

**Jersey Recovery College
Response to Review of the Jersey Care Model
Scrutiny Review - Health and Social Security Panel**

Jersey Recovery College (JRC) has chosen to focus on the first four questions outlined in the Scrutiny Panel's review of the Jersey Care Model.

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

Jersey Recovery College (JRC) believes the Jersey Care Model is appropriate for Jersey. We particularly support the principles that there is no health without mental health and that services must 'involve the voices of our service users'. We also agree that the wellbeing and health of our Island is reliant on more than health services. It's essential that we have accessible, high quality, joined-up and supportive community, education, employment and housing services to underpin sustainable wellbeing, especially when thinking about mental health.

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

One of the key pillars of the new Care Model is partnership working. We believe in a joined-up health system and a Partnership of Purpose approach and there is much to consider in translating this ambition into delivery.

Many third sector organisations already champion and deliver high-quality services that support the health and wellbeing of our local community. The mental health space has an especially vibrant ecosystem of services and we have seen some positive steps taken to connect agencies better with each other and the new Care Group led by Dr Garcia. The membership of the Mental Health Improvement Board now reflects a balanced partnership approach, including the voice of Experts by Experience and the Adult Mental Health cluster established by Sean McGonigle is another supportive forum to connect partners.

There has also been good work done to better connect agencies and Government at a more macro level which will be critical to the success of the new Care Model. It is important this work connects the right people across Government and partner organisations. The Director of Local Services role has driven much of this work to date and we hope his dedication, values and energy will be reflected in the next holder of this post. Unfortunately, this role can only achieve so much without more resource and an equivalent third sector industry representative. Individual charities have played their part at driving this agenda forward but what is really needed is a unifying, campaigning representative organisation for the third-sector to champion the sector as a whole with Government and our local community.

Getting the partnership piece right across all parties is critical to the success of the Care Model and involves Government, the third sector, commissioning teams, third-sector funding bodies and other agencies all aligning on the shared Partnership of Purpose.

We welcome a revision of the commissioning framework particularly to introducing longer contracts, the emphasis on co-production and outcomes-based commissioning. More clarity is needed for partners around how collaborative working and the rewards element of the framework will work in practice.

We believe there needs to be greater alliance between the Government's approach to commissioning and the funding approach of third-sector funding bodies. One third-sector funding body has a policy that excludes charities who receive more than 50% of their income from Government and another states it will not fund activities that are responsibility of the Government. With the roll-out of the new Care Model looking to engage more third-sector providers to deliver commissioned services, it is really important charities do not get into a position of having to choose between one source of funding or another. Solutions such as social bridging, which is being explored by The Lloyds Foundation, looks to be a

positive example of how charities, third-sector funding bodies and commissioning teams can work together to make the most effective use of public money for our local community.

It is important that consideration is given in the new Care Model to what being a true partner with Government will involve, expectations need to be clearly set and this needs to be reflected in the new commissioning model. JRC is already invited to participate in many Government led meetings, events and pieces of work. We appreciate being included in this work and want to participate fully as we strongly believe in the partnership model and believe we have value to add. The resourcing of this work, however, is difficult and we have to choose what we can and can't participate in. The sustainability of this kind of partnership work needs to be explored as part of the new model.

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

A more connected and transparent health system, where organisations can focus on delivering their expertise will be a good thing for our Island.

A key aspect to ensuring this is successful is signposting. We need to ensure those accessing primary care, other agencies, or initiatives such as Closer to Home, are receiving the same information about which services are available to them regardless of their point of entry into the system.

The mental health system in particular needs to be mapped out and easy to understand for those who need support.

4. To assess the potential impact of the new care model on patients; in respect of the quality of service provided and any financial implications.

The outline for mental health provision within the new care model is positive. Its focus on recovery-focused, person-centred services, on co-production, governance, community-based services and partnership is key to ensuring the wellbeing of our Island. It is particularly positive to read: "Our purpose is to bring hope and offer choice to individual islanders who can define for themselves what it means to live a fulfilling and productive life."

There is much to be done to get our mental health services to the high quality we would like them to be, this is well documented. However, as long as we strive for recovery-focused services and engage service users and providers in co-production, providing a supportive framework through which services can be shaped and defined using co-production, we will be moving to a much better quality of experience for those needing mental health care.

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