

STATES OF JERSEY



Jersey

DRAFT HEALTH INSURANCE FUND (MISCELLANEOUS PROVISIONS) (AMENDMENT No. 2) (JERSEY) LAW 202-

**Lodged au Greffe on 5th November 2020
by the Minister for Social Security**

STATES GREFFE



Jersey

**DRAFT HEALTH INSURANCE FUND
(MISCELLANEOUS PROVISIONS) (AMENDMENT
No. 2) (JERSEY) LAW 202-**

European Convention on Human Rights

In accordance with the provisions of Article 16 of the Human Rights (Jersey) Law 2000, the Minister for Social Security has made the following statement –

In the view of the Minister for Social Security, the provisions of the Draft Health Insurance Fund (Miscellaneous Provisions) (Amendment No. 2) (Jersey) Law 202- are compatible with the Convention Rights.

Signed: **Deputy J.A. Martin of St. Helier**

Minister for Social Security

Dated: 4th November 2020

REPORT

Health Insurance Fund transfer of money for 2021

This proposition is a consequence of the proposed [Government Plan 2021-24 \(P.130/2020\)](#).

The Minister for Social Security proposes to transfer £11.3 million out of the Health Insurance Fund and into the Consolidated Fund in 2021.

This is in line with the proposed Government Plan 2021-2024, proposition part (b) as it relates to the Health Insurance Fund for 2021 –

“(b) to approve the amounts to be transferred from one States fund to another for 2021, in line with Article 9(2)(b) as set out in Appendix 2 – Summary Table 2 to the Report;”.

	2021 (£000)	2022 (£000)	2023 (£000)	2024 (£000)
Health Insurance Fund to Consolidated Fund	11,300	13,000	12,160	7,825
Charitable Funds to Consolidated Fund	1,044	989	0	0
Loans Funds to Consolidated Fund	0	5,700	0	0
Criminal Offences Confiscation Fund to Consolidated Fund	1,956	1,609	2,396	0
Total transfers to/from the Consolidated Fund	14,300	21,298	14,556	7,825

Source: [Government Plan 2021-24 \(P.130/2020\)](#)

What the £11.3 million will be spent on

The money will pay for the Jersey Care Model and the Health Digital Strategy costs during 2021.

	£ million
Jersey Care Model	6.6
Jersey Care Model - digital systems	1.3
Digital Care Strategy	3.4
Total	11.3

These projects are described in the **Appendix** to this report, using extracts from the Government Plan Annex.

Changes for 2022 to 2024

As needed, the Minister will amend the law again to implement additional transfers out of the Health Insurance Fund, following agreement as to the actions to be taken following the review of the Health Insurance Fund and sustainable health care funding for the future.

The Council of Ministers have committed to propose a plan on how to deliver this, for States debate by July 2021.

Changes to the Health Insurance Fund (Miscellaneous Provisions) (Jersey) Law 2011

This section explains the parts in the proposed draft Law.

Article 1 – Adds a new Article setting out the £11.3 million transfer out of the Health Insurance Fund and into the Consolidated Fund in 2021, for the purpose of –

- the redesign of health and community services so that they meet the current and future needs of Islanders; and
- the modernisation and digitisation of health and care services.

Article 2 – Changes come into force 7 days after it is registered. This is likely to be in March 2021.

Financial and manpower implications

This will transfer £11.3 million out of the Health Insurance Fund and into the Consolidated Fund in 2021. There are no other financial implications for 2022 onwards. There are no manpower implications.

Human Rights

No Human Rights Note is appended because the Law Officers' Department indicated that the draft Law does not give rise to any human rights issues.

APPENDIX

This Appendix includes project descriptions from the [Government Plan 2020-24 Annex \(R.111/2020\)](#).

Project: Jersey Care Model

Additional Investment Required (£000)

2021	2022	2023	2024
6,600	8,300	6,100	4,100

Project summary

The Jersey Care Model has three overarching objectives, which are aligned with the Government strategic ambitions. These are to:

- Ensure care is person-centred with a focus on prevention and self-care, for both physical and mental health
- 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
- Redesign health and community services so that they are structured to meet the current and future needs of Islanders”

Health and care are continuously evolving, and the practice of today isn't always practice for tomorrow. Hospital interventions, community capabilities and digital innovation are all shaping the way health and care is delivered now and for the future. Jersey will need to adapt to these changes to attract the many professionals needed to provide care on the Island. The Global Pandemic in 2020 has shifted focus onto the resilience of health and care systems, and for Jersey has outlined that care out of hospital is as important as care in hospital.

International organisations, including the World Health Organisation (WHO), Organisation for Economic Cooperation and Development (OECD) and World Economic Forum (WEF), together with the EU Parliament and British Medical Journal, have recently identified significant challenges to the long-term durability, performance and sustainability of healthcare systems. Ageing populations, increasing rates of chronic and complex disease, growing cost pressures from new medical technologies and medicines, wasteful spending on low-value care, inefficiencies due to system fragmentation and limited use of data and evidence to support reform have been identified as threats to health system performance and sustainability. Jersey is facing the same threats as the rest of the world in this respect. The cost of health care is also rising by around 4-10% pa, which places a challenge on sustainability. Health and care systems are being forced to think differently about how to meet those challenges.

Whilst many health and care services in Jersey are performing well currently, there is room to improve and modernise in many areas, and services are not future-proofed. The Island expects its population to grow by 13% between 2019 and 2030, with a growing proportion in age groups that have greater health and care needs. By 2036, around one in five of the population will be 65 or over. The result of this demographic change is likely to be a significant growth in those accessing services, particularly when the prevalence of long-term conditions in this group is taken into account (more than half

of Islanders aged over 60 have two or more long-term conditions). It is therefore imperative that Jersey adapts to this demographic challenge by ensuring health and care on the Island is coordinated and directed to meet the care needs of Islanders.

The current health and social care model is hospital-focused and based on an institutionalised model, with a high level of referrals to specialists leading to dependency on secondary hospital care for the provision of services. This is evidenced by approximately 30,000 visits to the Emergency Department in 2018 that were not classified as emergencies requiring Hospital care and over 200,000 outpatient appointments per annum. Many patients and families describe the existing system of care as ‘fragmented’, with little continuity in care leading to multiple reviews by many professionals.

The Jersey Care Model offers an opportunity to address these gaps and coordinate services across all parts of the system for an improved service user and care experience, and to invest in preventative services which will support Islanders in staying healthier for longer.

Given the rising cost of care, it is important for Jersey to make efficiencies to ensure public services offer good value and quality for Islanders. By 2036, the Jersey Care Model is forecast to avoid £23 million of recurrent annual expenditure growth for the health and care system. Over the 16-year period modelled, the net present value saving associated with the JCM is estimated to be £118 million.

Impact on Sustainable Wellbeing

Justification

Jersey’s performance framework includes statements on health and wellbeing which are used to inform on the quality of life in Jersey and see how it is progressing. Each of the five areas under the heading of health and wellbeing have several outcomes and indicators sitting beneath them.

These are outlined below with explanation on how the JCM addresses them:

- **Islanders benefit from healthy lifestyles:** The JCM prioritises education and self-care programmes to enable people to stay healthy and optimise lifestyle choices.
- **Islanders are protected against social and environmental health hazards:** The model focuses on person-centred care in the community, providing more services to patients at home and linking into wider Government systems such as housing.
- **Islanders can access high quality, effective health services:** Moving care into the community will enable users to access services more easily. The model will improve access to primary care for patients who are financially, clinically and socially vulnerable. Expanded prevention and screening will also allow for illnesses to be identified and treated as early as possible.
- **Islanders with long term health conditions enjoy a good quality of life:** Improved primary care and community services will enable treatment of long-term conditions in the community, allowing people to receive more care at home and minimising their effect on day-to-day activities. Personalisation of support will also allow people to feel in control of their own health.

- **Mental health and wellbeing are fundamental to quality of life in Jersey:** The care model identifies that there is no health without mental health and it is just as important as physical health. The model will improve the mental health and wellbeing of Islanders through services which are recovery-focused, person centred and integrated incorporating legal safeguards and practices that facilitate community partnership and social inclusion.

(Annex, pages 57 and 58)

Project: Jersey Care Model – Digital Systems

Additional Investment Required (£000)

2021	2022	2023	2024
1,300	800	500	400

Project summary

Health and Community Services (HCS) will use digital advances to improve the way in which services are designed, delivered, and managed in an integrated way – digital is a key enabler to the Jersey Care Model (JCM). The JCM will leverage digital capability to improve the way in which services are designed, delivered, and managed in an integrated way, with a clear focus on the individual and their experiences, and where health and care professionals can make the best decisions they can because they have the information they need at the point of care.

Alignment with Government policy

In 2012 the States of Jersey agreed an overarching strategy to reshape health & care through the digitisation of its services; A New Way Forward (Sep 2012). That strategy identified fundamental changes necessary to deliver a safe, sustainable and affordable system for the future. In 2017 the Digital Health and Care Strategy was launched to show a path towards a modern, efficient health system, where data was available at the point of care, sharable where appropriate (including with the citizen), and management had the information they needed to improve services.

Case for change

PricewaterhouseCoopers (PwC) has identified Digital as a key enabler to achieve the ambition for providing a new model of care for both the health and social care system through the Jersey Care Model (JCM) and the Our Hospital (OH) program. At the heart of our strategy is the vision to shift to an integrated model of health and social care and population health management. We will achieve this by enabling interoperability between health and care systems supported by the inclusion of a robust data and security management framework. The effective use of digital technologies, including both technologies currently in use within Jersey’s health system and introducing new and innovative forms of technology, can support the delivery of sustainable services, improving value through operational efficiencies and driving reductions in avoidable costs.

Impact on Sustainable Wellbeing

To develop a digitally enabled and coordinated health and care solutions platform across the Island and operating at different levels across our health care services. We will build on existing systems and those products which support our strategy, replacing and modernising those that do not support our integrated care model. This will improve

Islanders’ wellbeing and mental and physical health by putting patients, families and carers at the heart of Jersey’s health and care system.

(Page 100 of the Annex)

Project: Digital Care Strategy

Additional Investment Required (£000)

2021	2022	2023	2024
3,400	3,900	5,560	3,325

Project summary

The Digital Health and Care Strategy aims to develop a digitally enabled and coordinated health and care solution across the Island, operating at different levels across our services. The strategy is a modernisation programme, designed to promote and enable digital health and care services for the benefits of all citizens, visitors, clinicians and other health and care professionals in the Island of Jersey.

This program of digital enablement will be implemented over a number of years with iterative service improvements and a maturing of digital services replacing the incumbent manual and paper processes. It will be built on existing systems and those products which support our strategy, replacing and modernising those that do not support our integrated care model.

As we digitise our services the benefits to citizens will be felt by having easy online access to their health data, care plans, medications, clinical results, scheduling management. For clinicians and health professionals, quick and easy access to patient data supports effective decision making and assists in improving efficiency. Additional economic benefits will be delivered through improved cost management of repeat prescriptions, reduction in non-attenders, effective running of preventative screening programs and early diagnosis of illness.

Alignment with Government policy

In 2012 the States of Jersey agreed an overarching strategy to reshape health and care through the digitisation of its services; A New Way Forward (Sep 2012). That strategy identified fundamental changes necessary to deliver a safe, sustainable and affordable system for the future. In 2017 the Digital Health and Care Strategy was launched to show a path towards a modern, efficient health system, where data was available at the point of care, sharable where appropriate (including with the citizen), and management had the information they needed to improve services.

Case for Change

The strategy endorses a vision and a strategy to drive the digital maturity of health and care services into the modern era by:

- Replacing paper with digital pathways
- Replacing manual process with digital workflow
- Enabling Islanders to choose and book their appointments online to fit in with their needs
- Enabling Islanders and patients to use digital conferencing tools available as apps to speak to and consult with their care workers, physiotherapist, GPs and clinicians

- Giving Islanders the ability to manage their own health and wellbeing by providing access to their data via online digital apps

The strategy aims to reduce risk associated with old technology and to improve our ability to modernise the services through process transformation, integration of services and data driven insight.

Impact on Sustainable Wellbeing

To develop a digitally enabled and coordinated health and care solutions platform across the Island and operating at different levels across our health care services. We will build on existing systems and those products which support our strategy, replacing and modernising those that do not support our integrated care model. This will improve Islanders' wellbeing and mental and physical health by putting patients, families and carers at the heart of Jersey's health and care system.

(Pages 101 and 102 of the Annex)

EXPLANATORY NOTE

This Law, if adopted, would amend the Health Insurance Fund (Miscellaneous Provisions) (Jersey) Law 2011 to allow the withdrawal of £11.3 million from the Health Insurance Fund.

Article 1 allows £11.3 million to be withdrawn from the Health Insurance Fund in 2021 and credited to the Consolidated Fund for the purpose of funding the redesign of health and community services and the modernisation and digitisation of health and care services.

Article 2 gives the short title of this Law and provides that it comes into force 7 days after registration.



Jersey

DRAFT HEALTH INSURANCE FUND (MISCELLANEOUS PROVISIONS) (AMENDMENT No. 2) (JERSEY) LAW 202-

A LAW to amend the Health Insurance Fund (Miscellaneous Provisions) (Jersey) Law 2011 to enable £11.3 million to be withdrawn from the Health Insurance Fund in 2021.

<i>Adopted by the States</i>	<i>[date to be inserted]</i>
<i>Sanctioned by Order of Her Majesty in Council</i>	<i>[date to be inserted]</i>
<i>Registered by the Royal Court</i>	<i>[date to be inserted]</i>
<i>Coming into force</i>	<i>[date to be inserted]</i>

THE STATES, subject to the sanction of Her Most Excellent Majesty in Council, have adopted the following Law –

1 Amendment of Health Insurance Fund (Miscellaneous Provisions) (Jersey) Law 2011

After Article 2B of the Health Insurance Fund (Miscellaneous Provisions) (Jersey) Law 2011¹ there is inserted –

“2C Withdrawal of money from Health Insurance Fund for 2021

- (1) £11,300,000 may be withdrawn, in one or more instalments, from the Health Insurance Fund in 2021 and credited to the Consolidated Fund for the purposes of funding –
 - (a) the redesign of health and community services so that they meet the current and future needs of Jersey residents; and
 - (b) the modernisation and digitisation of health and care services.
- (2) To the extent that this Article is inconsistent with Article 21(1) of the Health Insurance (Jersey) Law 1967², this Article prevails.”.

2 Citation and commencement

This Law may be cited as the Health Insurance Fund (Miscellaneous Provisions) (Amendment No. 2) (Jersey) Law 202- and comes into force 7 days after it is registered.

ENDNOTES

Table of Endnote References

1	<i>chapter 26.510</i>
2	<i>chapter 26.500</i>