

- Preventable Diseases - CSP 2-1-02
- Adult Safeguarding - CSP 2-2-01
- Mental Health - CSP 2-2-02
- Mental Health Improvements
- Digital Health and Care Strategy - CSP 2-3-01
- Health Services Improvements
- Learning Difficulties
- Maintaining Health and Community Standards

---

### *Preventable Diseases - CSP 2-1-02 (Deferred)*

---

1. The status of this project for 2020 is 'deferred', however we note that some food and nutrition programmes continued to progress until school closures. Therefore, what aspects of this project were deferred?

All aspects of the project have been deferred. The food and nutrition programmes in schools are funded in the Children, Young People, Education & Skills Department (this is a pilot scheme, currently funded for 2020 only).

2. How much of the £300,000 that was allocated for 2020 has been spent?

Year to date, the expenditure is nil with no forecast expenditure to the end of the financial year.

a) In regard to the funds that were not spent, where were they repurposed?

Growth allocated for support of preventable diseases has been used to mitigate efficiency programme challenges in 2020.

---

### *Adult Safeguarding - CSP 2-2-01 (Partial deferral)*

---

3. What aspects of this project were deferred?

**This project sits within SPPP and the recruitment to a new post has been deferred.**

The Making Safeguarding (MSP) work post went twice to advert previously with no successful candidates appointed. It has now been re-graded and rewritten to a lower level and we are interviewing again for it on 28<sup>th</sup> October.

The MSP admin was recruited to last year and the contract has now ended for this person. The post was used to facilitate the Adult Safeguarding team including CASP and the remainder to the SPB.

One of the recommendations of the report into Adult Safeguarding in 2018 was that the policy would be rewritten in line with MSP. This happened in 2019 and the project was joint funded by SPB/Adult social services. The new policy goes live 01.01.21.

4. How much of the allocated £102,000 for 2020 spent?

SPPP forecast £40k to be spent with £62k saving from deferring recruitment. The Adult Safeguarding project is not funded within HCS; it is 100% SPPP.

a) In regard to the funds that were not spent, where were they repurposed?

**No budget for Adult Safeguarding within HSC.**

5. What impact will the 'partial deferral' have on promoting joined up government services, particularly on inter-agency adult safeguarding?

**The main area for progression is getting the policy live, which will happen in Jan 2021. This will have the biggest impact on interagency working. Whilst the recruitment is deferred, the work to progress the policy is on track.**

6. What proposals are being made under the 'Making Safeguarding Personal' programme?

**See plan below from Victoria Bisson, SP Board Manager, CCA:**

Project Phase	Phase Breakdown	Description	Timescale/Deadline	On Target (as per the 30th September)	Lead person
Phase 1 - Pre- live Launch September 2020- Jan 2021	Project Initiation Document (PID)	PID will provide detailed description of the scope, deliverables, risks, interdependencies, roles and responsibilities	22.10.2020		Toria Bisson SPB
	Expectation of SPB partners	Partners will fully understand and act as promoters of the MSP ethos at every level. To facilitate the learning of employees so that they can understand the MSP approach to their practice.			All agencies
	Comms strategy	The Communication Strategy will have a clear defined goal of how the change in culture will be implemented and embedded. The strategy will span all 3 phases.	1.10.2020	Not yet started	Emma Mathews JHA
	Mock online procedures	This will allow agencies and practitioners to see the new layout of the Policy and Procedures and understand the content. This will give an opportunity for any significant operational issue to be addressed before the live launch. It will also help facilitate the training that will go alongside.	21.09.2020		Vicky Cavill SPB
	Nominated Champions	Champions will have a role within each partner agency of facilitating the training needed (within their agency) to ensure that the new Policy and Procedures are understood and the MSP approach clear	1.10.2020		All agencies
	Training package for professionals	This training package will be provided to all practitioners via the Champions or via online methods to ensure the new policy and procedures are understood and clear by all professionals. The thread of MSP in everyday practice is key to this training.	20.10.2020		Patrick Westwood/Claire Farley/Nikki Holmes
	Feedback Survey	During the pre live launch this feedback mechanism will allow for constructive feedback on the new policy and procedures to be addressed where there is clear evidence of operational issues. The survey will be available via SmartSurvey and the feedback will be held with the SPB.	01.10.2020	Not yet started	Vicky Cavill SPB
	Preparation for the MSP role to start	Induction plan and any planned specific training needs to this role to be planned for when the role starts.	01.11.2020	Not yet started	Toria Bisson SPB
Phase 2 - Live Launch January 2021 - August 2021	Live launch of the Policy and Procedures	Trix. will make sure that the mock policy and procedures becomes a live feature of the SPB website. The old policy and procedures will not longer be accessible.	04.01.2021		Vicky Cavill SPB
	Comms strategy	The Communication Strategy will have a clear defined goal of how the change in culture will be implemented and embedded. The strategy will span all 3 phases.	TBC	Not yet started	Emma Mathews JHA
	Training package for carers, public	This training package will be tailored and available via a number of delivery methods to ensure the new policy and procedures are understood and clear by all. Include rights. The thread of MSP in everyday practice is key to this training.	TBC	Not yet started	Patrick Westwood/Claire Farley/Nikki Holmes
	Feedback Survey	Feedback from professional and carers and service users (via agencies) to be collated and analysed. Thematic reports to be produced that address issues and the creation of action plans. This will include engagement with the LD community.	TBC	Not yet started	MSP Lead
	Audit of current practice	MSP Lead to coordinate an audit based on the current practice experienced by service users. This will be the baseline audit.	01.07.2021	Not yet started	MSP Lead
	Quarterly reports	MSP Lead to provide quarterly reports of progress, issues and outcomes to the board and partner agencies	Quarterly beginning June 2021	Not yet started	MSP Lead
Phase 3 - Embedding and change in culture August 2021 - January 2025	Comms strategy	The Communication Strategy will have a clear defined goal of how the change in culture will be implemented and embedded. The strategy will span all 3 phases.		Not yet started	QAA
	Feedback Survey	Feedback from professional and carers and service users (via agencies) to be collated and analysed. Thematic reports to be produced that address issues and the creation of action plans	TBC	Not yet started	MSP Lead/Policy and Performance Officer/SPB Comms Officer
	Audit of change in culture (1 of 2)	Audit that will monitor the progress of change in culture at 2 years since the live launch. This is the 1st of 2 audit that will monitor the progress in change of culture.	01.07.2023	Not yet started	QQA sub group
	Audit of change in culture (2 of 2)	Audit that will monitor the progress of change in culture at 2 years since the live launch. This is the 2nd of two audits that will monitor the progress in change of culture.	2024	Not yet started	QQA sub group
	Adult Safeguarding Awareness Day	Closing of project awareness day. To promote the change in culture.	2024	Not yet started	QQA sub group

## **7. What aspects of this project have been 'delayed' in 2020?**

There has been some delay to the schedule of the implementation plan for the government plan.

## **8. How much of the £4,800,000 that was allocated to this project in 2020 has been spent?**

There was a £3,200,000 investment allocated to MH plans during 2020, which incorporated 5 areas of development:

1. Listening Lounge
2. Crisis response
3. Complex Trauma Pathway
4. MH Legislation
5. CAMHS (CYPES)

The spend to year end 2020 associated with the commissioned Listening Lounge service (excepting original pilot funding) will be £428K, and HCS plans (points 2-4) will be £1,314,000.

In 2020, £3,200,000 was allocated for the funding of revenue improvements to Mental Health Services. Expenditure to September is £792k with a forecast outturn £1,600,000 to year end 2020.

## **9. As per your letter dated 31st July, how was the 'accelerated introduction of community triage' phased in following the outbreak of COVID-19?**

As an initial element of our Covid response, we focused MH service response to provide continuity of essential services. A crisis response function was a key part of this and after initial introduction of a home treatment function the community triage function was added.

The function is a key element of the 24hr Crisis Resolution Team and, following a period of monitoring of demand / utilisation, the function is being refined to ensure it provides effective and value for money benefits. Community Triage has potential to develop further an interface with the police and other agencies.

## **10. What works done to the Orchard House inpatient unit upgrade, constitute the £600k in spending on this facility?**

The environment has had essential work undertaken to further mitigate the risk of ligature – this has included specialist fixtures and furnishings, for example all radiators, window dressings, toilet facilities are ligature light.

- Safe exit has been fitted to the dining area.
- CCTV fitted to perimeter of the building
- Creation of improved environment for medication management and an examination room.
- Replacement of furniture for specialist MH furnishings for bedrooms, lounge areas and enhanced care unit which are designed to be ligature light.
- Fitting of wifi throughout the building
- Replacement of the kitchenette within the patient lounge

- The whole ward has been decorated to provide a welcoming and improved therapeutic environment.

**11. Are you still recruiting for the same positions within the Crisis Team? That included the appointment of a consultant psychiatrist and two full-time equivalent staff grade psychiatrists and the appointment of a multi-disciplinary team to include alcohol, drug and physical health care services.**

The positions identified for substantive recruitment continue to have a multi-disciplinary focus, with largely the same posts identified for professionals, though some minor refinements have been made in relation to numbers of each discipline to ensure safe and cost effective provision based on contemporary best practice. Recruitment for practitioners is well under way and in process we have five substantive practitioners one of whom is leading on incorporating physical health. We have identified several posts which will be designated for allied health professionals giving a truly MDT approach to managing crisis in mental health services.

**12. Do you anticipate a potential backlog of cases for the Complex Trauma team following the outbreak of COVID-19 and the subsequent delays to the initiative?**

The government complex trauma plan provides resources at different levels across mental health, and there is not a separate newly commissioned "Complex Trauma Team". We have an already existing backlog of people with complex trauma who are waiting for specialist psychological interventions. We expect this to be addressed as we recruit new staff with the skills to offer this support and this has been delayed due to Covid. We do not expect this backlog to increase significantly due to Covid.

---

*Digital Health and Care Strategy - CSP 2-3-01 (On track)*

---

14. You stated in your letter dated 31st July that full year spend for 2020 was estimated at £612k and that this may increase if Jersey experiences a severe second wave of Covid-19. Do you have an estimate of the additional spending that might be required to cover a severe second wave?

a) Why would spend increase under this particular project as a result of a second wave of Covid-19?

It is not anticipated that a second wave of COVID-19 will result in any additional spend for the Digital Health and Care Strategy.

The sum of £612k referred to in the letter to the Minister is in respect of a specific business case which covered process and digital changes across Heath & Community Services ("HCS") in response to the COVID-19 emergency.

The scope of this business case covered:

- IT infrastructure and IT services in support of the development of the Nightingale Wing of Jersey General Hospital, the Urgent Treatment Centre, the General Hospital and GP Community Response Team at Mason Le Pape

- Provision of remote diagnostic services for Radiology & Pathology for Clinical Staff in isolation (working from home)
- Deployment of communication and collaboration tools to support remote working
- New off-Island digital connections to the Public Health England laboratory at Colindale and the private laboratory, Micropathology Ltd, in Warwick to facilitate COVID-19 Polymerase Chain Reaction (“**PCR**”) swab tests and results
- Patient-facing applications and services to enable remote consultations and care planning, support for PPE and management analytics and reporting

As at the end of H1 2020 the spend to date against this business case was £412k. The remaining £200k forecast for spend in H2 2020, the majority of this cost (£156k) covering additional TrakCare licences, project management support for the COVID Testing & Tracing efforts (£36k) and additional Order Comms printers for the Urgent Treatment Centre (£4k). The remainder covering smaller sundry costs associated with supporting the COVID-19 response.

At the time of submitting the information to the Panel in July 2022, it was not known whether additional digital and process changes would be required in the event of a second wave of COVID-19. Since then, through the COVID-19 Testing and Tracing Programme there have been additional business cases to support the planned activities for the rest of 2020 as part of the COVID-19 strategy. This includes a Technology business case which consolidates the COVID-19 testing efforts through the Book and Test System (“**BATS**”) and includes the development of the Integrated Public Health Record (“**IPHR**”).

In respect of HCS systems, the business case also included integration of the new on-Island COVID-19 laboratory, OpenCell, into existing platforms. This funding has covered the cost of integration of OpenCell to the laboratory system, OMNILAB and the patient administration system, TrakCare. Therefore, this has not required any additional spend against this business case.

For this reason, it is not anticipated that there will be additional spend over the £612k approved in this business case. However, it should be noted that as the pandemic is a live and evolving situation there may be new requirements that at this stage are unknown.

As an example, through the Testing and Tracing Programme new technologies are being considered which could further improve on our testing capacity and testing turnaround times. If any of these new technologies are taken forward, they may require integration into existing HCS systems, however this should be subject to a separate business case.

Whilst this business case covered the work necessary to support the digital and process changes for the COVID-19 emergency response and is not a business case for the Digital Health and Care Strategy, a number of the developments are aligned to future initiatives such as the Jersey Care Model (“**JCM**”) and Our Hospital. To maximise best value from this investment in supporting the COVID-19 emergency response, all initiatives were managed through a daily HealthX prioritisation board. This ensured that all requests for COVID-19 support were considered based on their worth and value rather than just action without due diligence being performed.

Some notable examples of initiatives funded through this business case which will contribute towards the JCM and Our Hospital include:

- Star Leaf
- NHS Attend Anywhere
- Command Rooms
- Dashboards / Informatics Reporting
- Patient Support – iPad
- Integration to the National Pathology Exchange (“**NPEx**”)
- Integration to NHS Digital / MESH
- Integration to Micropathology Ltd
- MyMHealth
- EPMA for Nightingale Wing

15. Although you have stated in your letter that £612k has been spent to date, no additional funds were allocated to this project for 2020. Where have these funds come from?

As discussed in the answer to Question 1, the funding referred is not in respect of the Digital Health and Care Strategy, but was a specific business case covering the COVID-19 emergency response.

This was funded through the COVID-19 business case process.

In conclusion, HCS has responded well to the process and digital challenges associated with COVID-19. Work on the Digital Health and Care Strategy continues and a business case has been prepared for investment of £24m which has been lodged into the 2021 -2024 Government Plan.

---

*Mental Health Improvements (On track)*

---

16. How much of the £3.2m that was allocated for 2020 been spent to date?

There has been no spend to date against the £3.2m as the project is still spending against the original £2m allocation due to the stage of the project.

17. Although the status of this project is ‘on track’, in your letter you referred to a delay in the relocation of Orchard House to Clinique Pinel. Please can explain why the project was given the status it was.

The 'Covid Lockdown' and a budget short fall (*identified once the tender process was completed*) delayed the target commence date from April 2020 to September 2020. Works eventually commenced (*on site*) on the 7<sup>th</sup> September and are currently 'on track'. To complete in January 2022.

---

*Health Services Improvements (On track)*

---

18. Are the 39 projects planned for 2020 as set out in the R.89 Report part of the 'backlog maintenance' to the health estate?

Yes - All projects and/or feasibility studies have now been set into action. Due to Covid activities across the HCS Estate, certain clinical facing projects (i.e. patient ward compliance projects) were postponed until 2021 and projects that were on the standby or scheduled for 2021 have been accelerated. To date, 39 projects/feasibilities have either been completed or will be completed by year end to the value of £5m.

19. How many of the 39 projects planned for 2020 have you completed to date?

30 building maintenance projects and 9 feasibility studies (to enable 2021 projects) will be complete by year end.

20. Given the current conditions, how feasible is it that the 39 projects planned for 2020 will be completed before the end of the year?

Feasible. All projects are live on-site and mitigation has been put in place to assist project delivery should we have a second Covid spike.

---

*Learning Difficulties (Partially deferred)*

---

21. What proportion of the funding is being 'partially deferred' to 2021?

£250k pre-feasibility vote was included in the Government Plan for 2020. It is anticipated that only £100k is required in 2020 and therefore £150k is deferred to 2021.

22. The 6-month update report (R.89/2020) stated – "pre-feasibility continuing with partial deferral of funding to 2021". If this is the case, then why has the money allocated for 2021 reduced from £2,300,000 in the previous Government Plan to £2,000,000 in this year's Government Plan?

Estimates for the phasing of the learning difficulties programme over 2021 to 2023 have been updated to reflect current understanding of the project requirements. These will be further informed when the feasibility work is undertaken.

23. Why are the funding allocations requests in 2022 and 2023 considerably more than what was stated in the previous Government Plan?



Estimates for the phasing of the learning difficulties programme over 2021 to 2023 have been updated to reflect current understanding of the project requirements. These will be further informed when the feasibility work is undertaken.

---

*Maintaining Health and Community Standards*

---

24. Please can you explain why the funding allocated for 2021 last year has now reduced from £11,464,000 last year to £10,000,000 this year?

The reduction is as a direct result of the consultation by Ministers and Officers to review 2021 growth across Departments in response to addressing the financial pressures arising from the Covid-19 pandemic.