

Review of the Jersey Care Model

Minister for Health and Social
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R.166/2022

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Minister's Foreword

As most Islanders will access health and/or social care services at some point in their lives, it is essential that Jersey has high-quality services that Islanders not only deserve but can be proud of as well.

In 2020, my predecessor, Deputy Richard Renouf of St Ouen, lodged proposition [P.114/2020](#) which outlined a programme of work known as the Jersey Care Model (JCM). The ambitious programme aimed to transform the Island's healthcare system by introducing a range of service developments designed to enhance the quality and availability of services in the community and develop an integrated model of service which reduced the need for hospital-based care.

The intentions behind the work programme were consistent with the general direction of travel in similar jurisdictions. However, since its inception several Islanders have repeatedly raised concerns about the JCM regarding its form and function, funding mechanism, expenditure, communication, and anticipated outcomes.

Following my appointment to the position of Minister for Health and Social Services, and in response to these concerns I took the decision to pause the programme and undertake a review. I wanted to gain a greater understanding of what the JCM was intending to achieve, how it had been funded, what it had accomplished to date, and what impact, if any, there would be if a particular project ceased.

I also wanted to guarantee as part of my review that the funding provided for the JCM continued to be aligned with the legal duties and responsibilities outlined in its original proposition and assess the oversight and governance of the programme. The review included meetings with officers supporting the JCM, consultation with the Independent Oversight Board (IOB), and consideration of the cost for each of the projects.

To avoid any disruption to Islanders when announcing that the JCM was paused, I agreed that those projects already providing valuable services to Islanders were to continue.

Having now concluded my review, it is clear that if all projects were to stop, patient care would suffer and the value of the investment made so far to deliver new kinds of services would be lost, and staff employed to deliver those services would also be affected.

Many of the projects that formed the JCM are creating the foundations for transforming our healthcare system and building benefits for patients, however more emphasis must be placed on securing a more formal evaluation at the earliest opportunity to assure Ministers, the States Assembly, and the public that delivery is in line with anticipated outcomes, both financial and non-financial. From this review alone I cannot be assured that the financial assumptions made in the original business case will be realised.

As we look forward to the prospect of new health facilities it is essential that service developments continue so that we can develop a health and social care system that is well organised and efficient around the needs of patients.

Deputy Karen Wilson, Minister for Health and Social Services

Recommendations

- 1) Governance and oversight should continue with the involvement of the IOB, and its activities should recommence until the Health & Social Services Scrutiny Panel direct otherwise.
- 2) As identified in the 'Projects to Continue, Develop or Cease' section, those projects delivering benefits to patients should continue but with tighter operational controls in place regarding delivery and more regular oversight of implementation. It should be noted that the funding streams for these may be subject to change.
- 3) There should be a clear and regular audit/assessment of what financial efficiencies/clinical improvements are being delivered against the anticipated savings and I will be asking the IOB to address this.
- 4) Services developments should move into business as usual at the earliest opportunity and officers should provide the plans and assurances for doing so.
- 5) As identified in the 'Projects to Continue, Develop or Cease' section, those projects that require further development to ensure that they better support the delivery of safe, high quality, patient centred care should be reviewed by the IOB.
- 6) As identified in the 'Projects to Continue, Develop or Cease' section, the projects identified should not progress further.
- 7) The use of the term 'Jersey Care Model' should cease. The JCM name has proven to be confusing to many, including myself, and the term does not adequately represent the investments made by the States Assembly. Each project should be considered on its own merit as a service development, rather than as part of a programme.
- 8) A revised timetable of service developments should be produced with existing project initiation documents and business cases alongside and updated, where needed.
- 9) The views of Islanders should be sought on each area of service under development.
- 10) Regular communications should be in place to help Islanders follow the developments and what they will offer.

Projects to Continue, Develop or Cease

Sector	Service	Status (pre-pause)	Decision (Outcome of Review)		
			Continue	Develop	Cease
Public Health	Public Health	Live	✓		
Primary and Community Care	Out of Hours Community Service	Trial		✓	
	HCS 24 SPoR / Care Navigators	Live	✓		
	Digital – Telecare	Live	✓		
	Digital – Teleguidance	Design	✓		
	Oxygen & Respiratory Community Service	Live	✓		
	Care and Reablement Team	Not started		✓	
	Supportive Services	Trail			✓
	Shelter Clinic	Live	✓		
	Fit for Life	Live	✓		
Overarching	Discharge Service	Trial		✓	
	Digital – Health Demographic Service	In Progress	✓		
	Digital – Referral Service	In Progress	✓		
	Digital – Jersey Care Record	Not started	✓		
	Care Pathway development	Not started		✓	
Secondary Care	Rapid Access Service	Trial		✓	
	ED Overnight	Live	✓		
	Physiotherapy First	Live	✓		
	Quality Improvement	Live		✓	
Strategic	Health and Care Analytics	Design	✓		
	Programme management	Live		✓	
	Strategic Planning	Live	✓		
	Commissioning	Live	✓		
	Island wide workforce strategy	Design		✓	
	Independent Oversight Board (IOB)	Live	✓		
	Communications and Public Involvement	Live		✓	
	Sustainable Healthcare Funding	Design	✓		
	Health and Care Information Sharing	Live	✓		
	Health and Care Partnership Group	Live	✓		

Sector	Service	Status (pre- pause)	Decision (Outcome of Review)		
			Continue	Develop	Cease
	Clinical and Professional Advisory Forum (CPAF)	Live	✓		
	Programme Board	Live	✓		
	Digital Board	Live	✓		

Key

Live	The service has been implemented and in operation.
Trial	A trial or pilot is underway to identify the needs assessment and to inform the future design of the service.
In Progress	The service is being developed in accordance with the plans outlined as part of the JCM.
Design	The service is in the initial design phase and no implementation or development work has commenced.
Not started	The service is in the pipeline of work and yet to start.
Continue	Proceed with delivering the service in accordance with the original plan defined as part of the JCM.
Develop	Modify the objectives and planned activity identified in the original plan to take into consideration new ministerial priorities. Reassess the funding requirements for the modified service.
Not to continue	Stop all work. No further activity to be undertaken or funded.

Background

On 31 October 2019, the States Assembly received a [briefing paper](#) which outlined the need to transform health and social care. The Jersey Care Model as it became known was incorporated into the Government Plan ([P.130/2020](#)) and approved by States Members as part of that process.

Date	Title	Description	Link
31/10/19	Jersey Care Model: Briefing Paper	Report presented to the States by the Minister for Health and Social Services.	R.137/2019
22/09/20	Jersey Care Model	Proposition lodged by the Minister for Health and Social Services.	P.114/2020
23/10/20	Review of the Jersey Care Model	Report produced by the Health and Social Security Scrutiny Panel.	S.R.5/2020
27/10/20	Jersey Care Model: Amendment - Amendment	Amendment to an amendment lodged by the Minister for Health and Social Services.	P.114/2020 Amd. Amd
12/10/20	Proposed Government Plan 2021-24	Proposed Government Plan.	P.130/2020

The overarching aim of the JCM was to transform health and social care, in order to improve Islanders' physical and mental health and wellbeing. To achieve this, the JCM proposed the adoption of a patient-centred approach whereby care is safe, accessible and provided in the places where people need it.

The JCM aligned with the then Government of Jersey's [Common Strategic Policy 2018-2022](#) by improving Islanders' wellbeing and mental and physical health and preparing for more Islanders living longer. Without significant change, analysis suggested that the current health system would be overwhelmed due to the ageing population and disease prevalence. It proposed to:

- 1) Enhance primary (dental, general practice, pharmacy etc.) and community care
- 2) Decentralise aspects of hospital/secondary based care
- 3) Improve preventative health and community services
- 4) Strengthen the Government of Jersey's public health function.

Technology was also to be utilised to allow people to manage their own health and a strong partnership model was to be developed in consultation with valued service providers across the public, private and community sectors.

The JCM had three overarching objectives:

1. Ensure care is patient-centred with a focus on prevention and self-care, for both physical and mental health

2. Reduce dependency on secondary care services by expanding primary and community services, working closely with all partners to deliver more care in the community and at home; and
3. Redesign health and community services so that they are structured to meet the current and future needs of Islanders.

Ultimately, the aim of the JCM was to ensure that all Islanders could access the right services, delivered by the right person, in the right place, and at the right time, while also concentrating on disease prevention and health improvement for all.

Case for Change: Services

A key driver for the JCM was to address the needs of the increasing number of people whose discharge from hospital was delayed. This was to be achieved by building capacity (staff and resources) and capability (skills and experience) to provide care in the community and developing an approach to working in partnership.

Like most jurisdictions Jersey is witnessing significant changes in its demography and is forced to address the health and social care challenges associated with an ageing population. As stated in the original Jersey Care Model business case ([P.114/2020](#)) Jersey can expect the population to grow by 13% between 2019 and 2030, with a growing proportion in the age groups that will have greater health and care needs.

By 2036, about one in five of the population will be 65 or over. The demographic change will result in significant growth in the number of Islanders accessing services; particularly when the prevalence of long-term conditions in this group is considered as more than half of Islanders aged over 60 have two or more long-term conditions.

Hospital provision is under significant pressure because of the lack of community alternatives to care and support. There are limited choices for those patients who would wish to be cared for at home and a strong evidence base which recommends avoidance of long hospital inpatient stays when a person is medically fit to return home.

There are a high number of referrals to specialists which leads to dependency on secondary hospital care for the provision of services. In 2018, (pre covid) there were over 30,000 visits to the Emergency Department (ED) that were not classified as emergencies requiring Hospital care, and more than 200,000 outpatient appointments per annum.

In a do-nothing scenario, Jersey could expect to see an increase in ED attendances of 12%, inpatient admissions of 20% and bed days (utility) of 30% (27% in psychiatric care). By 2055 bed days will have doubled.

It is clear our health and social care services are not organised or provided for to meet this changing need and a do-nothing scenario was simply not sustainable if the Island was to continue to provide a high standard of care.

Case for Change: Digital Transformation

The emergence of digital technology in modern health systems is helping to dynamically change and assist the way in which clinicians work - one of its key benefits being that clinicians have timely and appropriate access to information at the point of care – aiding clinical risk management and decision making.

Digital technology also has the benefits of improving the flow of relevant patient information between general practice and secondary (hospital) based care. It also offers the opportunity to deliver care in new ways using assistive technology which can enable and maintain independence and at the same time offer choice and control to individuals with a health condition.

The technology is also useful to collect the kind of data we need to enable more effective service planning, to target public health interventions as well as measure the performance of the care system. Currently, the data and information systems in place to facilitate this are not fully integrated. All general practices use EMIS, secondary care use TrakCare, and Adult Social Care and Mental Health use Care Partner. As a consequence, many patients and families describe the existing system of care as ‘fragmented’, with little continuity, and leads to multiple reviews by many professionals. An electronic patient record (EPR) would provide a comprehensive repository of real-time individual health and care information which Islanders would have access to, and would go beyond the current, relatively limited, ability to connect records.

The Jersey Care Model provided an opportunity to address these gaps and coordinate services in ways which would improve the experience islanders have of the healthcare system. It also offered the chance for investment in preventative services which would support Islanders to stay healthier for longer.

Case for Change: Finances

The annual cost of Jersey’s health and care system was estimated to be more than £700 million by 2036 if no changes are made. The figure includes costs associated with the provision of Health and Community Services, Health Insurance Fund payments, Long Term Care benefits and patient payments to GPs. It excluded some of the costs directly borne by Islanders (for example, payments for dressings and dental fees) and system costs (for example, costs of inspecting care standards).

It was expected that costs would increase in the future due to a growing ageing population, who are more likely to have more complex health needs; and underlying cost increases, due to increased availability of more advance treatments, which will attract additional costs into the healthcare system.

The proposition agreed by the States Assembly in 2019 to introduce the Jersey Care Model programme ([P.114/2020](#)) aimed to lower the rate of the increasing costs of health and care from 2025. It was expected that as a result of the JCM, a total reduction from 2025 to 2036 of £209 million would be achieved, equating to £23 million per year from 2036.

Review Process

Having listened to concerns, it was evident that there was an insufficient understanding of the programme for it to have the confidence of the public, what it was aiming to achieve, and how it would benefit Islanders. Despite the various methods to promote the JCM's objectives:

- Many had not heard of the programme
- Those who had heard of the programme did not understand how it would benefit them
- Some believed that the Government was proposing to transfer responsibility for their complex healthcare needs to charities and volunteers
- The benefits were not clear; and
- There had been insufficient engagement with healthcare workers.

For each workstream or activity, a situational report was produced by officers which was then subject to further discussion and challenge. Each report set out:

- To what extent each workstream or activity supported the JCM's objectives
- Investment so far
- Planned investment
- Activities/services implemented
- Timeframe for delivery
- Alignment to key objectives; and
- Views of patients accessing services or providers providing services.

Scope

The scope of the review was restricted to the JCM as presented in the Jersey Care Model proposition ([P.114/2020](#)).

Closely interlinked with the health transformation of the JCM are two digital programmes, namely the JCM Digital Systems programme and the Digital Care Strategy programme. The JCM Digital Systems programme was included in the review as it is part of [P.114/2020](#), however, the Digital Care Strategy programme was not in scope.

There is a distinct difference in the 2 programmes.

The JCM Digital Systems programme focuses on digital technology that enables prevention and early intervention (e.g., telecare, telemedicine and teleguidance) and supports the digital integration of health services in the community.

The Digital Care Strategy is a separate programme that was approved as part of the Government Plan 2021-2024 ([P.130/2020](#)) to introduce digital systems that are designed to enable better information and data sharing within the health department and with external providers, namely General Practice.

Additionally, it should be recognised that during the review, separate discussions took place between the Minister and the Health and Social Services Scrutiny Panel regarding how the JCM was/is funded via the Health Insurance Fund. This aspect of the JCM was not the focus of this review and, at time of writing, will be subject to further discussions as part of the Government Plan 2023-26 process.

Stakeholder Communication

The following key stakeholders were informed of the JCM pause:

Stakeholder Group	Communication message
JCM Programme Team	The Programme Team were updated by email of the Minister's intention to pause activity while they undertook a review. The initial email was distributed on 11/07/22 and further updates followed during regular team meetings.
JCM Programme Board	The Programme Board meeting scheduled for 01/08/22 was cancelled while the Programme Team assessed the implications of the pause on all activity and meetings. A further update was sent to Programme Board on 26/08/22 explaining the current situation and cancelling future meetings.
Clinical and Professional Advisory Forum (CPAF)	The members of CPAF were informed of the pause in activity at the monthly meeting scheduled for 10/08/22.
Health and Care Partnership Group	Members of the health and care sector were informed at the Health and Care Partnership Group's quarterly meeting held on 21/07/22 by the Minister.
Independent Oversight Board (IOB)	The IOB members were informed of the decision to pause all activity prior to the planned monthly review session scheduled for 17/08/22.
Primary Care Board (PCB)	Members of the PCB were informed of the pause in activity at their regular monthly meeting on 26/07/22.
GoJ Corporate Portfolio Management Office (CPMO)	The CPMO was informed of projects to be put on hold pending ministerial review during their meeting week commencing 15/08/22. The CPMO distributed guidance by email on 22/08/22 on the governance steps to be followed for projects that were deemed to be on-hold.

Alignment with the Our Hospital Project

I also considered how the JCM aligned with the Our Hospital project. It was considered that by reducing Islanders' dependency on secondary care through the expansion of primary and community services, the JCM would benefit the Our Hospital Project by reducing the expected demands on certain departments within the General Hospital e.g. by reducing the number of non-elective hospital admissions, reducing length of stay in the General Hospital, and enhancing the discharge service.

Additionally, the JCM was believed to benefit the Our Hospital Project through the delivery of digital improvements that would see all referrals moved from a paper-based system onto an electronic referral process and increasing the use of telecare, teleguidance and telemedicine systems to enable patients to remain safely in their own homes.

Whilst my review concluded that the rationale provided was appropriate anticipated outcomes lacked reliable financial and activity modelling, which is a risk.

Alignment with the Government Plan and Priorities

Further assessment was made against the Governments plans and priorities at the time and I considered the projects were relevant to the intended aims and objectives of the JCM

- The Government's vision for Health and Community Services (HCS) at the time:

to create a healthy island with safe, high quality, outcome focussed, affordable care that is accessible when and where service users need it

- The Governments Common Strategic Priorities at the time:

to provide affordable, efficient, and cost-effective public services by improving Islanders' wellbeing and mental and physical health, and enabling Islanders to enjoy long, healthy, and active lives

- The Government's public health goals:

focussing on improving public health by embedding the public health strategy across all areas of the project; and

- The Government's aim:

to continue transforming the public sector to create a modern and innovative public sector which meets Islanders' needs.

Finance

Original allocation of funds as identified in the business case

The funding approved in the 2021-2024 Government Plan for each year was as follows:

Programme	2021	2022	2023	2024	Total Funding
	£000	£000	£000	£000	£000
Jersey Care Model (Revenue)	6,600	8,300	6,100	4,100	25,100
Jersey Care Model Digital (Capital)	1,300	800	500	400	3,000
Total	7,900	9,100	6,600	4,500	28,100

Programme	2021	2022	2023	2024	Total Funding
	£000	£000	£000	£000	£000
Digital Care Strategy (Capital)*	3,400	3,900	5,600	3,300	16,200
Total	3,400	3,900	5,600	3,300	16,200

* Not part of this review.

Summary of Expenditure to Date and Full Year Forecast

The quarterly progress reports reviewed by the JCM Programme Board, the previous Minister for Health and Social Services, the previous Minister for Social Security, and scrutinised by the Health and Social Security Scrutiny Panel, detailed the operational progress, plans, expenditure and forecast of the programme.

The extract from the Quarter 3 2022 report, Table 1 (below) shows the combined total spend 2021 and 2022 year to September is £9.6m (£5,100k + £4,498k).

The full year 2022 forecast spend is £6.7m which would make the total spend for 2021 and 2022 £11.8m (£5,100k + £6,730k).

This is £3.1m less than the funding available of up to £14.9m (£5,100k + £9,800k).

Workstream	2021 Prior Year	2022 Year to Date			2022 Full Year		
	Actual £000	Budget £000	Actual £000	Variance £000	Budget £000	Forecast £000	Variance £000
Programme Management & Governance ¹	2,011	624	627	(3)	861	771	90
JCM Service Delivery Initiative	1,212	1,921	1,894	26	2,743	2,536	206
JCM Projects	1,876	1,971	1,977	(6)	2,744	2,622	122
Intermediate Care	964	1,338	1,397	(59)	1,806	1,809	(3)
Enablers & Commissioning	375	466	394	73	618	492	126
Digital	0	137	156	(20)	291	291	0
Pathways and Strategies	537	29	30	(1)	29	30	(1)
Reserve Funding (see details in table 4)					3,452	801	2,652
Grand Total	5,100	4,516	4,498	17	9,800	6,730	3,070

Table 1: HCS JCM Financial Summary as of 30 September 2022.

There remains £0.8m of ring-fenced funding held in the JCM Reserve for activities expected to commence between September and December 2022. This activity was committed to prior to the pause, for example job offers made in recruitment processes prior to July, or for the critical development of existing projects, for example the discharge support services to support the Hospital's discharge processes and care in the community through the winter pressures. Funding is transferred from the JCM Reserve to the project when expenditure starts being incurred.

Workstream	2022 Full Year	Description
	Planned Allocation £000	
Service Delivery Initiative	156	
Oxygen and Respiratory Community Services	19	Medical Secretary
Strategic Planning	42	Senior Policy Officer & Graduate Trainee
Cardiology & Respiratory Nurse Specialist	96	2 x Nurses, 1 HCA
Projects	728	
Intermediate Care	219	
Rapid Access Service	71	Medical Consultant
Discharge Support	107	External Partner community packages
HCS24	41	Clinical Supervisor
Enablers & Commissioning	256	
Sustainable Health & Care Funding	220	Healthcare Economists
Health & Care Analytics	36	Analyst
Pathways and Strategies	219	
Pathway Development	50	External Partner Support
Dementia Pathway	57	External Partner support
Digital	34	
Total undistributed funding held in JCM Reserve	801	

Table 2: Ringfenced funding for activities to commence in Quarter 4.

Financial Impact of Pausing Activity

There have been no additional costs incurred due to the pause other than the additional officer time spent supporting the review.

The pause has delayed the projects in the planning and design stages which plan to recruit or implement additional clinical services from quarter 3 onwards. There have been no new lines of expenditure for these projects.

Progressing these projects was partly dependent on the recruitment of roles to the Programme Management Change Office. Vacancies included roles supporting the commissioning and strategic planning function which would add much needed capacity to

manage the design and implementation of these workstreams. Pausing the recruitment to these vacancies has reduced capacity to progress the planned work programme.

In total, the pause has reduced the forecast spend for the programme by £0.9m for 2022. A breakdown of the £0.9m originally forecast that will now not be incurred in 2022 can be found in Table 3.

Workstream	2022 Reduction in forecast £000	Impact of pause
Programme Management & Governance	134	Recruitment to 4 vacancies paused, limiting capacity to implement new projects
Service Delivery Initiatives	186	
Commissioning and Partnerships	81	Vacancies not recruited to limiting capacity to review pilot JCM contracts for discharge support & overnight community care to ensure they are effective and inform the design future service.
Strategic Planning	36	Vacancies not recruited to due to pause
JCM Communications Strategy	68	Newsletter, website, focus groups paused
Projects	578	
Intermediate Care	96	
Discharge Support	15	Not progressed - further service expansion
Rapid Access Service	21	Not progressed - further design and recruitment to service
Supportive Services	60	Not progressed - further design and service contracting arrangements
Enablers & Commissioning	195	
Health & Care Analytics	160	Pause reduced Q3 spend, some provision made to progress project in Q4
Workforce Strategy	35	Not progressed - external engagement
Pathways and Strategies	125	No new pathways commenced, managed dementia pathway development within existing resource
Digital	162	No new projects progressed
Total reduction in forecast	898	

Table 3: Reduction in forecast spend due to pause.

Expenditure During the Pause

There has been continual spend where services had already commenced prior to the pause. JCM Digital Projects and Digital Care Strategy were not subject to being paused and are not included within the Table 4.

During the period July to September 2022 - the period considered as being under pause - £1.69m has been spent on these services. No new lines of expenditure have been incurred, other than where job offers were made prior to the pause commencing.

During this time the Programme Management & Governance team has continued to manage live projects and support the Ministerial Review. Capacity within this team has been reduced

due to post holders leaving and not being replaced. Approximately 2 FTE of resource previously dedicated to JCM projects has been reallocated to general HCS business as usual, such as the Clinical Governance report response and general HCS communications.

All other existing workstreams have continued to operate as normal providing patient-facing services, critically enabling strategic, policy and commissioning services.

As at the end of September, 71.57 FTE were employed by JCM-funded services. The table below shows the breakdown of this FTE by workstream. The number of staff has fluctuated throughout 2022, with additional patient facing staff joining workstreams in Quarter 4. Not included within this FTE figure are the clinical staff employed by partner organisations such as Family Nursing and Home Care and Jersey Doctors On Call.

Expenditure by workstream	January to June 2022 Pre-Pause	July to Sept 2022 During Pause	Total January - Sept 2022	Full Year 2022	Full Time Equivalent
	Actual £000	Actual £000	Actual £000	Forecast £000	Actual
Programme Management & Governance	437	190	627	771	11.7
JCM Service Delivery Initiative	1,222	673	1,894	2,691	32.6
Public Health	347	206	553	788	6
Commissioning and Partnerships	294	77	371	475	2.6
ED Overnight	167	161	328	437	7
Strategic Planning	104	86	189	289	5
Quality Improvement	175	14	189	281	4
JCM Communications Strategy	106	32	138	164	2
Physiotherapy First	5	33	38	96	3
Oxygen and Respiratory Community Service	0	25	25	80	3
Shelter Clinic	22	39	61	75	0
Fit for Life	2	0	2	5	0
Projects	1,150	827	1,977	3,274	27.3
Intermediate Care	837	560	1,397	2,064	19.3
HCS24	410	211	621	832	14.6
Discharge Support	163	147	310	549	2.7
Overnight Community Care	163	82	245	329	0
Rapid Access Service	37	88	125	243	1
JCM Intermediate Care	65	32	97	112	1
Pathways and Strategies	13	17	30	137	0
Dementia Strategy	0	0	0	57	0
Pathway Development	13	17	30	80	0

Expenditure by workstream	January to June 2022 Pre-Pause	July to Sept 2022 During Pause	Total January - Sept 2022	Full Year 2022	Full Time Equivalent
	Actual £000	Actual £000	Actual £000	Forecast £000	Actual
End of Life	0	0	0	0	0
JCM Primary Care & Prevention	0	0	0	0	0
Enablers & Commissioning	211	182	394	748	8
Health & Care Analytics	200	164	364	490	7
Sustainable Health & Care Funding Review	2	0	2	222	0
Health & Care Information Sharing	8	18	27	36	1
Digital	89	67	156	325	0
Telecare & Teleguidance	84	67	152	286	0
Digital - Non-Recurrent	5	0	5	39	0
Total Jersey Care Model	2,808	1,690	4,498	6,734	71.6

Table 4: Breakdown of expenditure before and during pause to date.

This includes 30.59 FTE of patient facing clinical staff. Civil Servants include public health, policy and commissioning officers and intermediate care management to set up and drive strategic transformation of the provision of care services. The programme management office and IOB co-ordinate and oversee the effective project management of the workstreams.

Forecast Expenditure for the Programme

Table 4 shows that as at the end of September it is estimated that the JCM Programme will spend a total of £6.7m in 2022. This is £3.1m less than the available total funding of £9.8m in 2022.

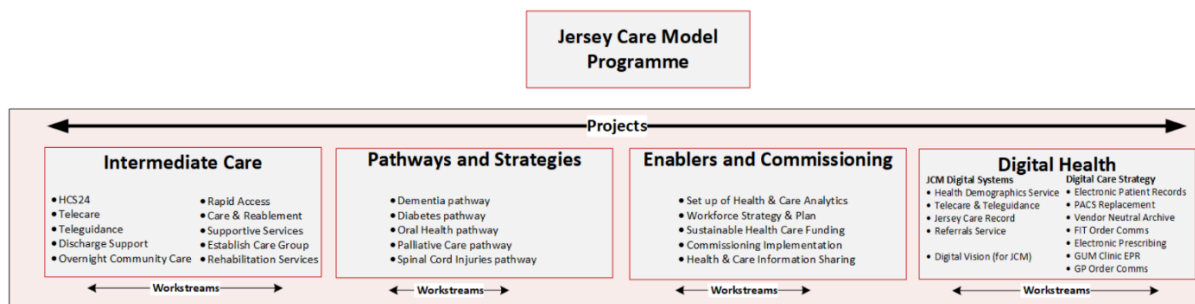
The £3.1m underspend is due to:

- a change in the delivery plan for the pathways project (£1.4m),
- activities not progressed in the year due to the Ministerial Review pause (£0.9m)
- slippage on the revenue implications of JCM Digital Projects (£0.5m)
- delays in recruitment to the Physiotherapy First posts (£0.15m)
- minor adjustments to the forecast cost of posts (£0.05m)
- part-year vacancies in Public Health (£0.04m)

The utilisation of the unspent funds from 2022 is accounted for in the section 'Summary of Future Investments'.

Programme of Work

The following diagram shows the four main projects that were being delivered under the JCM Programme. Each project consisted of a number of workstreams where the work was to be delivered.



Intermediate Care

This project aimed to establish, consolidate, and coordinate a range of primary and community care services that:

- are targeted at people who would otherwise face unnecessarily prolonged hospital stays or inappropriate admissions to acute in-patient care, long-term residential care, or continuing inpatient care
- are provided on the basis of a comprehensive assessment, resulting in a structured individual care plan that involves active therapy, treatment, or opportunity for recovery
- have a planned outcome to maximise independence and typically enable patients/service users to resume living at home
- are time limited to normally no longer than six weeks, and frequently as little as one to two weeks or less; and
- involve cross-professional working, with a single assessment framework, single professional records, and shared protocols.

Pathways and Strategies

The aim of this project was to introduce evidence-based standards of care for specific populations, conditions, or healthcare problems ensuring consistent high-quality treatment, which is understood by the person receiving the care, and to improve patient outcomes through the formation of coordinated delivery partnerships locally through public, private and voluntary sector involvement.

Each strategy was to be implemented through the co-design of a care pathway which would include:

- public education and awareness
- primary prevention

- early detection
- rapid and definitive diagnosis
- self-care/management
- treatment and tertiary prevention (stopping conditions from worsening)
- ongoing care and returning to normal life

Enablers and Commissioning

This project focused on the system arrangements within the overall Health System to develop key policies and strategies. It was intended to draw data analytics and information from across the whole healthcare economy to inform need, demand, and priorities so as to allow us to calculate the cost of the system over time.

The operational service changes were reliant on changes to legislation, policy, and governance arrangements. The workstreams within the project addressed some of the key areas containing critically dependent outcomes for the system changes that would occur over the JCM programme and into the future.

Digital Health

This project was underway to achieve strategic technology goals, and to support the delivery of effective, efficient, safe, and responsive health and care services.

The objectives of the project were to:

- Ensure Islanders utilise new technologies to manage their own health. For example, by giving them access to their health and care records, helping them to research self-care and preventative-care measures, and enable them to select and book community-based health and care services
- Provide a secure framework that connects health systems
- Enable health and care professionals to have real time access to comprehensive electronic records enabling information to be shared across care groups and respond better to patient need
- Use data to inform strategies for improving the health of Islanders and to manage the performance of health and care services and drive continuous improvement; and
- Define and manage care pathways to aid professionals in their access to the latest information, so that patients can communicate and manage their preferences and have a consistent experience.

Achievements and Partner Feedback

The following projects have been delivered through the JCM:

Fit for Life

A preventative service that aims to reduce the demand on acute services through reducing falls and emergency admissions. Investment has been used to support the service which operates in two venues across the island, improving accessibility and the mental and physical health of islanders.

Feedback from service users:

“To be honest I hate any form of exercise, but I stuck with the FFL program, and it has made me realise the benefits of exercises, physio and mentally I have improved. It’s an excellent programme.”

“I feel fitter, the programme has given me a much more meaning to my life. The programme has improved my posture a great deal, it has been a great class.”

ED Overnight

The provision of additional Middle Grade Doctor which align with activity to provide senior decision-making presence overnight which improves triage time, departmental flow, meet guidelines, reduce ambulance waiting times, and increase patient satisfaction.

Oxygen & Respiratory Community Service

The provision of additional resources to fulfil safety recommendations and enable a more robust and resilient service with improved communication, education, and safety across all sectors. The project will further greater capacity to provide the service in the community, which in turn will reduce pressure on hospital based/outpatient services and support primary/community care.

Shelter Clinic

The provision of additional primary care clinics for Shelter residents and vulnerable adults to improve capacity, and access to appropriate and effective health care, particularly with the introduction of a fourth site for women.

An audit highlighted an overall reduction of 67% in ED presentations between 2018 and 2021, with an annual reduction of around 42%.

Feedback from service users:

“I have really valued being able to access a GP on a regular basis.”

“The GPs’ availability to allocate these sessions every week, to all, is invaluable. The two GPs are respected and trusted and provide an excellent service.”

“I would not engage with general practice if the service was withdrawn due to the high costs and difficulty in registering.”

Physiotherapy First

A project to increase physiotherapy input in the trauma and orthopaedic team's triaging process with patients being directed to appropriate services at the point of referral. This project now allows patients to be seen in a timely manner, by the right clinician at the right time, which improves capacity for the surgical team to see patients that require surgical intervention.

Help at Home Scheme

A campaign to recruit 100 new staff into the sector and to fund their salaries while they were training and fund the upskilling of 50 existing employees in the sector.

33 people were offered employment and training, 55 care workers were provided with higher level training, and FNHC received funding to support five home carers to undertake a Level 2 RQF and one home carer to complete a Level 3 RQF.

Feedback from a provider:

"I think the campaign worked really well. We've since recruited a lady who had never thought about becoming a carer until she saw the adverts. She realised that there is a lot more to caring such as the social side of things and connecting with people. I hope the campaign will encourage more people to think about becoming a carer."

My mHealth

A digital app supporting more than five hundred Islanders to manage their long-term conditions.

Feedback from a Service User and Member of the Respiratory Team:

Service user: "The app is great. Everything is in one place, there's no paperwork and it's very easy to use. You can set reminders, so it doesn't slip your mind to take your medications or to input your data. Thanks to the app I'm now much better at controlling my medication."

Service user: "I think the app is amazing. It helps you feel more in control of managing your condition. You can do the exercises at your own speed. If you need to stop and rest, you just press pause."

Member of the respiratory team: "Every time someone with a chronic condition is admitted to hospital it impacts their quality of life through things such as losing mobility."

"The My mHealth app empowers patients by providing them with the knowledge they need to manage their conditions and to recognise the steps they need to take when they are not feeling well, to stop their condition exacerbating to the point that they need to be hospitalised."

Commissioning and Partnership Strategy

More than 30 local service providers were involved in the co-design of a commissioning strategy to define how services will be assessed, planned, delivered, and monitored for quality.

Whilst these projects appear to be delivering benefits to patients there is a need to formally evaluate and ensure each is sustainable within a new pattern of service and delivering the

intended financial savings. This is an important assurance requirement underpinning the reasons why investment was made in the JCM programme.

Programme Governance and the IOB

In addition to project governance being overseen by the JCM Programme Board, the Programme Team also report to and act on recommendations made by the Independent Oversight Board (IOB).

Following a recommendation made by the Health and Social Security Scrutiny Panel (Recommendation 12, [Review of the Jersey Care Model](#)) and the subsequent Amendments to the Jersey Care Model ([P.114/2020](#)) three members were appointed to the IOB.

The Chair of the IOB was appointed in January 2022 with further board members being appointed during the following month and the full board meeting for the first time in March 2022.

The IOB comprises of three non-executive directors all recruited and appointed by the Jersey Appointments Commission.

Name	Position	Main area of focus
Mike Greenwood	Chair	Programme management practice and monthly reporting requirements.
Helen Keppel-Compton	Member	Communications, voice of the service user and stakeholder engagement.
Gérald Sampson	Member	Budgets and regulation.

Prior to my appointment the IOB’s accountability was to the Minister for Health and Social Services and was required to report to the Minister on a monthly basis on delivery progress and programme management. The IOB’s function is there to support the Minister in holding the Accountable Officer and their management team for Health and Community Services to account for the efficient and effective delivery of the JCM.

The IOB also reports to the Health and Social Security Scrutiny Panel on delivery progress and programme management. This supports the scrutiny process and in turn allows the States Assembly to hold the Minister to account for the efficient and effective delivery of the JCM.

The IOB work with the Accountable Officer for HCS and the JCM Programme Team on issue resolution, recommendations for improvement, and any clarifications prior to any reporting or escalation to the Minister and the Panel. The IOB are also responsible for agreeing the format of monthly progress reports and gateway reports highlighting detailed analysis of progress against set targets and milestones.

The IOB is funded by the JCM with a budget of £40,000 per annum assigned to fund the board. Each board member is expected to devote such time as is necessary for the proper performance of their duties and spend about 1.5 days per month on IOB business.

The timing of the election in June 2022 created a hiatus regarding the Board activities. Throughout July and August, the Board continued to provide support to the review and governance process, until their duties paused in September.

The establishment of the Board was a decision taken by the Health and Social Services Scrutiny Panel to support the governance and oversight of the JCM and it is proposed that we continue to re-engage the Board until members of the Health and Social Security Panel together with the Minister decide otherwise.

Activities Paused

Work was paused on the following services while the review into JCM activity was being conducted:

Service	Description
Island wide workforce strategy	The creation of a strategy setting out plans to recruit and retain staff, establish new ways of sharing the workforce across the sector, train and invest in staff and provide clear career development plans.
Discharge Service	<p>The Discharge to Assess Scheme will ensure clinically fit patients are discharged into an environment that meets their holistic needs, whilst allowing their long-term care requirements to be accurately assessed and reducing readmission.</p> <p>The Home Care pilot continued during the pause, but no further work has been undertaken to define the next phased development of the service.</p>
Rapid Access Service	<p>This service will undertake rapid assessment of referred patients by specialist Geriatricians, rehabilitation consultants and clinical practitioner specialists with experience to determine appropriate treatment, care, and support requirements. The service will provide holistic in-depth assessments and diagnostics of patients with multicomplex conditions, frailty, and cognitive impairments.</p> <p>The two stroke consultants remained in position, but no further work was undertaken to develop and implement the service.</p>
Out of Hours Community Service	<p>The design and implementation of a service that enables islanders to have access to more appropriate and less expensive services out of hours. The new service should assess and treat patients at home, thus avoiding unnecessary attendances to the Emergency Department.</p> <p>The commissioned trial of the service continued during the pause, but no further work has been undertaken to define the next phased development of the service.</p>
Teleguidance	<p>Teleguidance is a free health advice and triaging service operated by Health, Care and Support 24 (HCS24). It will be available 24 hours a day, seven days a week, and is supported by GPs and clinicians.</p> <p>A contract for the system has been signed with the service provider but no further work has been undertaken during the pause in designing the service or developing the processes.</p>
Supportive Services	Develop work with partner organisations to support and enable further capacity for community-based support, in line with the Intermediate Care strategy.
Care and Reablement Team	Creation of a new multi-skilled Care and Reablement Team to provide swift community-based care to prevent avoidable hospital admissions and support Islanders at home following a hospital stay. The service will operate 24 hours a day, seven days a week
Care Pathway development	The development of care pathways to provide a consistent approach across social, primary, secondary, and tertiary health, with each part understanding what is expected from them. Clearly articulated pathways allow patients and their families to understand what treatment they can expect.

Service	Description
<p>Digital – Jersey Care Record</p>	<p>The Jersey Care Record creates a shared care record that is available digitally to Islanders. It presents information from different sources such as the GP system, Hospital EPR and others. The shared care record is also available to other health and care professionals, increasing the information available to them when treating or providing care to an Islander.</p> <p>Work commenced on the scoping of the project, but no further costs were incurred.</p>
<p>Programme / Project Board</p>	<p>Programme governance provides direction and defines decision-making procedures and metrics for validating impacts to the programme. The JCM Programme Board is the sponsoring group for the JCM, responsible for the commissioning of projects to deliver the programme benefits, decision making, and to check and control how the programme is running.</p> <p>Project and Programme Board meetings have not been held during the pause.</p>
<p>Independent Oversight Board (IOB)</p>	<p>The IOB is an independent, non-executive board that keeps the delivery of the new model under continuous review.</p> <p>No review sessions have been held by the JCM Programme Team with the IOB since the start of the pause.</p>

Conclusion

The purpose of this review was to develop an understanding behind the concerns raised by Islanders and to assure myself as the Minister responsible that arrangements to deliver the programme as outlined in the original proposition were consistent with the intentions and decisions taken by the States Assembly in 2020.

As a result, I am supportive of the need to continue the service developments outlined below on condition that stronger scrutiny and governance of the delivery approach is put in place, and the recommendations I have identified are addressed.

Intermediate Care

HCS24				
Description	The service will answer calls for Jersey Doctors on Call (GP out of hours) and Night Nursing Service and reduce the number of referral points from the twenty-seven that previously existed. HCS24 will also be the primary monitoring centre for all Telecare devices in the community.			
Alignment to Ministerial priorities	This service will ensure that people can be quickly and accurately referred to the right specialist support by accessing one single referral point.			
Islanders / Patients benefits	<ul style="list-style-type: none"> • A single point of contact for a variety of health and social care services • Timely access to preventative services • Holistic review of patient needs, rather than presenting issue 			
Activities during this period	The service is already answering referral calls from healthcare professionals, and this will be expanded to receive support calls for discharged patients. An improvement process will be implemented to ensure that the service makes any necessary changes to ensure that it is providing the best service possible to Islanders and healthcare professionals.			
Expected cost 2021-2024	The total planned investment for this service is £2.7m for 2021-2024 that will directly support the delivery of primary and community care.			
	2021	2022	2023	2024
	£107k	£832k	£937k	£937k

Telecare	
Description	<p>The Telecare service enables Islanders to live independently and confidently at home by providing an assisted living service. The service was in existence prior to the JCM; however, the previous technology was at the end of its life and was no longer supported.</p> <p>The new solution is already in operation and sending alarms back to the HCS24 Support Centre. The programme to migrate users of the old system across to the new technology is ongoing. The new Telecare service also has the ability to provide further monitoring capability to the end user and discussions have</p>

	commenced with the Long-Term Care team to expand the service offering to include devices in line with other care needs.			
Alignment to Ministerial priorities	This service utilises digital health technology to enable people to remain at home for longer through the provision of enhanced assisted technology devices.			
Islanders / Patients benefits	<ul style="list-style-type: none"> • Improved independent living • Large range of assistive devices to suit different living arrangements • Improved access to support services 			
Activities during this period	The plan to migrate existing service users across to the new technology will continue. We will also continue work with Long-Term Care to understand what other devices can be deployed to expand the offering to cater for other care needs.			
Expected cost 2021-2024 (Including Teleguidance)	The total planned investment for this service between 2021 and 2024 is £1.35m which will directly support the delivery of primary and community care			
	2021	2022	2023	2024
	£0	£286k	£566k	£529k

Teleguidance				
Description	Teleguidance is a free health advice and triaging service that will be operated by the Health, Care and Support 24 (HCS24) team and supported by GPs and clinicians. At the centre of the service is a clinically led algorithm-based software that enables signposting to appropriate services.			
Alignment to Ministerial priorities	This service will ensure that people are quickly and accurately referred to the right specialist.			
Islanders / Patients benefits	<ul style="list-style-type: none"> • Easy access to health advice • Access to health support 24/7 • Reduction in cost of low-level health advice • Faster access to health advice and support • Promotion of self-help and other accessible support 			
Activities during this period	A contract has already been signed with the provider of the service and the system has been implemented. System and user testing will need to be successfully completed before the service is launched as an overnight service for live testing.			
Expected cost 2021-2024	The total planned investment for this service is included in Telecare and will directly support the delivery of primary and community care			
	2021	2022	2023	2024
	Investment for this service is included in Telecare			

Discharge Service	
Description	The Discharge Service will ensure clinically fit patients are discharged into an environment that meets their holistic needs, whilst allowing their long-term care requirements to be accurately assessed and reducing readmission.

	A redesigned Discharge Service will co-ordinate hospital and community providers to help facilitate efficient and timely discharges, as well as ensuring continuity of care. This service is being piloted and is offering a 'bridging' package of home care for up to six weeks while a patient's permanent care provider is established, will allow clinically fit patients to be appropriately cared for at home.			
Alignment to Ministerial priorities	The discharge service will create new care, support and discharge support service that will enable people to recover at home or in a location that best suits their needs.			
Islanders / Patients benefits	<ul style="list-style-type: none"> • Patients are able to return home earlier and be appropriately cared for • Patients do not have to make a "life decision" when in a hospital environment • Patients can recuperate in their own home 			
Activities during this period	Feedback from the pilot will be assessed to obtain further analysis on the requirements for the service and to understand how it could best meet the needs of Islanders. Baseline data will be defined and collated prior to a new business case being drafted for review.			
Expected cost 2021-2024	The total planned investment for this service between 2021 and 2024 is £1.8m that will directly support primary and community care.			
	2021	2022	2023	2024
	£110k	£549k	£388k	£146k

Rapid Access Service				
Description	<p>The Emergency Department (ED) experiences a high number of attendances by clinically vulnerable and older patients who have multiple complex conditions, and whose diagnosis and treatment does not require an Emergency Department.</p> <p>The Rapid Access Service will undertake rapid assessment of referred patients by specialist geriatricians, rehabilitation consultants and clinical practitioner specialists with experience to determine appropriate treatment, care, and support requirements. The service will provide holistic in-depth assessments and diagnostics of patients with multi complex conditions, frailty, and cognitive impairments.</p>			
Alignment to Ministerial priorities	The deployment of a Rapid Access Service will ensure that people can be quickly and accurately referred to the right specialist support, assessment, and diagnosis.			
Islanders / Patients benefits	<ul style="list-style-type: none"> • Additional services for supporting the elderly population • Quicker access to specialist assessments • Effective care plans overseen by a specialist 			
Activities during this period	Feedback from the current pilot service will be assessed to determine the design of the service. User workshops will be scheduled to ensure patient experience also influences the design.			

Expected cost 2021-2024	The total planned investment for this service between 2021-2024 is £3.5m that will directly support primary and community care.			
	2021	2022	2023	2024
	£0	£243k	£288k	£2,130k

Out of Hours Community Service				
Description	<p>Islanders have limited options when seeking out of hours support other than ED or calling 999. This results in a high number of ED attendances for non-life-threatening conditions which would be more appropriately treated by another service. Patients also have the option of calling the Jersey Doctors On Call (JDOC) service, but this is an expensive alternative.</p> <p>This service will enable islanders to have access to more appropriate and less expensive options out of hours. The new service will assess and treat patients at home, thus avoiding unnecessary attendances to the Emergency Department. HCS24 will play a key role in the coordination of referrals, where a multi-disciplinary team will triage and refer patients to the appropriate service for their needs.</p>			
Alignment to Ministerial priorities	The deployment of this service will ensure that people can be quickly and accurately referred to the right specialist support and, where suitable, receive high quality treatment at home.			
Islanders / Patients benefits	<ul style="list-style-type: none"> • Islanders will have access to appropriate care and support out of hours • Increased out-of-hours service provision • Seek initial free health advice 			
Activities during this period	Information from the current pilot will be collated to determine the future needs assessment. Multi-professional and patient engagement workshops will also be undertaken to establish the options for future service design.			
Expected cost 2021-2024	The total planned investment for this service between 2021 and 2024 is £2.6m that will directly support primary and community care			
	2021	2022	2023	2024
	£627k	£329k	£1,323k	£822k

Care and Re-ablement Team	
Description	The Care and Re-ablement Team will provide swift community-based care to prevent avoidable hospital admissions and support Islanders at home following a hospital stay. The service will operate 24 hours a day, seven days a week to provide the appropriate support to patients to avoid unnecessarily hospital admissions or readmissions.
Alignment to Ministerial priorities	This service will enable people to receive high quality treatment to recover at home and avoid unnecessary admittance to hospital.
Islanders / Patients benefits	<ul style="list-style-type: none"> • Patients can be supported at home, preventing avoidable admissions

	<ul style="list-style-type: none"> • Patients receive a quicker response for urgent treatment • Patients are able to return home from hospital when clinically ready 			
<p>Activities during this period</p>	<p>This service will be reviewed to ensure that it will provide the best solution to members of our community. A series of multi-professional workshops will be held to determine the service design, process, and requirements. Patient engagement sessions will also be undertaken to assess how patients can be further supported in the community to prevent unnecessary hospital admissions.</p>			
<p>Expected cost 2021-2024</p>	<p>The total planned investment for this service between 2021 and 2024 is £3m that <i>will directly support primary and community care.</i></p>			
	<p>2021</p>	<p>2022</p>	<p>2023</p>	<p>2024</p>
	<p>£0</p>	<p>£0</p>	<p>£75k</p>	<p>£1,342</p>

Pathways and Strategies

Care Pathway Development				
Description	<p>The treatment patients receive for specific medical conditions very much depends on the organisation or clinician who sees you. The lack of formal processes mean that referrals do not follow a standard approach resulting in people getting lost in the system, therefore not receiving the service they require.</p> <p>The development of care pathways will provide a consistent approach across social, primary, secondary, and tertiary health, with each part understanding what is expected from them. Clearly articulated pathways allow patients and their families to understand what treatment they can expect. And what outcomes are expected as a result.</p>			
Alignment to Ministerial priorities	<p>The introduction of evidence-based standards of care will ensure people, with particular conditions, receive consistent high-quality treatment and care and understand what treatment they can expect.</p>			
Islanders / Patients benefits	<ul style="list-style-type: none"> • Services and support are provided at the right time in the right place for individuals and aligned to agreed standards • Enables patients to take ownership of their conditions through tailored self-management plans • Clear and concise support information available and how to access it. • Support, information and advice for families and carers 			
Activities during this period	<p>Work will commence on the creation of strategies and the implementation of care pathways for End of Life and Dementia.</p>			
Expected cost 2021-2024	<p>The total planned investment for this service between 2021 and 2024 is £1.0m that will indirectly support primary and community care</p>			
	2021	2022	2023	2024
	£285k	£137k	£136k	£11k

Enablers and Commissioning

Health and Care Analytics	
Description	<p>The analytics workstream will produce a whole health and care economic activity and cost modelling tool, drawing together data to calculate the demand and cost of current and future health and care activities across the Island, not just HCS. It will provide the Government with a deeper understanding of what is driving the cost and outcomes of health and care services to make effective decisions about the transformation and performance of health and care services.</p> <p>It will provide detailed information to ensure transformation initiatives are evidenced with whole system costs, benefits, and value for money measures.</p>
Alignment to Ministerial priorities	<p>Analytics and data modelling are fundamental to ensuring that we are focusing our resources to resolving issues appropriately.</p>

	The demand and cost of current and future health and care activities will form the baseline for each service improvement we undertake. The introduction of evidence-based standards of care will ensure people with particular conditions receive consistent high-quality treatment and care and understand what treatment they can expect.			
Islanders / Patients benefits	<ul style="list-style-type: none"> • Services designed to meet demand, based on local data so Islanders can access the most appropriate service within good time • More information will be readily available to Islanders on the use and performance of their health service, increasing accountability of providers 			
Activities during this period	The creation and population of a Person-Level Information Costing System (PLICS) Model for 2020 and 2021. This is a critical data feed into the wider health and care economy model and Sustainable Healthcare Funding Review.			
Expected cost 2021-2024	The total planned investment for this service between 2021 and 2024 is £2.9m that will indirectly support primary and community care.			
	2021	2022	2023	2024
	£375k	£490k	£807k	£1,169k

Sustainable Health Care Funding	
Description	<p>This review will establish which services will be provided by the Government and paid for through taxation and social benefit systems or by private and voluntary organisations. Once the future costs are known, an appropriate and socially acceptable funding system will be proposed to ensure the costs of these services will be met.</p> <p>The public will be engaged throughout this review to test their appetite for the options as they emerge. The intended outcome will be a system of funding and financing that better responds to rising health and care costs, while helping to address health inequalities, incentivise use and provision of preventative health and care services, and ensure the right services are available to Islanders.</p>
Alignment to Ministerial priorities	This work will provide the information necessary to determine government policy and associated funding and financing arrangements across the whole Island health and care system.
Islanders / Patients benefits	<ul style="list-style-type: none"> • An acceptable health and care provision • A socially accepted level of contribution to pay into the healthcare system • Opportunity for Government to hear Islanders views on health and care funding, knowing that they'll be listened to
Activities during this period	Continue with the final stages of the procurement process to engage a specialist health economist (the Health Economics Unit) to assist with this activity as the Government currently does

	not have internal experience or expertise to undertake this review.			
Expected cost 2021-2024	The total planned investment for this service between 2021 and 2024 is £0.3m that will directly support primary and community care			
	2021	2022	2023	2024
	£0	£222k	£100k	£0

Workforce Strategy and Plan				
Description	The creation of a workforce strategy and plan was previously identified as a workstream within the JCM. However, this will now be undertaken by the Council of Ministers who will agree and publish, in 2023, a whole Island workforce strategy which will set out how government will address the barriers to recruitment and retention of health and care staff regardless of whether they work for Government of Jersey, primary care or the voluntary and community sector.			
Alignment to Ministerial priorities	I will work with the Council of Ministers to agree and publish, in 2023, a whole Island workforce strategy which will set out how government will address the barriers to recruitment and retention of health and care staff regardless of whether they work for Government of Jersey, primary care or the voluntary and community sector.			
Islanders / Patients benefits	<ul style="list-style-type: none"> • Being cared for by compassionate staff with the right skills to treat and care for them effectively • Access to services with safe staffing levels 			
Activities during this period	Work in conjunction with the Council of Ministers to define the scope and objectives of this work and define the timeline of activities required to draft the workforce strategy.			
Expected cost 2021-2024	The total planned investment for this service between 2021 and 2024 is £0.2m that will directly support primary and community care.			
	2021	2022	2023	2024
	£0	£0	£139k	£61k

Health and Care Information Sharing	
Description	<p>Patient information is subject to organisation point to point data sharing agreements which are difficult to manage and establish. This means that vital patient information is withheld on separate provider systems when accessing health and care support, meaning we are reliant on patients repeating information to each provider. Patients require appropriate information to be shared safely to support integrated health and social care.</p> <p>The implementation of integrated health and social care records is a key priority and enabler to integrated care. A clear set of processes, safeguards, principles, and frameworks is needed for the purpose of direct care and for system improvement. This will enable Public Health Initiatives, Jersey Care Record, and Intermediate Care (particularly HCS24) to run efficiently and effectively.</p>

	Sharing relevant information to providers, regardless of the care setting or organisation where the information is held, empowers the health and care sector to provide timely person-centred care, improving health outcomes for many patients.			
Alignment to Ministerial priorities	Ensuring that the appropriate laws are followed with regards to data protection are essential to enable the data sharing required to ensure that people can be quickly and accurately referred to the right specialist via a digital solution.			
Islanders / Patients benefits	<ul style="list-style-type: none"> • Seamless quality care and treatment in the right setting • Improved integration with health, social and community support services leading to holistic review 			
Activities during this period	We will continue to design a set of safeguards and principles for the team to operate under. Patient engagement sessions will also be undertaken prior to the framework for the service be created.			
Expected cost 2021-2024	The total planned investment for this service between 2021-2024 is £0.2m that will directly support primary and community care			
	2021	2022	2023	2024
	£0	£36k	£54k	£54k

Digital Health

Health Demographics Service	
Description	This will create a central record for a person including their name, date of birth and address, which links health and care records from multiple systems together. By referencing this central source of truth, it eliminates the current inconsistencies in information held across different systems which acts as a barrier to connecting services together because information across systems is different. As an example, in the service which allows a GP to order a radiology test digitally we are unable to automatically match the patient record in EMIS to the patient record in Radiology in 6-8% of occasions.
Alignment to Ministerial priorities	The creation of this service will enable the expansion of digital health and is also a prerequisite for the delivery of the Information Sharing and other services required for the turnaround and transformation of Health and Community Services.
Islanders / Patients benefits	<ul style="list-style-type: none"> • Improved service time through faster processing • Reduced data errors • Joined up services • Foundational aspect that facilitates sharing of records with Islanders
Activities during this period	Discussions will continue with the preferred supplier for the solution through to contract completion. The service will then be

	built, tested and commissioned prior to its first integration with the new hospital Electronic Patient Record (EPRT) system.			
Expected cost 2021-2024	The planned investment for this service is accounted for in the total of digital projects.			
	2021	2022	2023	2024
	Accounted for in the total of digital projects			

Jersey Care Record				
Description	Currently Islanders have very limited access to health and care records. The Jersey Care Record creates a shared care record that is available digitally to Islanders which presents information from different sources such as the GP system, Hospital EPR and others. It is enabled by the Health Demographics Service. The shared care record is also available to other health and care professionals, increasing the information available to them when treating or providing care to an Islander. The Jersey Care Record also provides a foundation for introducing other services, such as electronic bookings, electronic referrals, access to remote support, and improved communication with health practitioners.			
Alignment to Ministerial priorities	The creation of this service will enable the expansion of digital services within the health and care sector and will ensure that people can be accurately referred between departments and organisations who will all have access to the same information source.			
Islanders / Patients benefits	<ul style="list-style-type: none"> • Access to their own information • Islander control over information sharing • Basis for enabling referrals and other services such as virtual consultations 			
Activities during this period	This work has not yet commenced and is dependent on the completion of the Health Demographics Service. Multi-professional and patient engagement workshops will be undertaken prior to a high-level design and business case for the service being drafted.			
Expected cost 2021-2024	The planned investment for this service is accounted for in the total of digital projects.			
	2021	2022	2023	2024
	Accounted for in the total of digital projects			

Referrals Service	
Description	Referrals from practitioner to practitioner or service to service is largely manual today, for example by letter, which introduces delays in Islanders being referred or referrals not being completed correctly. The referrals service is a digital referral process which enables a practitioner to create an electronic referral direct to another practitioner or service based on a service catalogue and to be able to track the referral through to successful completion. An integrated customer journey will keep Islanders informed. This initiative builds on the Health Demographics Service and the Jersey Care Record. The new piece of work is at the mandate development stage.

Alignment to Ministerial priorities	The implementation of the service will ensure that people can be quickly and accurately referred to the right specialist support via a digital solution.			
Islanders / Patients benefits	<ul style="list-style-type: none"> • Quicker access to services • Regular communication throughout the referral • Reduced instances of referral breakdown • Link to Jersey Care Record 			
Activities during this period	Once the Health Demographics Service and the Jersey Care Record are in their final stages of development work will commence to design the expectations and requirements for this service.			
Expected cost 2021-2024	The planned investment for this service is accounted for in the total of digital projects.			
	2021	2022	2023	2024
	Accounted for in the total of digital projects			

Summary of Future Investments

The following table summarises the total investment required to continue and develop the projects that were formerly part of the JCM.

Sector	Service	Status (pre-pause)	Decision			Investment				Total 2021-2024 £000
			Continue	Develop	Not Continue	2021 £000	2022 £000	2023 £000	2024 £000	
	Public Health	Live	✓			141	788	769	769	2,467
Total Public Health						141	788	769	769	2,467
	Out of Hours Community Service	Trial		✓		627	329	1,323	822	3,101
	HCS 24 SPoR / Care Navigators	Live	✓			107	832	937	937	2,813
	Digital – Telecare	Live	✓			-	286	566	529	1,381
	Oxygen & Respiratory Community Service	Live	✓			-	80	145	-	225
	Care and Reablement Team	Not started		✓		-	-	75	1,342	1,417
	Supportive Services	Trial			✓	300	-	-	-	300
	Shelter Clinic	Live	✓			41	75	-	-	116
	Fit for Life	Live	✓			4	5	-	-	9
Total Primary & Community Care						1,079	1,607	3,046	3,630	9,362
	Discharge Service	Trial		✓		110	549	388	146	1,193
	Digital Projects – Health Demographics, e-Referrals, Jersey Care Record	Not started	✓			15	39	216	69	339
	Care Pathway development	Not started		✓		285	137	136	11	569
	Intermediate Care Management	Live	✓			139	111	104	104	458
Total Overarching						549	836	844	330	2,559
	Rapid Access Service	Trial		✓		-	243	288	2,130	2,661
	ED Overnight	Live	✓			386	475	410	200	1,471
	Physiotherapy First	Live	✓			-	96	305	-	401
	Quality Improvement	Live		✓		183	281	194	194	852
Total Secondary Care						569	1,095	1,197	2,524	5,385
	Health and Care Analytics	Design	✓			375	490	807	1,169	2,841
	Programme management ¹	Live		✓		1,994	702	478	604	3,778
	Strategic Planning	Live	✓			118	289	441	77	925
	Commissioning	Live	✓			234	437	184	248	1,103
	Island wide workforce strategy	Design		✓		-	-	139	61	200

¹ Programme Management 2021 includes £1m to JDOC for GP engagement in programme

Sector	Service	Status (pre- pause)	Decision			Investment				Total 2021- 2024 £000
			Continue	Develop	Not Continue	2021 £000	2022 £000	2023 £000	2024 £000	
	Independent Oversight Board (IOB)	Live	✓			-	37	108	128	273
	Communications and Public Involvement	Live		✓		14	164	107	74	359
	Sustainable Healthcare Funding	Design	✓			-	222	100	-	322
	Health and Care Information Sharing	Live	✓			-	36	54	54	144
	Health and Care Partnership Group	Live	✓			29	32	29	29	119
	Clinical & Professional Advisory Forum (CPAF)	Live	✓			-	-	3	3	6
Total Strategic						2,764	2,409	2,450	2,447	10,070
Total investment						5,100	6,735	8,306	9,700	29,843