

Deputy Le Hegarat

Via Ben Walker
At: b.walker2@gov.je

22 September 2020

Dear Deputy Le Hegarat,

Re. The Jersey Care Model (JCM)

Thank you for your letter of 26th August advising of the Health and Social Security Panel's intention to review of the proposed Jersey Care Model (JCM).

Your letter was the first occasion on which the Care Commission was invited to comment on the JCM, and we welcome the opportunity to do so.

As a regulatory authority we have no direct involvement with the delivery of care to adults or children, but as the measures proposed in the model are developed and rolled out, they will have an impact on the shape of services, including those that fall within the definition of a 'regulated activity' and will come within the purview of the Commission.

The document is well structured, easy to read and clear as to its purpose and intention. The Commission is supportive of the government's intention to set out a vision of what health and social care will look like in future and we believe the principles upon which the vision has been developed are relevant and appropriate.

There are many challenges facing those with responsibility for planning, commissioning and delivering health and social care. The year 2020 will be remembered as the year of the global pandemic, which has undoubtedly added to the complexity of planning and delivering integrated health and social services locally and in every other jurisdiction.

On a more positive note, the necessity for significant changes to how some of the Island's health and social care services were delivered during the pandemic has helped providers and the public to adapt to new ways of working. Sustaining this level of adaptability will be necessary to the success of the Model's implementation.

Probably the greatest challenge going forward is the changing profile of the population as people are living longer, with a corresponding increase in the diseases associated with an ageing population. This is illustrated in the projected increases in patient numbers shown in the chart on page 51 of the JCM. Many older people are unable to rely on family support and look to their local community health and care

services to provide the necessary interventions to enable them to live independently and with dignity. This will require a concerted effort on the Government of Jersey to reshape community services to enable prevention and early intervention, to tailor individual care packages to support those with chronic conditions, and to respond effectively at points of crisis, reducing reliance on institutional care. Perhaps the starkest statistics included in the JCM is the table on page 87 showing the comparative uptake of residential care in Jersey, compared to other parts of the UK.

The Commission is not able to comment specifically on the question of alignment of health and community services in Jersey. We do however appreciate the challenge this presents to all healthcare systems and we recognise the benefits that flow from closer alignment of primary care services. We welcome the intention to establish virtual hubs and the benefit of doctors in secondary care settings offering advice to GPs. We welcome also the intention to offer a comprehensive community-based service over a seven-day week.

The impact of the Covid Pandemic will undoubtedly give rise to learning as to the impact on populations in general and on health and social care systems. Given the Commission's responsibility for regulation of care services we are keen to understand the effect of the pandemic on Care homes for older people and vulnerable adults. We believe that there are lessons to be learned from the steps taken to protect the most vulnerable from exposure to the virus and the need to identify 'best practice' in infection prevention and control so that this can be applied more widely. The Commission recognises that in comparison with the UK, Jersey has been relatively successful in preventing the spread and transmission of the virus in its Care Homes.

The concept of primary care taking on greater responsibility for the management of patients with complex conditions is from the patient's perspective sensible and appropriate. People living with chronic and debilitating conditions can be supported effectively in community settings with the appropriate combination of suitable adapted housing, flexible domiciliary care and access to specialist medical intervention at points when it is required. The challenge facing healthcare systems is to make sure that there is sufficient investment in community-based alternatives and that there is sufficient capacity to prevent primary and community care from becoming overwhelmed by the shift in focus.

The key challenges facing any proposal to reshape health and social care are similar, regardless of location. The first and perhaps greatest challenge is to articulate and obtain consensus around a compelling vision of what the future will look like. The JCM goes some considerable way towards achieving that vision. Once the overall direction of travel has been agreed it will be necessary to have a plan to deliver on the key components of the vision, including business cases for transformation of primary and secondary care. The challenge in any model is the find the necessary resources to pilot and test out new ways of working, to introduce new services, whilst maintaining the quality of care whilst transitioning from the old ways of working.

The Care Commission recognises the importance of having a mixed economy where core hospital services are delivered directly by the State and many community-based

services are delivered through independent providers. Jersey is committed to ensuring a robust system of regulation of health and social care and the Commission looks forward to playing an active role in helping the Government of Jersey to achieve a successful transition.

In addition to the points set out above I have attached a short paper including some additional points which may be helpful. Should you require any further explanation or elaboration on any of the comments set out in this response, representatives of the Commission shall be available to meet the Scrutiny Committee at a date and time that is mutually convenient.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Glenn Houston', with a long, sweeping horizontal stroke extending to the right.

Glenn Houston

Chair

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Jersey Care Model

1. The JCM sets out a new model for healthcare, focusing on prevention and community partnership. The model could be improved by incorporating a fully integrated health and social care partnership.
2. The Commission agrees with the Proposed Care Model set out on page 6 of the document, the five core provisions and the principles underpinning the care model.
3. The diagrams (ref. pages 9,10 and 11) provide a useful visual construct of what person-centred care and the proposed primary and community-based model will look like, putting people their family and home at the centre of care.
4. The 'Key Differences' (ref. page 12) provides a useful summary of what will change as the JCM is rolled out. It is particularly reassuring to note that in future mental health services will be co-located in the new hospital and will focus on crisis prevention and community intervention.
5. The Commission agrees with the model and strategic aims for Primary Care (ref. page 16), in particular the intention to provide 'the right care in the right place at the right time' across 24hrs and 365 days.
6. The Commission welcomes the proposal to strengthen Intermediate Care, to provide community-based support and rehabilitation to people at risk of hospital admission or who have been in hospital. Further consideration as to how the Reablement support is commissioned will be necessary to ensure the service is provided by a specialised workforce, well-trained and appropriately funded to effectively deliver.

7. Supported accommodation suitably adapted for those with either a physical and / or an intellectual disability and who may be vulnerable and at risk, is an essential component of effective community support. The need for suitable and affordable housing requires greater prominence in the JCM.
8. An Outcomes based care model is entirely appropriate and will need to be clear in its focus and intent. It will need to be commissioned in such a way that care packages can be tailored to individuals' needs and requirements. We concur with the aspiration (ref. page 38) that instead of purchasing services in bulk from available providers and fitting eligible service users into those that best meet their needs, commissioners must shape the social care market to promote the availability of a diverse range of high quality services from which service users can choose.
9. The Commission notes the important contribution made by external partners and the voluntary sector to social care (ref pages 8 and 39). We note the proposed Commissioning Framework (ref page 42) and the aspiration that partnerships with external providers are open and transparent.
10. Primary care services can be very effective in moving people onto different pathways and in providing information about the range of support people can expect both inside and outside mainstream health services.
11. Socially vulnerable (ref. page 16) should include people with enduring mental health needs who can be supported effectively in the community.
12. The section on developing the multi-disciplinary workforce (ref page 17) could benefit from the inclusion of social work services as an important contributor in primary care services.
13. Key expectations of the Intermediate Care service (ref. page 22) mention reduction of adverse safeguarding outcomes. However, this can only be achieved if the workforce understands the application of capacity legislation, (e.g. unwise decision-making).

14. The Commission agrees with the aspirations for the revised Acute Services strategy (ref page 27), in particular the emphasis on quick access to hospital services and the provision of a comprehensive and community based out of hospital system.
15. Dementia services could feature in the Key Issues under the Mental health section (ref page 28) and a requirement to recruit skilled social care professionals as well as clinically trained staff with a specialism in this area.
16. The section on Children s health and Connecting Care for Children (ref. page 33-35) makes no mention of the importance of planning transitions to adult services and the need to start determining needs/ outcomes at 14+
17. There appears to be some conflating of language i.e. 'Intermediate Care' and 'Reablement services' are not the same.
18. It is positive that the parity of esteem (ref. page 44) between physical health, mental health and social care services is acknowledged.
19. It is also positive that the challenges many individuals currently face regarding the cost associated with accessing primary care is acknowledged. The shift to increased primary care needs to address the potential financial implications for individuals.
20. The document states that a strength is our committed workforce . However, there are real challenges in Jersey regarding the recruitment and retention of permanent health and social care staff. There is a risk that this challenge may be downplayed.