

STATES OF JERSEY



JERSEY CARE MODEL (P.114/2020): AMENDMENT

Lodged au Greffe on 20th October 2020
by the Health and Social Security Scrutiny Panel

STATES GREFFE

JERSEY CARE MODEL (P.114/2020): AMENDMENT

1 PAGE 2, PARAGRAPH 2(a) –

After the words “report accompanying this proposition” insert the words “, with the implementation to include the establishment of an independent, non-executive board that will hold executives to account for the delivery of the Jersey Care Model and that will be responsible for agreeing monthly progress reports and the publication at the end of Tranche 1 of a detailed analysis of progress against set targets and a detailed look ahead to the delivery of Tranche 2”.”

HEALTH AND SOCIAL SECURITY SCRUTINY PANEL

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

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

1. To receive the Jersey Care Model (JCM) (as set out in Appendix 1 to the report accompanying this proposition), the Jersey Care Model Review (as set out in Appendix 2 to the report accompanying this proposition) and JCM Strategic Outline Business Case (as set out in Appendix 3 to the report accompanying this proposition), and to approve the strategic objectives of the Jersey Care Model set out on page 4 of the report accompanying this proposition.
2. To note that Ministers intend to bring forward proposals for investment in the Jersey Care Model in the Government Plan 2021-24, and subject to that investment being approved, to:
 - (a) approve the proposals to move to the next stage of the programme, to progress to the detailed design and phased implementation of the Jersey Care Model, as defined in the Strategic Outline Business Case and summarised on page 28 of the report accompanying this proposition, with the implementation to include the establishment of an independent, non-executive board that will hold executives to account for the delivery of the Jersey Care Model and that will be responsible for agreeing monthly progress reports and the publication at the end of Tranche 1 of a detailed analysis of progress against set targets and a detailed look ahead to the delivery of Tranche 2; and
 - (b) to request the Council of Ministers to co-ordinate the necessary steps by all relevant Ministers to bring forward for approval proposals for a sustainable funding model for health and social care, to be operational by the end of 2025.

REPORT

Background

1. This amendment to [‘Jersey Care Model’ \(P.114/2020\)](#) seeks to establish an independent, non-executive Board to enhance the governance framework for the timely and successful delivery of the Jersey Care Model (JCM).
2. Having given considerable attention during its Review to plans for how the JCM would be implemented, the Panel’s full report on the Jersey Care Model, which is published ahead of the debate, sets out a number of associated findings and recommendations. One such recommendation is the establishment of a non-executive Board. The recommendation reads as follows:

“The Minister for Health and Social Services must establish an independent, non-executive Board to hold executives to account for the timely and successful delivery of the Jersey Care Model. The Board would be responsible for agreeing a monthly progress report, which would be informed by a risk log, and would describe progress against the key monthly milestones in the overall programme. The Board would publish a report at the end of Tranche 1 (2021) which detailed an analysis of progress made during the first year against a pre-agreed set of outcome-based targets. The report would also include a detailed look ahead to the programme to deliver Tranche 2 of the implementation plan.”

3. During evidence gathering, the Panel’s advisers found that there is insufficient pace and rigour behind the JCM programme and that those responsible for its delivery are not being held accountable for considerable slippage against previously promised actions. Commenting on the slippage, the advisers highlighted that this was largely attributed to the COVID-19 response. With the pandemic ongoing, there is concern that the current set up of the public sector team plus external consultancy support is robust enough to deliver business as usual service delivery, reacting to the continuing pressures of the pandemic, and additionally implementation of the JCM, in a timely manner, irrespective of the proposed new hospital programme.
4. This is attributed to 2 fundamental faults in the current structure. Firstly, many of the same senior individuals within the Health and Community Services Department are responsible for all of these aspects. Furthermore, there is no robust mechanism for maintaining the necessary regular overview and challenge on the detail of the JCM.
5. It is in this context the advisers have proposed the creation of the independent non-executive Board. The Panel and advisers envisage that the Board would ensure that the individual milestones within the JCM programme are delivered to plan. Its focus on strategy would also help safeguard that the major enabling components, such as digital, workforce and engagement strategies, as well as the integration with other key government departments, are in place.
6. Another of the Panel’s findings notes the apparent absence of a robust programme plan or comprehensive risk log. To improve this situation, it is proposed that the Board should be responsible for agreeing a monthly progress report, which would be informed by a risk log that included the ‘top 10’ risks of the successful delivery of the JCM. It would describe progress against the key monthly milestones in the

overall programme. It is further proposed that the Board would publish a report at the end of Tranche 1 (2021) which detailed an analysis of progress made during the first year against a pre-agreed set of outcome-based targets. The report would also include a detailed look ahead to the programme to deliver Tranche 2 of the implementation plan.

Financial and manpower implications

The potential costs of establishing a non-executive Board would be scalable depending on the level of governance considered appropriate. However, as a guide, and if the Board was similar to a senior NHS board, the following costs could be expected –

- A Chair who would undertake their role for 2-3 days per week = £50,000 – £60,000 per year;
- Four Non-Executive Directors who would be needed for 3 days per month = £15,000 each per year; and
- A part time Board Secretary = £30,000 per year.

The full costs of establishing the Board could therefore total approximately £150,000 per year.