

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES
BY DEPUTY G.P. SOUTHERN OF ST. HELIER
ANSWER TO BE TABLED ON TUESDAY 12TH JULY 2016**

Question

Will the Minister detail for members the following savings proposals summarised on page 155, Appendix 2, of the draft Medium Term Financial Plan Addition for 2017-19:

- a) developing and modernising workforce management and practices, saving £652,000 by 2019, with the loss of 4 posts;
- b) review, develop and redesign adult social care and long-term care provision, saving £500,000 by 2019;
- c) further phasing of P82/2012, and further delivery of cash releasing efficiencies, saving £1.2 m with the loss of 5 posts?

Will he further describe in detail what changes he proposes to means testing and maximising income under the section User Pays to raise £625,000 by 2019?

Answer

Health & Social Services (HSS) is one of the priority areas identified by the Council of Ministers in the States Strategic Plan and, as such, is receiving almost £40 million of additional annual funding by 2019.

The department, however, is always seeking to deliver services to Islanders in the most efficient and effective way possible, while prioritising the safety of patients. The Safely Removing Costs programme was set up to manage and deliver savings and efficiencies over the course of this MTFP period.

Proposals are put forward by management, clinicians and staff, and are then rigorously reviewed in line with the department's criteria of 'safe, sustainable and affordable'. Where proposals are deemed appropriate, they are taken forward and delivered. This is an iterative process – some proposals are considered and then rightly rejected, others are modified and others are delivered as proposed.

In preparing the MTFP Addition, the department identified the savings as set out in the programme at the date of submission – proposals continue to be carefully considered and will only be delivered if they are safe, sustainable and affordable.

The savings proposals summarised on P155 of the MTFP Addition include the following:

- a) Developing and modernising workforce management and practices

Current proposals being considered include, but are not limited to:

- Hospital management team restructure
- Review of medical rotas
- Facilities services management team restructure
- Review of skill mix
- Reduced spend on locum and temporary staff
- Reducing lengths of stay in the hospital; and

- Review of shifts and rota patterns

Posts relate to the expected impact of restructures and changes to rotas.

b) Review, develop and redesign adults social care and long-term care provision

Current proposals being considered include, but are not limited to:

- Reviewing provision of long-term care services to bring a consistent approach that will protect the most vulnerable
- Move towards more self-directed support
- Co-location of mental health services leading to improved efficiencies
- Reviewing provision of day services; and
- Review of costs associated with high cost packages of care

c) Further phasing of P82/2012 and further delivery of cash releasing efficiencies

As the first department to embed LEAN methodology, HSS has a track record in delivering efficiencies year on year through improved productivity and changes to processes. In addition the department has been running the Safely Removing Costs (SRC) programme for a year now, which has enabled a systematic review of services and activities in order to support the delivery of savings.

£1.2m, which is equivalent to £400,000 per annum for each of the three years of the MTFP Addition, is therefore approximately 0.2% of the annual HSS budget. The department has consistently delivered efficiencies of this level in previous years.

These efficiencies need to be achieved by 2019 – and therefore the department is in the early planning stages of how to deliver this additional £1.2m and no specific schemes have been identified. It is expected that, as a significant proportion of the HSS budget is for staff, a proportion of this efficiency will be delivered through changes to staffing resulting in the reduction of approximately 5 posts. This estimate is based on recent experience of reviews conducted as part of the SRC programme. No specific posts have been identified at this stage.

Put alongside other savings and efficiencies targets, this target will be challenging, and therefore the department has identified that some of it may be met, non-recurrently, through phasing of P82/2012 investment to commence a few weeks or months later than currently planned.

Means testing and maximising income:

Current proposals being considered include, but are not limited to:

- Reviewing the travel subsidy in order to introduce a more equitable and manageable approach to the subsidy aimed at ensuring support for the most vulnerable
- Moving to market rates for private patient charges through the introduction of a trading operation for private patients (as defined in sections 24 to 26 of the Public Finances (Jersey) Law 2005). This is subject to consideration by the Minister for Treasury and Resources and subsequent approval by the Assembly.
- Assessing current chargeable services and considering removing or adjusting existing levels of subsidy in these services to ensure that services are equitable.