Health and Community Services

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Chairman
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By e-mail

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Dear Deputy Le Hegarat

Please find attached the HCS response to your letter of 9 September asking a number of written questions in advance of the Scrutiny hearing on Tuesday.

General

1. Please can you provide a breakdown of your Departmental Budget for 2020?

The attached document provides a draft outline of the HCS departmental budget for 2020 in a standard corporate format. A detailed budget document is currently being prepared and will go to the HCS Management Executive (MEX) and thereafter to the Finance Modernisation Committee.

Corporate Reconciliation Temp

2. How has the budget attributed to you on page 138 been calculated? Can you explain the different elements of it?

The calculation is as set out below:

Description	£'000's	Notes
Opening baseline budget at start of 2019	197,888	
Inflation and legislation decisions	2,000	
Investment	11,499	Mental Health (Crisis support, (£1.1m), Listening Lounge (£300k), Complex Trauma

		(£800k), CAMHS (£400k), MH legislation (£600k) Reducing Preventable Disease (£300k) Maintaining Service Standards and Healthcare Inflation (£4.179m) Re-instatement of Previous Commitment (£3.597m) Digital health (£0 in 2020) Other – Independent Jersey Care Inquiry (£70k), Policy legislation (£31k), Social Inclusion (£122k)
Total	**211,387**	**As per page 138**
Pay inflation awarded 2019	4,740	Comprises manual workers 2018 and 2019 (£849k), nursing pay (£3.890m)
Other recurrent adjustments	2,446	Transfers
Total anticipated opening budget	**218,573**	

3. What stakeholder consultation have you gone through before agreeing the actions and projects within your remit?

Since the advent of P82, HCS has been clear about the need to evolve our health and care system to meet patients' needs, particularly as Islanders live longer. P82 was itself the result of a major consultation exercise and its focus on prevention and on developing a more flexible and coordinated service with community and primary care partners has been reaffirmed in the proposed Jersey Care Model, which takes account of today's clinical and healthcare practice and technology, tailored to our Island context. In terms of the priority given to investment in mental health services, this reflects the recognition – as set out in the Panel's own report on mental health services – of the absolute need for greater investment to improve access to services and create parity of esteem for mental health. Upgrade work to the existing general hospital is required to allow us to continue to provide hospital-based care to an acceptable level, while a long-term solution for developing new hospital facilities is agreed and progressed.

4. Preventable Diseases (CSP2-1-02)

Why does the requested investment jump considerably from £300,000 in 2020 to £1,200,000 in 2012 and again to £2,500,000 in 2022?

In 2020: £0.1m Health promotion and £0.2m for meals in primary schools – a two-year pilot in two schools is planned to be rolled out more widely with £200k beginning the roll-out. In 2021 primary school meals are rolled out further and new programmes begin in SPPP (Healthy Start and Food Dudes - access to fruit and vegetables for low income groups - and whole school Cooking and Growing programme).

In 2022 the SPPP programmes get broader roll-out; breakfast clubs, family weight management begin and smoking cessation increases.

In 2023 family weight management gets broader roll-out.

Mental Health (CSP2-2-02) (See Below Response)

5. Please can you provide timelines for each of the six initiatives identified within the full business case?

Mental Health Revenue Investment £3.2m, which reflects realistic expenditure for revenue streams as a result of the recruitment timeline

5.1. CAMHS £0.4m

In the Target Operating Model of the Government of Jersey, the Child Development Centre and CAMHS are to transfer from Health and Community Services into Children, Young People, Education and Skills. The service is in the process of transition during 2019. The aim is to achieve a fully integrated children's system with clear and effective pathways that work for children and their families. A memorandum of understanding has been agreed between HCS and CYPES which includes but is not limited to:

- Performance and Outcomes
- Handover arrangements relating to staffing and workforce management; clinical governance & data protection; records management; health & safety and pathways and referrals.

The business case for CAMHS seeks to secure resources to facilitate transition of CAMHS services from health and community services to CYPES; clarify and improve operational accountability and responsibility for delivery of the CAMHS pathway and commence a programme of redesign work to shape a future service model for CAMHS and relevant pathways of care and support. The proposal responds to changes in operating arrangements aligned to the implementation of the Target Operating Model which proposes the transition of CAMHS services from HCS to CYPES.

The programme of transition is devised in two phases over one year and will require dedicated project management support.

Phase 1 to commence Q4 2019: focuses on: (a) securing recruitment to vacant team manager post (b) undertaking a funding review of complex cases (off-island) to understand costings and identify efficiency savings (c) completing a full financial analysis of the service. It is anticipated financial support could be secured 'in house' and working alongside the project manager without

the need for external resource. (d) An additional Child and Adolescent Mental Health Consultant post is needed to address the needs of 19-25 year olds as part of this model of transition.

Phase 2 to commence Jan 2020: focuses on: (a) completion of a business case to secure support to assist with service redesign. It is anticipated that the cost of procurement will be in the region of £50k.

Additional resources are required to manage the cost of 'off island' placements until the redesign work can identify relevant efficiencies and a more realistic budget can be set for funding 'off-island' placements. Further costs are for off-island placements.

5.2 Crisis support £1.1m in 2020

Immediate recruitment will begin following confirmation of funding of a consultant psychiatrist with expertise in crisis intervention and two full-time equivalent staff grade psychiatrists. Following these appointments, a multi-disciplinary team including alcohol and drugs and physical health care services will be appointed in line with the review of evidence by the National Audit Office on the role of crisis resolution and home treatment teams. It is envisaged that the full specification of crisis support services will be in place **Q3 2020** but recruitment and on-boarding will commence as soon as funding is approved.

5.3 Listening Lounge £95k in 2019 & £0.3m in 2020.

This development has been expedited by the Mental Health Improvement Board. A decision was made at the Mental Health Improvement Board on the **31st of July 2019** to allocate existing monies to the initiation of a two-year pilot. This is due to begin in terms of venue refurbishment in **November 2019**. Multi-agency meetings are taking place within Health and Community Services to agree the collaborative provision of services by third sector partners.

5.4 Complex Trauma £0.8m in 2020

Evidence-based psychological therapies training has already begun using non-recurring monies from the Jersey Care Enquiry. It is estimated the pathway as a whole will be operationalised by the end of **Q3 in 2020**. Costs are for forensic consultant, clinical psychologists, sexual health / domestic violence counsellors, assistant psychologists and non-pay (training).

5.5 Mental Health Legislation £0.6m in 2020

Operational Timeline: the relevant legislation has been introduced. The release of monies would trigger an immediate team recruitment. Advertising, interviewing and notice periods suggest that this would come to fruition within approximately **six months (Q2 2020)** as we will commence recruitment once funding is approved. The following posts would be recruited to:

1 FTE Team Manager, 1 FTE Authorised Officer (AO) OOH, 1 FTE Authorised Officer (AO) BAU, 3 FTE Capacity and Liberty Assessor (CLA,) 1 FTE trainer and 1 FTE Capacity and Self Determination Law implementation lead. With dedicated Capacity and Liberty Assessors and operational management, the 'student' CLA resource can also be utilised. This will represent a bonus resource released by the initial investment that will speed delivery of the intended outcomes of the development.

5.6 Mental Health Strategy £0.1 in 2020

Further development of the Mental Health Strategy aligned to the new Jersey Care Model is required in 2020. This will focus on the co-located MH Campus development as part of the long-term plans for MH inpatient care. It will also expand upon the Community & Voluntary sector role and opportunity going forward so that Mental Health partners are clear as to future long-term strategic plans and can have certainty regarding their roles and functions within the future care model. This will commence **Q1 2020**.

Mental health improvement (capital project)

6. Please can you provide an updated timeline for the completion of all the capital project work in respect of mental health

6. Capital Project Investment

<u>Mental Health - £6.3m in total</u>

Investment is required to:

- "Make safe" Orchard House for the delivery of care to adults with a Mental Health need who require admission. The need for the relocation of the service provided within Orchard House is primarily driven by the clinical, operational and environmental risks and the newly implemented mental health law.
- Prepare Clinique Pinel by undertaking building work to join Cedar Ward and the current Orchard House to be able to deliver high quality safe mental health care. The proposed upgraded environment will accommodate all mental health assessment and treatment beds.
- Prepare Rosewood House to house Beech ward from Clinique Pinel and reduce beds in Maple and Oak wards.

It is also integral to the Mental Health Strategy, the Crisis Mental Health Service and the Jersey Health Strategy. The investment also includes the upgrade work required for La Chasse offices.

6.1 Orchard House & Clinique Pinel: The two planning applications required to relocate Orchard House to Clinique Pinel are nearing completion (*i.e. the internal alterations & extension works required to Clinique Pinel which now include a Place of Safety, and the internal alterations & extension works required to Rosewood House*). It is intended that these applications are submitted within the next four weeks after service user and Ministerial approval. Planning applications will be submitted in **September 2019.**

Immediate health & safety improvement requirements have already commenced in 2019 and It is envisaged that work onsite to support the transfer of services will begin within the first quarter of **2020**. It is estimated that works will take up to **15 months** for full completion, but this will need to be confirmed by the contractor. Providing the contractor meets timeline requirements we would be on track to start to transition patients potentially by the end of **Q4 2020**.

The 136 suite / low stimulus unit will be one of the first elements of work undertaken. It is estimated that this will take circa 8/9 months to construct (the contractor confirms in its tender). It is suggested that it will be ready for occupation by the end of **Q4 2020**.

7. Can you please provide a breakdown of how you intend to spend the funds requested in 2020 plus the existing funding allocation of £2 million?

In terms of the existing capital allocation, **£2m** has been directed towards the Orchard House (OH) project ahead of Government Plan approval to ensure the timeline is met, as well as the La Chasse upgrade. **£0.7** of the **£2m** is being used for the required upgrade of the existing OH unit related to the Health & Safety Improvement project and the remaining **£1.3m** is allocated towards the overall project for OH so it can commence in 2019.

Digital Health and Care Strategy (CSP-3-01)

8. Why has no additional funding been requested in 2020?

As part of the preparation of the Government Plan, the importance of digital health care was recognised. The related funding for this will come from one of three sources to align depending upon timing of implementation of the plans which are being worked up – from slippage in the HCS capital programme should this materialise and be available, from slippage likewise in the overall programme, and from the overall investment in information technology set out in the government plan as it is worked up in greater detail.

9. Can you provide a timeline for the completion of the projects that are ''currently in flight'' eg e-prescribing, order communications and primary care integration?

- EPrescribe or EMPA is scheduled to go live February 2020. Clinical trials begin November 2019 and, subject to successful trials, on track for a Feb go live.
- Primary Care Integration as an integration platform is complete and sign off will be this month (September).
- GP Order Communications – Radiology: is currently in clinical trials and should formally go live 1st November 2019.
- GP Order Communications – Pathology: Q1 2020 is the target go live date, again subject to clinical trials.

Maintaining Health and Community Care (CSP2-2-03)
10. Please provide a breakdown of how the requested funding over the 4 years will be spent?

The potential anticipated material calls on the £4.179m funding are:

- The impact of demographic changes – particularly the increasing need for domiciliary care, £0.5m
- Medical advances and drug development – new patented drugs emerging which will come with cost pressures particularly cancer drugs, £1.2m
- Cost of meeting professional standards – each professional regulatory body sets minimum standards for care such as staffing levels for safety, regulatory requirements for infection control etc, £0.4m
- Expansion of services to provide 24/7, £0.4m
- Use of off-island services where there is increasing cost of tariff, need as population grows older, £0.77m
- Cost of insurance and medical litigation, £0.2m
- Non pay inflation costs – which are likely to include energy, consumables and Brexit, £0.5m
- Revenue cost of equipment and IT investment, £0.2m

11. Can you explain why there is a huge influx of funding between 2020 and 2011 (from £4.2m to £11.5m) and again between 2022 and 2023 *(from £15.9m to £21.5m)?*

The funding increases each year to allow for annual pressures faced by HCS, which will include the type of expenditure noted above – usually this is an estimated c£5m per annum. On this occasion, in order to assist the government budget setting for 2020, it was agreed that HCS would receive £1m less and manage any consequential pressures in year with the funds being put back into HCS in 2021 – hence the larger increase between 2020 and 2021 than between the other years.

Health Service Improvements (including vital IT investment) (Capital Project)

12. Are you confident that the level of all forms of funding and resourcing allocated to this project is sufficient to meet the project's stated aims? Please give reasons for your answer.

I am as confident as I can be but am not complacent. Ultimately, we have to ensure a safe environment for patients, staff and other stakeholders. This investment in the General Hospital will help us continue to maintain an acceptable quality of service. At the same time, it is important that we progress with the Jersey Care Model and see that current initiatives – particularly around mental health – are delivered.

I look forward to meeting the Panel on Tuesday at 9am.

Yours sincerely

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