## WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES BY DEPUTY K.G. PAMPLIN OF ST. SAVIOUR ANSWER TO BE TABLED ON TUESDAY 20th OCTOBER 2020

## **Question**

Will the Minister provide the medical evidence used to support the proposed scheme to integrate Mental Health Services and Adult Social Care, and will he include in his response how any experiences of the past 8 months have informed the merger?

## Answer

Health and Community Services is already integrated at organisational level with adult social care, physical health and mental health already within the umbrella of the department Executive function and Ministerial portfolio. In 2018, through the Target Operating Model, HCS consulted with all staff members around closer integration of services and this included bringing Adult Social Care and Mental Health Care Groups together under a leadership structure.

The evidence around integrated physical, mental health and social care is overwhelming and this is a clear strategic and operational ambition for all systems of healthcare.

In Jersey, the integration of mental health and social care aims to improve care and support for people who use services, their carers and their families. It does this by putting a greater emphasis on joining up services and focusing on proactive and preventative care.

The evidence for integration across care boundaries is significant, particularly when aimed at people with severe, complex and long-term needs (Leutz 1999). It is not a new idea, but to improve the likelihood of successful integration a number of factors need to be in place including strong system leadership, professional commitment, and good management (Kings Fund 2019). On a macro level, we meet the success criteria described by Goodwin et al (2011) and Rosen et al (2011) of having the following:

- A regulatory framework in place
- A financial framework
- Support for innovative approaches to commissioning
- Outcome measures, and
- Investment in continuous quality improvement.

We have strengthened our relationships with the police and ambulance service, but going forward we will still need to collate information and evidence regarding the impact our integration has on patient experience, the impact on the use of resources – including beds – and the impact on costs for different parts of the health and social care system (Ramsey, Fulop and Edwards 2009).

To address the second part of the question, I have been acutely aware that the way in which services are currently organised does not suit the needs of all of our users. It was important to me that, during these difficult Covid-influenced times, we were able to critically look at how we can best organise ourselves using the service user as the organising principle. Our health and social care services have a stable, experienced, and professionally clinically-led leadership team who, by collaborating together to integrate

management and clinical leaders, are able to embody our core values and principles of providing better care with improved health outcomes.

I also want to reassure the Deputy that this change only serves to bolster increased managerial and professional support for Mental Health services on the Island. The Integrated Care Group will retain the current strategic leadership provided by Dr Miguel Garcia, with a dedicated Lead Nurse, Lead AHP, Lead Social Worker and a Mental Health Improvement Lead remaining part of the leadership team. In addition, the support and leadership of the Chief Social Worker, more general managerial support, a Principal Social Worker and safeguarding support will be provided to the Care Group.

## References

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Ramsey, Fulop and Edwards (2009 The Evidence Base for Vertical Integration in Health Care.
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