usage on the Island is higher than in England and analysis of 2010 attendances showed 75% of individuals could potentially have been treated by Primary Care.

Certain procedures are not undertaken in Jersey due to their complex nature or equipment requirements. Some arrangements are in place with UK providers, but there are few formal contracts or Service Level Agreements, and those existing are held mostly at departmental level with few, if any, quality standards/clinical outcomes agreed.

Almost 60% of the consultant workforce will be due for retirement over the coming decade. In addition, low volumes for certain specific operations can make it risky to operate without linking clinicians to other providers in specialty clinical networks to ensure that their skills can be maintained in line with Royal College guidelines.

The dual impact of the quality of the built estate and the changing demands on acute services means that, without changes to working practices and a new or totally refurbished hospital, hospital services in Jersey will not be sustainable .

Sustaining Acute Services by 2021

The vision is to provide fully integrated hospital services by 2021, in Jersey wherever possible. Services will be designed to ensure that inpatient spells are minimised in number and duration to ensure Islanders are cared for in their own homes wherever possible, and to relieve the pressures on the bed base and hospital facilities.

Islanders can expect to receive enhanced community services, enhanced emergency services and hospital services, with some services provided through one or more strategic partnership/s with non-Jersey based providers.

By 2015 – Strategic Partnerships for Renal and Oncology

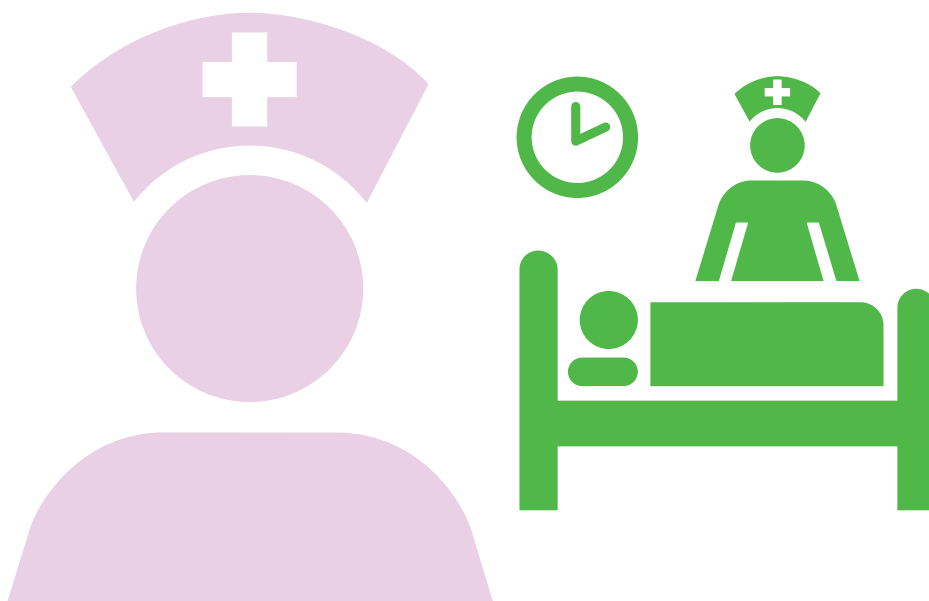
Strategic partnership/s

During 2013, oncology and renal patients will receive services through improved links with non-Jersey based providers, including improved education, peer review, protocols, access to specialist teams and communication. Islanders should expect to experience:

- ✓ Coordinated, high quality care
- ✓ Smooth transfer between Jersey based and non-Jersey based services
- ✓ Improved communication between consultants based at either site and improved links with clinical teams located off Jersey to ensure that clinical competence can be maintained according to evolving Royal College guidance
- ✓ Improved arrangements to allow patients and consultants to or from Jersey to receive or deliver care, as required
- ✓ Access to outcome data to monitor performance

Review of hospital services

During 2016 – 2018 a review of hospital services will be undertaken. This will be led by a clinical services strategy group, and will commence with elective surgery, paediatrics, maternity services, emergency surgery, medicine and specialist services. Capacity and utilisation will be reviewed, including in theatres and on wards, and work will continue to improve productivity, for example by reviewing discharge procedures and admission avoidance plans. In addition, work on designing, commissioning and building a “new” hospital will be well underway.



2016 - 2018

Strategic partnership/s

The number of strategic partnerships will be increased, following Renal and Oncology.

Emergency Department services

The potential to create a single point of access for the Emergency Department will be examined, with the aim of providing pre-triage for patients before they arrive in the Emergency Department and directing them to the right practitioner.

2019 - 2021

Ambulatory care

Patients will be seen faster, through a model of 'ambulatory care'. This will ensure that, for example, GPs have direct access to diagnostic services, to reduce waiting times for investigations such as xrays.

Benefits

A more strategic approach to specialist partnerships will lead to:

- ✓ A more seamless service and better patient experience, through improved clinical integration of on and off island treatment and integrated care pathways
- ✓ Clear protocols for discharge and follow up, joint decision making between the organisations improving the quality of care a patient receives
- ✓ Improved patient safety with governance arrangements
- ✓ Increased access very specialised care, with patients receiving specialist treatment more quickly in non-Jersey centres and decreasing waiting lists
- ✓ Improved access to the latest technologies



Section 5. 'Enablers'

In order to plan and deliver this complex programme of service change, a number of essential 'enablers' need to be in place. These have been identified as 'cross cutting' workstreams, as they impact on each of the service development plans outlined above:

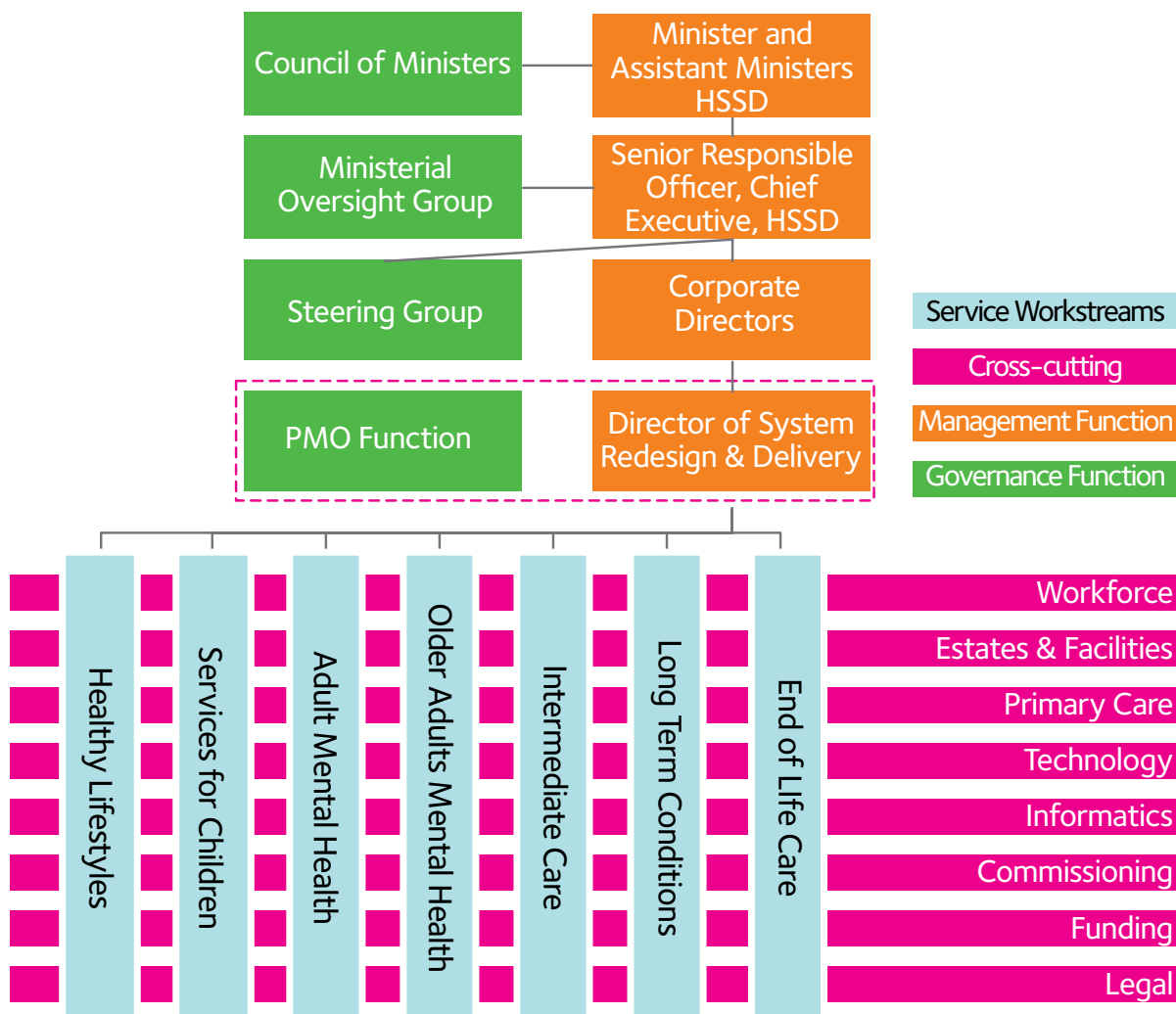
Cross-cutting Workstream	Summary of scope
Workforce	<p>A coordinated plan to provide the required workforce to support individualised care, independence etc and to maximise the health and wellbeing of Islanders.</p> <p>This includes:</p> <ul style="list-style-type: none"> ✓ Strengthening our customer/client focus ✓ Cultural change ✓ Developing the workforce ✓ Effective team working ✓ Maximising technical and knowledge management
Estates and Facilities	<p>A coordinated estates and facilities plan that ensures services are delivered from buildings that are fit for purpose and compliant with required standards</p>
Primary Care	<p>A sustainable Primary Care sector, with GPs and others supported to provide and coordinate services for their registered population. This may include:</p> <ul style="list-style-type: none"> ✓ Funding appointments for under 5s ✓ Funding appointments for individuals with certain long term conditions ✓ Supporting the development of a wide Primary Care team (for example Practice Nurses) ✓ Community Midwives
Technology	<ul style="list-style-type: none"> ✓ Providing the technological platform for the citizen's portal and system interfaces ✓ Supporting the procurement of telehealth and telecare to ensure a coordinated roll-out ✓ Procuring and supporting communications devices ✓ Funding IT infrastructure, including computerised patient records
Data and Informatics	<p>Providing coordinated management information, including data sharing across organisational boundaries</p>
Commissioning	<ul style="list-style-type: none"> ✓ Ensuring that the needs of Jersey residents are identified ✓ Consulting patients / service users, carers, families and communities ✓ Making evidence-based decisions regarding health and social services ✓ Supporting a vibrant provider market, including the Third Sector
Funding	<p>Identifying funding requirements in accordance with Treasury timescales and decisions</p>
Legislation and Policy	<p>Coordinating the drafting of legislation in line with States planned timescales</p>

Section 6 – Governance

The Green Paper ‘Caring for each other, caring for ourselves’ was produced using best practice project management principles. The approach was robust and rigorous, whilst also being practical and pragmatic. It was not overly bureaucratic, but ensured visibility and ownership of the plans as they developed, and also ensured that plans were produced to timescales and risks were managed.

The governance structure adopted has proven fit for purpose. In particular it has provided:

- ✓ Strong and visible leadership from the Minister and the Chief Executive Officer of Health and Social Services
- ✓ Input from key Ministers on strategic direction
- ✓ Ownership from Health and Social Services Corporate Directors and other key individuals, with visibility of progress, risks and issues
- ✓ A forum for discussion and support with Treasury and Social Security representation
- ✓ Clear responsibility for identifying service changes
- ✓ Wide engagement in devising service changes, with clinical, professional and Third Sector input
- ✓ Specific professional finance input to ensure assumptions and calculations are robust
- ✓ Ongoing monitoring and a focus on risks to ensure the work progresses to time and produces quality outputs



Building on the structure and processes used in the development of the Green Paper, ownership will be retained by key stakeholders. The Director of System Redesign and Delivery will provide oversight and will report to Health and Social Services' Chief Executive Officer. The Steering Group, Ministerial Oversight Group (MOG), and ultimately the Council of Ministers has provided the programme governance function, testing, challenging and ensuring that the programme delivers in line with plans.

Robust processes have been followed for the production of business cases for priority service developments and for the management of this complex programme of change.

The programme of system wide health and social services redesign set out in this White Paper represents one of the biggest transformational change projects ever undertaken by the States of Jersey, and the funding requirement that sits alongside this change is considerable. In order to move with pace in delivering the service changes and developments required, consideration will be given to further strengthening governance processes through the creation of an appointed, non-executive Board, to ensure corporate, clinical and financial rigour and robust decision making. This Board would enable clinical, professional and community leadership of the delivery of the changes required in order to put the new health and social care system in place.

The Community Wellbeing Centre would act as a 'one stop shop' for all adult physical and mental health needs.

Section 7 – Costs and Funding

As the Green Paper described, providing health and social care will inevitably cost more money over the next 20 years. In 2010, as a community, we spent £239m on health and social care. £171m of this was spent directly by the States Health and Social Services Department, £36m by the States Social Security Department and £32m by other groups and individuals including the payments we all make for GP consultations.

The Green Paper forecast a significant increase in Health and Social Services Department expenditure. A key element of containing costs and providing sustainable services is the redesign and reconfiguration of services. This White Paper describes these changes and how they could be implemented over the next ten years.

Implementing these changes will require significant investment in services on both a one-off and recurring basis. Forecast demographic changes will impact on a wide range of services provided by the Department, both in the hospital and the community.

In 2011 it was evident that some key services were facing financial pressure, these challenges included:

- nursing pay and conditions of employment
- nursing staff establishment increases
- drugs costs inflation
- medical sub specialisation, replacing generalist consultants with single practitioner specialists.

These pressures were identified in the 2012 Business Plan and commitments were made by the Council of Ministers, and subsequently endorsed by the States, to make growth provision for these priority areas.

H&SS Growth Commitments from the 2012 Business Plan

	2012 £'000	2013 £'000	2014 £'000	2015 £'000
Health Growth @ 2%	3,320	3,470	6,920	10,550
Medical Staff Sub Specialisation	-	300	610	920
Nursing Establishment	-	1,000	2,030	2,080
Nursing Terms and Conditions	800	600	620	630
Total	4,120	10,180	10,180	14,180

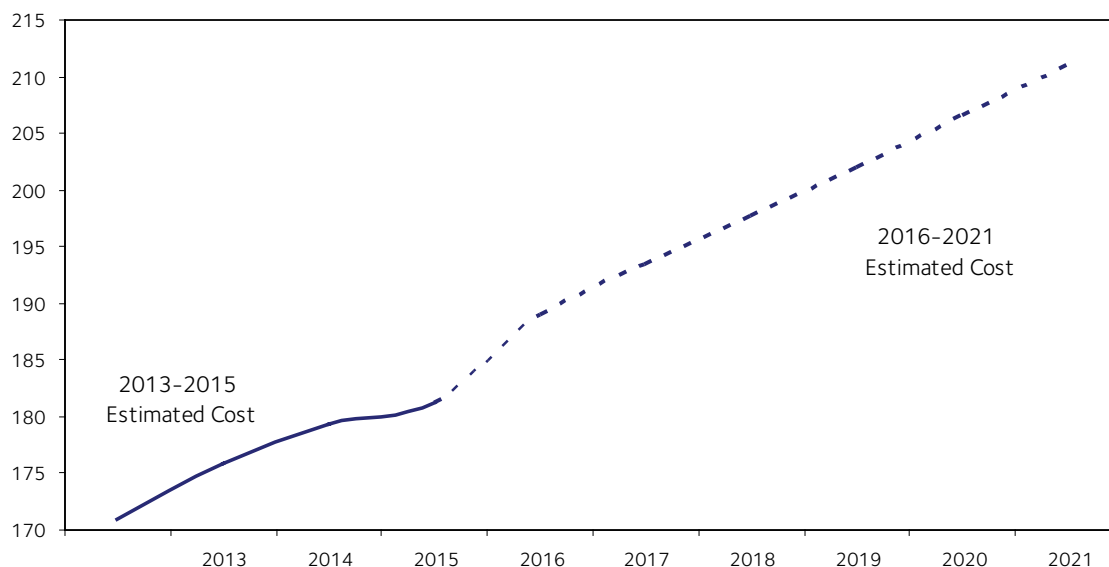
The funding proposals for the work-streams in each priority area of service change identified in this White Paper will need to be incorporated into the Medium Term Financial Plan for Phase 1 (2013 to 2015) and these bids for growth will be debated alongside the wider, States of Jersey, funding bids. These proposals are described in some detail below.

Priority Area	Workstream	2013 £'000	2014 £'000	2014 £'000
Services for Children	Services for Children... starting with Early Intervention	623	736	858
Services to encourage Healthy Lifestyles	Healthy Lifestyles... starting with Alcohol	300	435	530
Services for adults with Mental Health issues	Adult Mental Health... starting with Improving Access to Psychological Therapies	344	736	1,132
Services for Older Adults	Older People... starting with Dementia	742	1,813	2,436
	Intermediate Care	1,325	2,338	2,888
	Long Term Conditions... starting with Chronic Obstructive Pulmonary Disease	701	1,344	1,652
	End of Life care	399	806	826
Cross Cutting workstreams	Workforce, Estates, Information Technology, Commissioning & Strategic Partnerships, Informatics, Funding & Policy	590	671	714
Recurring Total Costs		5,024	8,879	11,036
Implementation Costs	Non-recurring	1,020	770	451
Capital Costs	Non-recurring	74	646	
TOTAL COSTS		6,118	10,295	11,487

Source: Outline Business Cases

These estimates reflect the cost of redesigning and reconfiguring key services over this three year period and are within the forecasts prepared as part of the Green Paper. Implementation of the acute services work stream will, in this first planning period, be met from existing growth funding allocated to the Department. In the following planning periods (2016-2021) funding proposals will be developed and brought forward as part of this overall plan in line with all other work streams.

Detailed business cases have been prepared for Phase 1 to consider, plan and cost the redesign and reconfiguration of services. These have been combined with the forecast and modelling supporting the Green Paper to produce an overall view of the cost of service changes together with the impact of the changing demographics. This is reflected in the graph below.



Source: Green Paper Technical Document and Outline Business Cases

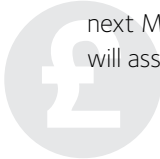
Further business cases including detailed plans and costings will be developed as part of future States Medium Term Financial Plans.

The Green Paper also highlighted that substantial capital investment was required in the hospital (in the order of £300 million). A pre-feasibility study is under way to establish whether this will be a complete refurbishment of our existing hospital or a completely new build on a new site. This pre-feasibility report is expected later this year. Notwithstanding the need for a “new” hospital, our estate is deteriorating and ongoing investment is required to enhance current facilities for example in order to maintain patient safety and comfort.

Health and Social Services are making the following bids in the Capital Programme for phase 1; £10.6 million in 2013, £5.5 million in 2014 and £4.3 million in 2015.

The Council of Ministers plans to accommodate the increased Health and Social Services budget allocations within the total States spending envelope, therefore no increases in charges or taxes are envisaged in Phase 1.

Work will continue over the next three years to establish a source of funding for phases 2 and 3 in time for the next Medium Term Financial Plan (September 2015). At the same time Treasury’s 25 year Capital Programme will assess and determine the provision of funding for Health and Social Services’ estates programme.



Summary

By 2021 Islanders will receive care that is integrated, coordinated and seamless. Individuals will be offered choice, and will be assisted by care navigators who will ensure that a single assessment is undertaken and services are wrapped around the individual, according to their needs and their preferences.

Care will be provided by a range of organisations and individuals, through enhanced multidisciplinary teams within the community and primary care settings – with a greater role for Third Sector organisations.

Jersey will have a new hospital, either on a new site or a rebuilt and refurbished hospital on the current site, and more care will be provided through strategic partnerships with hospitals overseas. In addition, our Community estate will need to be upgraded where necessary.

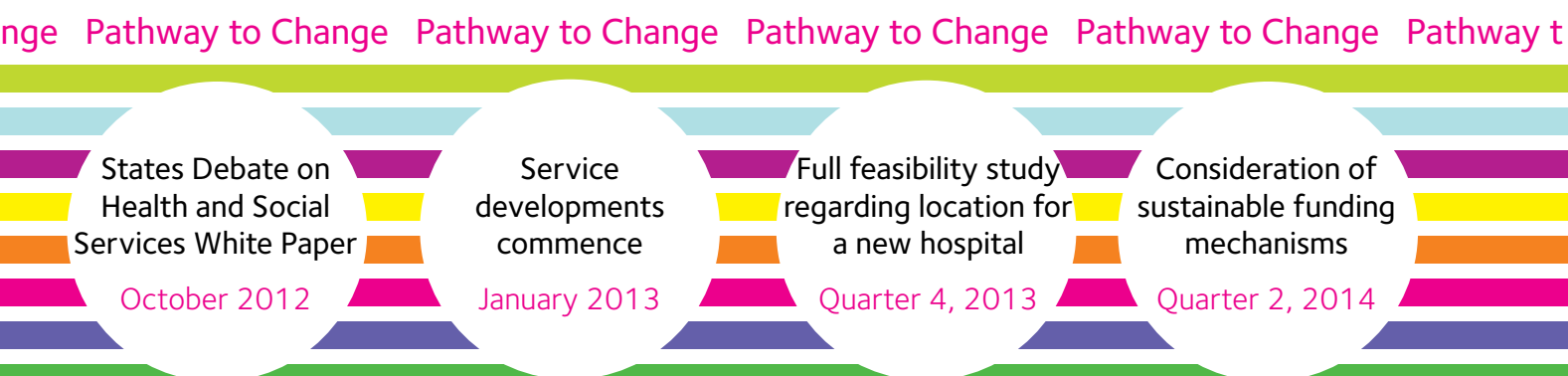
Services for older adults will be expanded in order to meet the increasing demands as Jersey's population ages. Primary Care will be pivotal in proactively identifying individuals at risk or in need, in understanding the holistic needs of a patient / service user and their family and in providing appropriate local services.

By focusing on the services with the greatest pressures we can help to secure a future where Islanders continue to receive safe and affordable health and social services, in a sustainable system.

Pathway to Change

In order to introduce the service changes contained in this document, the following actions need to be completed:

Public Consultation	29 May – 20 July 2012
Hospital estates 'Pre-feasibility study' report	September 2012
'Report and Proposition' lodged with The States	September 2012
States Debate on Health and Social Services White Paper	October 2012
States Debate on funding (Medium Term Financial Plan)	November 2012
Service developments commence	January 2013
Full feasibility study regarding location for a new hospital	Quarter 4, 2013
Consideration of sustainable funding mechanisms	Quarter 2, 2014



Conclusion

Jersey is embarking on a strategic change on a scale unprecedented for the island. Since 2010 Health and Social Services has been focusing on the challenges it will face in the coming 10 years and on the changes that need to be introduced in order to continue providing services that are safe, sustainable and affordable for the future.

'Caring for each other, caring for ourselves' described the proposed changes, and the public consultation demonstrated that respondents were overwhelmingly in favour of service redesign in order to continue providing high quality, cost effective services as Jersey's population ages.

The Transition Plan sets out in more detail the work that needs to be undertaken in the next 10 years. And the priority service changes have been even further developed, and outlined in more detail.

The robust governance structure that has been in place for the past year will continue, in order to ensure visibility and effective management of this complex, ambitious programme of work.

This White Paper has provided a review of the case for change and the challenges facing Jersey in the next 10 years. It outlined the way that services will be redesigned in order to continue meeting the needs of Jersey, and also identified the key enablers, such as IT, workforce and estates, that will need to be enhanced.

Consultation Process

This White Paper is a consultation document and the Minister for Health and Social services wants to know what you think about the proposals.

Additionally, our team will be sharing these plans with groups of stakeholders. We will also be holding public meetings in the week of 11 June, 25 June and 9 July 2012.

If you represent a group or organisation and would like more information please get in touch; and please send us your view by attending one of our public meetings.

Write to us



The Public Consultation Office,
FREEPOST JE 706, Jersey, JE1 1AF

Email us



whitepaper@health.gov.je

Next Steps

We will read every reply that we receive and your views will inform the next stage of this work. We will publish an analysis of all the replies we receive later in the year.

**This consultation finishes on Friday 20 July 2012.
Your views matter. Thank you for taking part.**

Public meetings

Monday 11 June 2012

7:30 pm to 9 pm
Trinity Youth and
Community Centre
(behind Trinity Parish Hall)

Monday 25 June 2012

7:30 pm to 9 pm
Les Quennevais School

Monday 16 July

12 pm to 1 pm
7:30 pm to 9 pm
St Paul's Centre



Have your say

Thank you for taking the time to respond to this consultation. Please use this space to give us your feedback.

Tell us what you think:

Thank you for taking part. Your views matter.

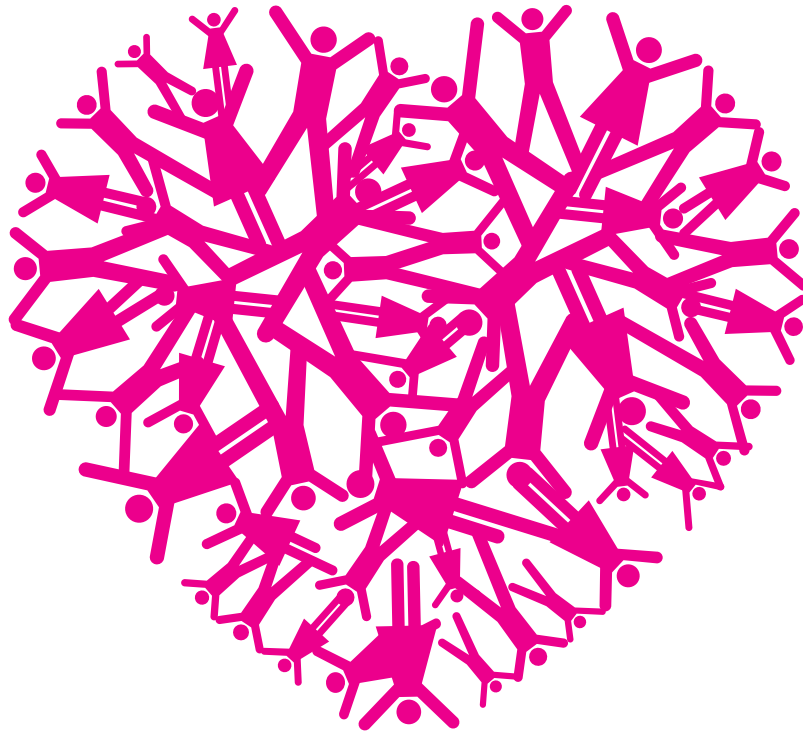
Some questions about you:

1. What age group are you? (Please tick one box only)

- | | | |
|--|--|---|
| <input type="checkbox"/> 16 – 24 years | <input type="checkbox"/> 45 – 54 years | <input type="checkbox"/> 75 – 84 years |
| <input type="checkbox"/> 25 – 34 years | <input type="checkbox"/> 55 – 64 years | <input type="checkbox"/> 85 years and above |
| <input type="checkbox"/> 35 – 44 years | <input type="checkbox"/> 65 – 74 years | <input type="checkbox"/> Prefer not to say |

2. Please indicate whether you are responding to the White Paper on behalf of yourself, or as an organisation, charity or group?

- Individual Organisation, Charity or group (please specify)



**HEALTH & SOCIAL SERVICES
WHITE PAPER**

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