

STATES OF JERSEY



PROPOSED GOVERNMENT PLAN 2023- 2026 (P.97/2022): FOURTH AMENDMENT (P.97/2022 AMD.(4)) – AMENDMENT

HEALTH INSURANCE FUND TRANSFER

**Lodged au Greffe on 5th December 2022
by the Council of Ministers**

STATES GREFFE

PROPOSED GOVERNMENT PLAN 2023-2026 (P.97/2022): FOURTH
AMENDMENT (P.97/2022 AMD.(4)) – AMENDMENT

1 PAGE 2, PARAGRAPH (c) –

For the words “shall be reduced to £0 for 2023 and 2024”, substitute the words
“shall be reduced to £4,178,000 (Revenue) and £0 (Capital) in 2023 and
£3,216,000 (Revenue) and £0 (Capital) in 2024.”

2 PAGE 2, PARAGRAPH (e) –

For the words “the General Reserve Head of Expenditure shall be reduced by
£12,450,000” substitute the words

“the General Reserve Head of Expenditure shall be reduced by £7,378,000”

And after the words “Digital Care Strategy” add a new sub-paragraph (b) as
follows:

“(b) the Head of Expenditure for Health and Community Services shall be
reduced by £894,000”

COUNCIL OF MINISTERS

Note: After this amendment, the fourth amendment would read as follows –

PAGE 2, PARAGRAPH (c) –

After the words “Article 9(2)(b) of the Law” insert the words –

“, except that – (a) the transfers from the Health Insurance Fund to the
Consolidated Fund (Revenue) and Consolidated Fund (Capital) shall
be reduced to £4,178,000 (Revenue) and £0 (Capital) in 2023 and
£3,216,000 (Revenue) and £0 (Capital) in 2024; and

PAGE 2, PARAGRAPH (e) –

After the words “of the Report” insert the words –

“, except that –

- a. the General Reserve Head of Expenditure shall be reduced by £7,378,000
for the purposes of funding the Jersey Care Model, the Jersey Care Model
– Digital Systems and the Digital Care Strategy
- b. the Head of Expenditure for Health and Community Services shall be
reduced by £894,000

Note: After this amendment, the proposition would read as follows –

THE STATES are asked to decide whether they are of opinion –

to receive the Government Plan 2023 – 2026 specified in Article 9(1) of the Public Finances (Jersey) Law 2019 (“the Law”) and specifically –

- a. to approve the estimate of total States income to be paid into the Consolidated Fund in 2023 as set out in Appendix 2 – Summary Table 1 to the Report, which is inclusive of the proposed taxation and impôts duties changes outlined in the Government Plan, in line with Article 9(2)(a) of the Law;
- b. to approve the proposed Changes to Approval for financing/borrowing for 2023, as shown in Appendix 2 – Summary Table 2 to the Report, which may be obtained by the Minister for Treasury and Resources, as and when required, in line with Article 9 (2)(c) of the Law, of up to those revised approvals.
- c. to approve the transfers from one States fund to another for 2023 of up to and including the amounts set in Appendix 2 – Summary Table 3 in line with Article 9(2)(b) of the Law, **except that the transfers from the Health Insurance Fund to the Consolidated Fund (Revenue) and Consolidated Fund (Capital) shall be reduced to £4,178,000 (Revenue) and £0 (Capital) in 2023 and £3,216,000 (Revenue) and £0 (Capital) in 2024.**
- d. to approve each major project that is to be started or continued in 2023 and the total cost of each such project and any amendments to the proposed total cost of a major project under a previously approved Government Plan, in line with Article 9(2)(d), (e) and (f) of the Law and as set out in Appendix 2 - Summary Table 4 to the Report.
- e. to approve the proposed amount to be appropriated from the Consolidated Fund for 2023, for each Head of Expenditure, being gross expenditure less estimated income (if any), in line with Articles 9(2)(g), 10(1) and 10(2) of the Law, and set out in Appendix 2 – Summary Tables 5(i) and (ii) of the Report, **except that**
 - a. **the General Reserve Head of Expenditure shall be reduced by £7,378,000 for the purposes of funding the Jersey Care Model, the Jersey Care Model – Digital Systems and the Digital Care Strategy**
 - b. **the Head of Expenditure for Health and Community Services shall be reduced by £894,000**
- f. to approve the estimated income, being estimated gross income less expenditure, that each States trading operation will pay into its trading fund in 2023 in line with Article 9(2)(h) of the Law and set out in Appendix 2 – Summary Table 6 to the Report;
- g. to approve the proposed amount to be appropriated from each States trading operation’s trading fund for 2023 for each head of expenditure in line with Article 9(2)(i) of the Law and set out in Appendix 2 – Summary Table 7 to the Report;

- h. to approve the estimated income and expenditure proposals for the Climate Emergency Fund for 2023 as set out in Appendix 2 – Summary Table 8 to the Report;
- i. to approve, in accordance with Article 9(1) of the Law, the Government Plan 2023-2026, as set out at Appendix 3 to the Report.

REPORT

Summary

1. The fourth amendment to the Government Plan 2023 – 2026, as lodged by the Health and Social Services Scrutiny Panel, proposes that the funding required for delivery of the Jersey Care Model and the Digital Care Strategy (“JCM”) in 2023 and 2024 should be provided from the General Reserve, as opposed to the Health Insurance Fund (HIF).
2. The Council of Ministers (COM) propose an amendment to the Scrutiny amendment to:
 - reduce the overall requirement for funding following the MHSS review of the JCM programme
 - reduce the amount to be drawn from general reserves
 - maintain a reduced element of transfer from the HIF.
3. COM propose this amendment on the basis that COM acknowledges the concerns expressed by the Panel about the extent of use of HIF monies for the redesign of health and care services, but nevertheless recognises the pressing requirement to ensure that there are sufficient funds in the general reserve to:
 - a. manage inflationary pressures; the forecast for inflation has increased since the proposed Government Plan was lodged. The inflation assumptions provided by the Fiscal Policy Panel in their November 2022 Annual Report have increased by 1.4% in 2022 from 7.7% to 9.1%, and 3% in 2023 from 6.7% to 9.7%, since their July 2022 Medium-Term Report
 - b. support initiatives to reduce hospital waiting lists (£5m); help meet the cost to front-line services of the parental leave policy (£2.5m); provide a contingency for unforeseen Covid-19 response costs (£5m)
4. COM’s amendment, after factoring in the intended £0.9m reduction in 2023 spend that arise from the Health Minister’s recent review of the JCM programme (see para 7 below), would result in the following monies being used to fund the JCM projects and services:

Funding source	2023 £000	2024 £000
Transfer from HIF	4,178	3,216
General Reserve	7,378	6,589
Total funding for JMC projects and services	11,556	9,805

JCM

5. The JCM is a complex programme of work, which consists of multiple projects and services which collectively aim to transform the Island’s healthcare system by:

- a. enhancing the quality and availability of services provided in the community, and
 - b. developing an integrated model of service which reduces the need for hospital-based care.
6. It is known from feedback received that there is a general lack of understanding, amongst the public and many key stakeholders, as to the purpose of the JCM. This has dented confidence in the work. For this reason, the Minister for Health and Social Services undertook a review of each JCM project with a view to understanding the associated objectives and the impact on current or future patient care if the project were to cease. The findings of the review were published on 30 November 2022.¹
7. Having undertaken that review, the Minister for Health and Social Services determined that:
 - a. all the projects and services which collectively formed the JCM programme of work should continue, excluding one, but the term ‘JCM’ should not be used because it has become a barrier to creating knowledge and understanding of the work,
 - b. some of the projects or services that are not yet fully in train should be subject to a standalone business case in 2024 (i.e. there should be no presumption that these will be funded from the HIF or general reserves). The total value of these deferred projects is £0.9m in 2023 and £0.8m in 2024. The projects are described in Appendix 2 of this report.

Use of HIF funds

8. In their amendment the Panel notes that it is “*mindful of the historic concerns of some States Members and members of the public regarding the use of the Health Insurance Fund to fund health developments and improvements.*” Whilst the use of the HIF to support the redesign of health and community services and the associated digitization is lawful, COM nevertheless acknowledge the concerns express by the Panel.
9. For this reason, COM propose that for 2023 and 2024, the transfer from the HIF will reflect the cost of JCM projects and services which are directly associated with community and primary health and care services. Other improvements to the Island’s health care system and services will be funded from General Reserves in 2023 and 2024. These include:
 - a. secondary care services (for example: Emergency Department overnight service)
 - b. system enablers (for example: strategic planning and health policy)
 - c. programme governance and enablers (for example: the Independent Oversight Board for the JCM programme), or

¹ [Review of the Jersey Care Model](#)

- d. capital projects which provide potential to share information across care providers and lay the foundations for more integrated systems and technology solutions for the delivery of healthcare

10. COM propose the following funding source should be used for the JCM projects detailed below:

Funding Source	Sector Benefit	Workstream	Status	Funding	
				2023 £000	2024 £000
2023 and 2024 HIF transfers		Out of Hours Community Service	Trial	1,323	822
		HCS 24 SPoR / Care Navigators	Live	937	937
		Digital – Telecare	Live	566	529
		Oxygen & Respiratory Community Service	Live	145	-
		Care and Reablement Team	Not started	75	1,342
Total Primary & Community Care				3,046	3,630
		Discharge Service	Trial	388	146
		Digital Projects – Health Demographics, e-Referrals, Jersey Care Record	Not started	216	69
		Care Pathway development	Not started	136	11
		Intermediate Care Management	Live	104	104
		Rapid Access Service	Trial	288	2,130
Total Overarching				1,132	2,460
Total benefits to be achieved					-2,874
Total HIF Funding				4,178	3,216
HIF 2022 carry forward		ED Overnight	Live	410	200
		Physiotherapy First	Live	305	-
		Quality Improvement	Live	194	194
Total Secondary Care				909	394
		Health and Care Analytics	Design	807	1,169
		Programme management	Live	512*	604
		Strategic Planning	Live	441	77
		Commissioning	Live	184	248
		Health and Care Partnership Group	Live	29	29

Funding Source	Sector Benefit	Workstream	Status	Funding	
				2023 £000	2024 £000
		Clinical & Professional Advisory Forum (CPAF)	Live	3	3
		Independent Oversight Board (IOB)	Live	108	128
		Communications and Public Involvement	Live	107	74
		Total Strategic		2,157	2,332
		Total Benefits to be achieved			-2,726
Total carry forward of 2022 HIF JCM funding				3,100	0
2023 and 2024 General reserve		Island wide workforce strategy	Design	139	61
		Sustainable Healthcare Funding	Design	100	-
		Health and Care Information Sharing	Live	20*	54
		Total Island Wide initiatives		263	115
		Public Health	Live	769	769
		Total Public Health		769	769
		Total JCM Digital Systems		1,050	400
		Total Digital Care Strategy		5,300	5,305
Total General Reserve Funding				7,378	6,589
Total Funding				11,556	9,805

11. The table above mirrors that set out on pages 37 and 38 of the Review of the Jersey Care Model with the JCM review report the Rapid Access Service as shown in the Secondary Care section, as this reflected project spend in 2021 & 2022. Future Rapid Access spend (i.e., 2023 and 2024) expands the service so as to directly benefit to community and primary healthcare services.
12. The Health Insurance Fund (Miscellaneous Provisions) Law 2011 provides for the carry forward of unspent HIF transfers for the purpose of the redesign of health and care services.
13. It is important to note that drawdowns from the HIF for the purposes of the JCM projects and services, even when provided for in the Government Plan, requires the expression permission of the Social Security Minister.

Use of general reserves

14. The purpose of the general reserve is to *meet unforeseen pressures, or to provide advance funding for urgent expenditure in the public interest. In each year,*

amounts are held to manage fluctuations in benefit expenditure due to economic changes, and to allow one-off funding for emerging issues.² JCM activities are neither unforeseen nor emerging. They are planned improvements to our health and care services.

15. In the Government Plan 2023-2026, the General Reserve, holds £29m in 2023, £19m in 2024-2025 and £15m in 2026. Funding all Jersey Care Model spending through the General Reserve, would significantly reduce the funding held in the General Reserve to £17m in 2023 and £9m in 2024. The effect of this would be to hamper the Government's ability to fund unforeseen events and pressures on public finances.
16. If the amendment is accepted, it would be necessary to review the allocations in the reserve, and decide which funding is deprioritised.

Reserve Expenditure				
(GBP 000's)	2023	2024	2025	2026
	Plan	Plan	Plan	Plan
General Reserve - AME	2,000	2,000	2,000	2,000
General Reserve - DEL	5,000	5,000	5,000	5,000
Waiting Lists	5,000	-	-	-
Covid-19 Reserve	5,000	-	-	-
Parental Leave	2,500	2,500	2,500	-
Revenue Growth				
100 Day Actions	2,909	2,366	2,426	2,456
Excess Inflation	6,278	6,991	7,011	5,568
Other	500	-	-	-
General Reserve Expenditure	29,187	18,857	18,937	15,024

17. In their recent report, the Fiscal Policy Panel noted the prospect of high and rising inflation and recommended that Government should prepare to react quickly to provide additional targeted support should it be needed. This is of particular importance since in 2023, the General Reserve includes amounts to manage anticipated inflationary pressures for above-inflation increases in particular service areas of Government. Furthermore, the forecast for inflation has increased since the proposed Government Plan has been lodged. The inflation assumptions provided by the Fiscal Policy Panel in their November 2022 Annual Report^[1] have increased by 1.4% in 2022 from 7.7% to 9.1%, and 3% in 2023 from 6.7% to 9.7%, since their July 2022 Medium-Term Report^[2]
18. As well as monies set aside for further inflationary pressures, the General Reserve also includes amounts for other areas of expenditure, including £5m to support initiatives to reduce hospital waiting lists, £2.5m to help meet the cost to front-

² See page 44 for Government Plan 2023-2026

^[1] [FPP 2022 Annual Report.pdf \(gov.je\)](#)

^[2] [ID FPP Medium-term Report 15 July 2022.pdf \(gov.je\)](#)

line services of the parental leave policy and a £5m contingency for unforeseen Covid-19 response costs. Any change to the General Reserve would therefore limit the Government's ability to fund these items if needed, and consideration would need to be given how any decreases to the General Reserve would be applied.

Conclusion

19. COM's proposed amendment to the Scrutiny Panel amendment provides for the continuation of projects and services which formed part of the JCM, which support patient care and much needed transformation of the Island's healthcare system, and in doing so it strikes a balance between:
- a. Reducing the total amount needed in line with the outcome of the MHSS review
 - b. limiting the use of HIF monies in 2023 and 2024 to projects that benefit community and primary care services and
 - c. reducing the impact on general reserves during a period of known inflationary pressures.

Re-issue Note

This amendment to the amendment has been re-issued to fix a minor adjustment to the wording of the report.

Appendix 1: Description of projects

The projects which formed the JCM programme, excluding the digital and modernisation capital projects, are described below. Those which COM propose are funded HIF transfers in 2023 and 2024, which directly benefit primary and community care services, are shown with an asterisk.

Primary & Community Care Services

We want to avoid people going into hospital (or residential care) when they could safely stay at home. Intermediate care services are provided to patients, usually older people, after leaving hospital or when they are at risk of being sent to hospital or residential care. The intermediate care services developed as part of the JCM Programme include:

* Out of hours community service (Trial)	
<p>GPs and advanced nurse practitioners provide treatment and care to Islanders in their homes, during the night, at weekends and bank holidays, to prevent unnecessary hospital visits (includes all primary health and care needs and has benefitted people through end-of-life care, catheter care, falls etc)</p> <p>The service is provided by Family Nursing and Home Care and local GPs.</p> <p>From January to September 2022, GP's responded to 945 overnight calls (11pm-8am, most will via telephone consultations but some home visits) and nurses undertook 293 home visits (8pm-8am)</p>	
2023 funding: £1,323k	2024 funding: £822k
Staff / service provider: Contracted service provided by nurses and doctors	

*Health Care and Support 24 "HCS 24" (Live)	
<p>Making it easier for people to get help and support 24 hours a day;</p> <ul style="list-style-type: none"> • A single point of contact (calls or emails) for people who need access to adult health and care services. A team of nurses and occupational therapists answers calls from Islanders (daytime only) and professionals (night and day) and refer them to the right service. This replaces 27 previous points of contact*. From January to September received 15,601 calls. • Responds to the 'red button' alarm system that allows vulnerable people to call for help (see Telecare below), with dedicated Care Navigators sending the right person out to the caller (for example, a paramedic, family members or carer). From January to September, they received 7,094 calls. <p>*this does not include children or people who require mental health support – for which there are different points of contact.</p>	
2023 funding: £937k	2024 funding: £937k
Staff / service provider: 17.4 staff including occupational therapists, clinical supervisors, patient facing civil servants (plus 2 administrators)	

* Oxygen and Respiratory Community Service (Live)
Specialist oxygen service providing oxygen therapy and respiratory support to patients in the community, as opposed to requiring hospital attendance.

3 Clinical Physiologists, with admin support, have provided 1,336 from June to September 2022 (3.5 FTE). The team remains in the recruitment phase reaching their full establishment and service provision by the end of 2023.	
2023 funding: 145	2024 funding: -
Staff / service provider: 3 FTE clinical physiologists + 0.5 FTE administrator	

*Care and Reablement Team (not started)	
A multi-disciplinary team who will provide swift community-based care - 24 hours a day, seven days a week - to prevent avoidable hospital admissions and support Islanders at home following a hospital stay.	
2023 funding: £75k	2024 funding: £1,342k
Staff / service provider: Development officer in 2023 with a view for design and implementation will be through the commissioning process i.e. for the service to be provided by an external provider	

*Discharge Service (Trial)	
If vulnerable people remain in hospital, when they no longer require treatment, they are known to deteriorate and often do not get back home. Discharge support helps people to leave hospital and safely return home. Includes:	
<ul style="list-style-type: none"> • dedicated social workers to rapidly assess the person's need and arrange for the right support to be provided at home • FNHC care professionals provide interim support at home whilst a substantive care package is arranged, thus helping avoid protected hospital stays and allowing people to recuperate at home. 	
2023 funding: £388	2024 funding: £146
Staff / service provider: c. 2 FTE social worker + clinical staff from external providers	

*Care Pathway (not started)	
The treatment patients receive for specific medical conditions very much depends on the organisation or clinicians they see. The development of care pathways will provide consistency across the whole health system, allowing patients and their families to understand the treatment they will be provided.	
The first pathways to developed will be End of Life care and Dementia care	
2023 funding: £136k	2024 funding: ££1k1
Staff / service provider: external partnership (eg: Dementia Jersey)	

*Intermediate care management	
Providing the dedicated management to initiate and oversee all intermediate care services.	
2023 funding: £104k	2024 funding: £104k
Staff / service provider: 1 FTE service manager	

*Rapid Access Service	
A high number of clinically vulnerable and older patients, who do not require emergency care, are brought into ED. Specialist geriatricians, rehabilitation consultants, clinical practitioner specialists and GPs will work together to design a new service which will allow GPs to directly refer patients for specialised diagnostic tests – as opposed to referring them via a consultant who then refers on for diagnostic tests. The service will provide quick, holistic assessment of patients – who often have multiple complex conditions, frailties, and cognitive impairments - and will refer them to the right care, treatment and support service.	
2023 funding: £288k	2024 funding: £2,130k
Staff / service provider: 3 Consultants in Stroke and Frailty, full service in design phase for 2023.	

Digital Projects

*Telecare (Live)	
Enabling Islanders to live independently and confidently at home. A ‘red button’ service allowing people to call for help has existed for a number of years but the technology was at the end of its life and was no longer supported, so a new system has been installed.	
The new system allows ‘bolt-on’ technologies which can pro-actively detect if a person needs help (for example, fall sensors to detect if an individual has fallen or kettle sensors which indicate if no-one has turned on the kettle for a cup of tea). Roll-out of bolt-on technologies, and associated funding, currently being considered as part of the GoJ’s long term care scheme.	
2023 funding: £566k	2024 funding: £529k
Staff / service provider: Multi-professional team within HCS24. Airtel provide the technology solution.	

*Teleguidance (in Design)	
An extension to HCS 24, providing free 24 / 7 health advice and triaging to all Islanders.	
Advice to be provided by GPs and clinicians.	
2023 funding: Included in telecare costs	2024 funding: Included in telecare costs
Staff / service provider: Multi-professional team within HCS24. Airtel provide the technology solution.	

*Health demographics service (in progress) – Licences	
Creates the ‘central source of truth’ - a name, date of birth and address record - for all patients allowing their health and care records to be lined together so that clinician can share data.	
2023 funding: part of digital projects funding	2024 funding: part of digital projects funding
Staff / service provider: TBC - In procurement phase	

*e-Referrals service (in progress) - Licences	
Introducing a digital referrals process, in place of clinicians writing a referral letter which is significantly slower, with the potential for letter to go astray. Patients will be able to track the progress of their referral in their Jersey Care Record.	
2023 funding: part of digital projects funding	2024 funding: part of digital projects funding
Staff / service provider: TBC - In procurement phase	

*Jersey Care Record (not yet started) - Licences	
The Jersey Care Record will enable Islanders to access their own digital care record, helping to understand more about their health so they can talk to professionals and feel better informed.	
The care record will pull information from different sources such as the GP system and the hospital electronic. It will be available to other health and care professionals, increasing the information available to them when treating or providing care to an Islander, and will provide a foundation for introducing other services, such as electronic bookings, electronic referrals, access to remote support, and improved communication with health practitioners	
2023 funding: 216	2024 funding: 69
Staff / service provider: TBC - In procurement phase	

Other services

ED Overnight (Live)	
Ensure that senior clinicians (doctors and nurses) are on hand overnight in the Emergency Department to support junior clinicians to decide a patient's further care needs, including if they can safely return home.	
2023 funding: £200k	2024 funding: £200k
Staff / service provider: 5 Emergency Department Middle Grade Doctors	

Specialist Teams Nurse	
The community Heart Failure Nurse and Respiratory Nurse Specialists provide the interface between hospital and primary care in the community, identifying appropriate clinical services for the patient, providing outreach care in the community and supporting patient to understand and self-manage their condition.	
The team is still in the recruitment phase with 3 nurses in post by the end of September.	
2023 funding: £210k	2024 funding: £0
Staff / service provider: 3 FTE Nurse Specialist, 1 FTE HCA, 1 FTE Administrator	

Physiotherapy First (Live)	
<p>A new team of advanced musculoskeletal practice physiotherapists to see patients before referral to Orthopaedic medical team or diagnostics, with the aim of treating patients with specialist physiotherapy or triaging to refer on to the most appropriate setting if required. Supports faster access to physiotherapy assessment and removes requirement for a consultant to be engaged in the process – unless the patient needs their care.</p> <p>The team of physiotherapists have provided 1,336 musculoskeletal appointments since commencement of the service in June 2022. The team are still in recruitment processes and should reach full establishment in 2023.</p>	
2023 funding: £305k	2024 funding: recurrently funded by reduction in Orthopaedic Middle Grade existing budget
Staff / service provider: 5.5 FTE Physiotherapists / advanced practitioners + 1 administrator	

Governance and Delivery Enablers

Health and Care Analytics (Design)	
<p>Analysts to develop health and care system wide cost and activity model to evidence decision making. By producing a cost modelling tool, allowing us to calculate future demand and costs for all Jersey’s health and care services. This will support better understanding of what drives costs and which services – and for what cost - are delivering the best health outcomes.</p>	
2023 funding: £807k	2024 funding: £1,169k
Staff / service provider: 10 FTE specialists analysts and clinical coders	

Strategic planning (Live)	
<p>Policy professional needed to support the HCS Minister to determine and realise public policy, plus associated business planners.</p>	
2023 funding: £441k	2024 funding: £77k (+recurrent growth funding)
Staff / service provider: 5 FTE policy professionals and 1 FTE business planner	

Commissioning (Live)	
<p>Skilled staff needed to implement the commissioning strategy, commission the new and emerging services and manage contract delivery.</p>	
2023 funding: £184k	2024 funding: £248k
Staff / service provider: 4 FTE commissioning and contract management specialists	

Quality Improvement (Live)	
<p>Specialist staff, who use a range of methods and tools to improve services, deployed to work alongside clinical staff, to train and help them identify how to best to improve existing services (for example; process mapping to identify wasteful, non-value adding activities).</p>	

2023 funding: £194k	2024 funding: £194k
Staff / service provider: 3FTE trained QI civil servants	

Programme Management (Live)	
The non-patient facing staff with project management skills to ensure the new services are delivered and embedded through well governed project management tools.	
2023 funding: £478k	2024 funding: £604k
Staff / service provider: c. 11 FTE changes staff including finance officers and social care specialist	

Independent Oversight Board “IOB” (Live)	
The independent, non-executive board that keeps the delivery of the projects under continuous review. IOB comprises of three non-executive directors all recruited and appointed by the Jersey Appointments Commission.	
2023 funding: £108k	2024 funding: £128k
Staff / service provider: 3 independent non-exec directors + 1 FTE Board Secretary	

Programme Board and Digital Board (Live)	
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. Digital Board is a collective of Modernisation and Digital and HCS management as a sponsoring group to oversee all digital projects.	
2023 funding: -	2024 funding: -
Staff / service provider: This resource is delivered within the ordinary course of existing management and governance structures.	

Communications and public involvement (Live)	
Dedicated capacity to help ensure the public know about, and feel engaged in, the transformation of services. Activities include media communication, public events and website development.	
2023 funding: £107k	2024 funding: £74k
Staff / service provider: 1 FTE comms officer	

Health & Care Partnership Group “HCPG” (Live)	
The HCPG has been formed as the link between HCS and businesses, organizations and charities within the Health & Care Sector. The 100 members act in an advisory role for the development of the new health and care model, and in the improvement and integration of health and care services across the island.	
2023 funding: £29k	2024 funding: £29k
Staff / service provider: 1 Chairperson	

Clinical & Professional Advisory Forum “CPAF” (Live)	
CPAF has 21 members who are clinicians and care professionals from across Jersey’s health and care sectors. CPAF was established to provide a source of independent, strategic, clinical and professional advice on all areas of work across the health and care system (not just “JCM” projects).	
2023 funding: £3k	2024 funding: £3k
Staff / service provider: clinicians and care professionals attend within their ordinary roles, a small amount of expenditure on facilities and meeting admin costs.	

System Enablers

Public Health (Live)	
A team of public health professionals (7 FTE) to help safeguard the health of our whole population through detecting, preventing and responding to infectious disease (such as COVID and monkey pox), promoting healthy lifestyles (such as smoking cessation), seeking to address health inequalities (such as poor housing) and developing strategies to prevent illness and injury (such as cancer and dementia)	
2023 funding: £769k	2024 funding: £769k
Staff / service provider: 7 FTE public health professionals	

Whole Island health and care workforce strategy (Design)	
Government needs to take a co-ordinated approach to reducing barriers to recruitment and retention across the whole health and care workforce (regardless of employer). We need to know current and future skills requirements; work permits need to reflect the fact that nurses commonly work part-time hours and clinicians with sub-specialisations need to be supported to work across multiple providers whilst ensuring proper supervision and adherence to professional standards.	
2023 funding: £139k	2024 funding: £61k
Staff / service provider: Specialist external consultant in workforce planning	

Sustainable Healthcare Funding (Design)	
Health and care costs are increasing as our population ages and costs of treatments rise. The gap between income and expenditure is going to increase, and healthcare will become unaffordable for an increased number of individual Islanders. Government needs to determine the best way to pay for health and care in future years (tax, insurance, user pays) and best way to contract services so that all providers deliver the best possible outcomes for Islanders.	
2023 funding: £222k	2024 funding: £100k
Staff / service provider: External specialist health care economists	

Health and Care Information Sharing (Live)	
Patients currently must ‘retell their story’ to multiple clinicians which can be frustrating, at times distressing and lead to omissions, because of our inability to share information between services. This project is developing the processes and safeguards needed to support data sharing between clinicians.	
2023 funding: £54k	2024 funding: £54k
Staff / service provider: 1 FTE information governance officer	

Appendix 2: Activities to be subject to a 2024 business case

Digital	
Additional digital projects, not yet identified.	
2023 funding: £393k	2024 funding: £393k
Staff / service provider:	

Communication	
An additional, currently vacant communications officer.	
2023 funding: £104k	2024 funding: £69k
Staff / service provider:	

Public Health	
Additional public health officer post.	
2023 funding: £81k	2024 funding: £106k
Staff / service provider:	

Commissioning	
Additional external support to review existing contracts.	
2023 funding: £62k	2024 funding: £-
Staff / service provider:	

Strategic Planning	
An additional, currently vacant Governance Officer post.	
2023 funding: £36k	2024 funding: £48k
Staff / service provider:	

Pathway Development	
Resources to review and design pathways of care following the dementia and end of life pathway development.	
2023 funding: £242k	2024 funding: £200k
Staff / service provider:	

Information Sharing	
Additional resource to engage external information governance expertise.	
2023 funding: £13k	2024 funding: £13k
Staff / service provider:	

Independent Oversight Board	
A fourth member of the IOB with a technology background was recommended to focus of digital projects.	
2023 funding: £8k	2024 funding: £10k
Staff / service provider:	