STATES OF JERSEY

SCRUTINY REVIEW OF THE GOVERNMENT PLAN: 2020–2023 (S.R.13/2019) – JOINT RESPONSE OF THE MINISTERS FOR HEALTH AND SOCIAL SERVICES AND SOCIAL SECURITY

Presented to the States on 30th December 2019
by the Minister for Health and Social Services

STATES GREFFE

SCRUTINY REVIEW OF THE GOVERNMENT PLAN: 2020–2023 (S.R.13/2019) –JOINT RESPONSE OF THE MINISTERS FOR HEALTH AND SOCIAL SERVICES AND SOCIAL SECURITY

Ministerial Response to:	S.R.13/2019
Review title:	Scrutiny Review of the Government Plan: 2020–2023
Scrutiny Panel:	Government Plan Review Panel

INTRODUCTION

Minister for Health and Social Services:

The Minister for Health and Social Services expresses his thanks to the Panel for its work on analysing the Government Plan.

Minister for Social Security:

The Minister for Social Security is grateful to the Panel for the work that has been undertaken during this review.

FINDINGS

	Findings	Minister	Comments
1	The total Heads of Expenditure for the Health and Community Services Department is £211 million. In respect of Ministerial allocations, the Minister for the Health and Social Services receives the highest allocation of funding (£211 million) for his remit out of all the Council of Ministers.	MHSS	Agreed, but excluding the impact of efficiencies, pay award and other transfers.
2	Unlike the Medium-Term Financial Plans, where the information was provided in an annex, the Government Plan lacked any details regarding the breakdown of departmental budgets.	MHSS & MSS	The HCS budget is presented in the agreed corporate style for the Government Plan as for all other Departments.
3	The Efficiency Plan 2020 states that £1.77 million worth of efficiencies will be made through 'commercial operations' and £3.67 million through 'operational excellence'. It also indicates that £750,000 worth of cross-cutting operations are attributed to the Health and Community Services Department.	MHSS	Agreed

	Findings	Minister	Comments
4	The Health and Community Services Department is due to make £9 million worth of efficiencies in 2020. However, only £6.1 million worth of efficiencies in respect of HCS are described within the Efficiencies Plan 2020-23. It is unclear to the Panel how the remaining £2.8 million worth of efficiencies will be achieved.	MHSS	The £2.8 million forms part of the total Modern Workforce efficiencies total.
5	The Panel has been advised by the Minister for Health and Social Services that there will be no headcount reductions as result of Health and Community Services' efficiency programme. However, the Panel still has concerns that efficiencies may result from not replacing current vacant posts within the hospital.	MHSS	The department will be drafting a Workforce Strategy and Plan. As part of the Strategy, the department needs to undertake a skills analysis as well as reviewing roles to enable delivery of the Jersey Care Model. The department requires an agile and flexible workforce that is fit-for-purpose and for the future. There are no plans to reduce headcount.
6	The action "Develop a Health and Wellbeing Framework" will be delivered within existing departmental budgets.	MHSS	Yes
7	The action "provide appropriate accommodation for people within Learning Disability Services" is not linked to a project seeking additional revenue expenditure because it is instead linked to a capital project.	MHSS	Yes. People with learning disability access Long-Term Care and other revenue funding as do other Jersey citizens.
8	A Health and Wellbeing Policy Framework is currently being drafted which will link and coordinate actions across Government to support islanders to live healthier and fuller lives, including those developed under the "preventable diseases" project. The Panel was advised that the intention was for the Framework to be completed by the end of 2019.	MHSS	Yes. The Health and Wellbeing Framework is currently being drafted. It is due to be completed and published by the end of Q1 2020.
9	The £300,000 funding requested for 2020 under the "preventable diseases" project would be spent on health promotion and introducing a two-year pilot scheme to provide healthy meals in primary schools.	MHSS	Yes
10	The £102,000 funding requested for	CM	Correct. The need for additional

	Findings	Minister	Comments
	the Adult Safeguarding Improvement Plan in 2020 would provide funding for two additional FTEs who are needed to co-produce and implement the Plan.		resources is supported by a business case, with the work programme based on the recommendations from independent reviews in 2018.
11	The project "Mental Health" includes a number of ambitious programmes and workstreams over the next 4 years. To ensure their delivery, the Government Plan has requested £3.2 million additional investment in 2020.	MHSS	Yes, the £3.2 million is correct.
12	At the start of 2019, £22.5 million was already invested in services which are delivering mental health activity.	MHSS	Yes
13	The Medical Director of Mental Health is due to undertake a review of Jersey Talking Therapies to determine the reasons for the current long waiting lists and to understand how resources could be moved around to deliver the service differently. It was confirmed that funds are within the Government Plan to undertake this work.	MHSS	Yes, this has been partially completed.
14	The listening lounge will initially be a 2-year pilot project and the requested funds within the Government Plan (£0.3 million in 2020) are required to support its implementation, to appoint a project team and to staff the facility.	MHSS	Yes. The Listening Lounge opened in November 2019.
15	The Adult Mental Health Service is currently under significant strain because of staff shortages.	MHSS	Yes, this is a national challenge. Ongoing recruitment exchange to seek to address the issue. MH management team now fully appointed and staff in situ.
16	The level of resources requested for mental health should be sufficient to enable the project to meet its stated aims. However, the sustainability and successful implementation of the programme is dependent on successful recruitment and retention of a high-quality workforce and improved collaboration with third and private sector partners.	MHSS	Yes
17	There is a lack of clarity within the Government Plan as to how the Digital	MHSS	Internally, HCS has appointed a Chief Clinical Information Officer (CCIO) to

	Findings	Minister	Comments
	Health and Care Strategy will be delivered.		clinically lead on the digital agenda. The portfolio sits under the Executive Director for Health Modernisation who commenced in post in November. The team has established a digital board to determine the strategy and rationalise the financial ask. A strategy document is being developed. There is collaborative work with the Modernisation and Digital team within the Chief Operating Office.
18	Within the Government Plan there is no clear line of funding for the development of a digital patient records system, which it has been estimated will cost in the region of £30 million.	MHSS	Funding will be discussed with the Chief Operating Officer Department.
19	It is the intention of the Health and Community Services Department to be digital in 2 years and to have the electronic patient records system in place in 3 years.	MHSS	HCS aspires to be fully digital in 2 years and to have an EPR (electronic patient record) in place when our current contract with 'intersystems' expires in 2022.
20	The Government Plan is seeking £3.6 million to be restored to the Health and Community Services Health baseline budget to fund the delivery of a new Health Care Model, in line with the principles of P.82/2012 – 'A new way forward for Health and Social Care'.	MHSS	Yes
21	Additional funds of £4.1 million have been requested for 2020 under the "Maintaining Health and Community Standards" project to ensure that health and social care standards are maintained at a level comparable with the UK and other European jurisdictions.	MHSS	Yes
22	To assist the Government budget setting for 2020, the "maintaining community health and care standards" project will receive £1 million less in 2020 and manage any consequential pressures in year with the funds being remunerated in 2021.	MHSS	Yes. As part of the Government budget setting process, it was agreed that HCS would receive £1 million less than originally sought and that this would be replaced in 2021.
23	A full business case was not produced for the "Regulation of Care" project as	CM	As the expression of interest published says, the £200,000 built into the MTFP

	Findings	Minister	Comments
	the additional investment requested in 2020-2023 is intended to fund a shortfall from the non-receipt of income that was budgeted to be received through the regulation of care legislation in 2018.		(2017-19) from 2018 for user pays income under the Regulation of Care Law did not allow for the increased costs of regulation. As such, this change in the Government Plan is straightforward. A full business case was unnecessary.
24	The "Mental Health Improvements" capital project requests £3,930,000 in additional funding for; investment in works to "make safe" Orchard House and to prepare Clinique Pinel and Rosewood House to allow the delivery of high quality and safe mental health care.	MHSS	Yes
25	Whilst the Panel is satisfied that the amount of additional funds requested is adequate to undertake the necessary work on mental health facilities, it has concerns regarding the timeframe for the completion of Clinique Pinel and, specifically, the provision of a place of safety.	MHSS	Yes, but continuous attention is paid to maintaining the timetable, working collaboratively with colleagues in Jersey Property Holdings. The project is a standing agenda item on the weekly executive meeting.
26	The Minister for Health and Social Services has expressed his own frustration about the progress that had been made in delivering a place of safety.	MHSS	Yes. Options have been explored and a new place of safety suite will be part of the refurbishment at Clinique Pinel and, eventually, the new hospital.
27	The project "Health Service Improvements" seeks to deliver, not only essential maintenance work to the current hospital, but also initial work for the development of digital patient records. The Panel is concerned that the funding identified for 2020-2023 (£5 million per annum) is insufficient to deliver these priorities.	MHSS	There is significant backlog maintenance and significant investment in digital required. This will remain under review.
28	Immediate works to Aviemore, to ensure the building is legally compliant, will be funded under Capital Project "Discrimination Law, Safeguarding and Regulation of Care, in which £2 million has been allocated to HCS for the years 2020-23.	MHSS	Yes
29	The Health and Community Services Department is currently working with a number of provider organisations to	MHSS	Yes, alternative accommodation has been sourced for 2 of the residents, enabling a safer environment for the

	Findings	Minister	Comments
	seek alternative accommodation for the Aviemore residents.		remaining 2. We are seeking permanent accommodation for them, while continuing to engage with partners.
30	The Government Plan requests £250,000 to fund a feasibility assessment in order to determine a long-term solution for housing Aviemore residents in alternative accommodation.	MHSS	Yes; this also includes future scoping for provision of need in this area of HCS.
31	The money allocated to the hospital project in the Government Plan (£5 million in 2020 and £1.6 million in 2021) is the continuation of funding requested by the project team to develop the Outline Business Case. The funding will be held by Treasury and Exchequer and drawn down as required.	MHSS	Yes
32	The total Heads of Expenditure for the Customer and Local Services Department is £90.6 million. In respect of Ministerial allocations, the Minister for Social Security receives the second highest allocation of funding (£184 million) for her remit out of all the Council of Ministers.	MSS	Agreed
33	The Customer and Local Services Department is committed to making, in total, £2.2 million worth of efficiencies in 2020, £1 million of which is planned to come from a spend reduction in the Target Operating Model and a review of non-staff costs. It has been proposed that the remaining £1.2 million worth of efficiencies will be found through contract management, more efficient organisational structures and adopting Modern Workforce principles.	MSS	The £2.22 million can be broken down as follows: £1.0 million Dept operating model savings £944,000 Reduced benefit payments based on Q3 2019 forecast £100,000 Contracts review £136,000 Modern efficient workforce and efficient organisational structures £40,000 One Customer Location.
34	The Government Plan proposes to reinstate the States Grant to its full value by 2023, rather than reinstating it in full in 2020.	MSS	Yes. This proposal ensures that the Social Security Fund remains financially sustainable and is able to support future generations, whilst allowing the government to invest more in public services over the next few years.
35	The States Assembly will be asked to agree amendments to the Social	MSS	This is correct.

	Findings	Minister	Comments
	Security (Jersey) Law 1974 alongside the Government Plan. If approved, the Law will introduce a legal requirement to reinstate the States Grant to its full value of £93.1 million by 2023.		
36	Consideration is being given to changing the investment strategy of the Social Security (Reserve) Fund to allow it to invest in local infrastructure. The Panel was told that investment in infrastructure could complement the existing asset classes held in the fund's portfolio, increase diversification and offer an appropriate risk adjusted return. The Panel is still unclear, however, as to the type of local infrastructure that might receive this investment.	MSS	**Comment from Treasury:** No specific individual projects have been identified at present, but examples of potential future projects might be a sports campus/complex or student accommodation as part of an enhanced higher education offering. Local infrastructure is not an area in which the Social Security (Reserve) Fund is currently invested but examples like those provided could produce revenue streams which are aligned to the Fund's investment objectives whilst at the same time supporting much-needed investment in the Island's infrastructure.
37	The Government Plan proposes a 1% increase to the headline rate of Long-Term Care contributions and an increase in the income cap from £176,232 to £250,000	MSS	This is correct. The 1% increase would have provided a sustainable and fairer long-term care scheme for younger people and future generations.
38	Due to availability of allowances and reliefs, most people would pay less than the proposed 2% in contributions towards the Long-Term Care Fund as a percentage of their total income.	MSS	This is correct.
39	Diffuse mesothelioma is a disease associated with historic exposure to asbestos fibre. As a result, it is not foreseen that there will be an increase in diagnosis of the condition following the establishment of the compensation scheme. Rather, it is expected that there will be a dwindling of cases over the next few years.	MSS	The number of cases will diminish over time, but a decrease will probably not start to be seen for another 10 years as the disease has a very long latency period.
40	The Panel is satisfied that the amount of money requested for the "diffuse mesothelioma scheme" in 2020 is sufficient and the reasons behind the request agreeable.	MSS	Acknowledged
41	The £150,000 funding requested for 2020 would pay for expert advice to	MSS	This is correct.

	Findings	Minister	Comments
	help identify options, an approach and actions to improving financial independence in old age. The funding allocation for 2021 would be dependent on the outcome of the work undertaken the previous year.		
42	The Panel supports the request for additional funds in 2020 to undertake research on financial independence in old age. However, until the outcome of the investigation is known, and proposals of a way forward are brought to the States Assembly, we are unable to confirm whether we are content with the funding allocation for 2021-2023.	MSS	Acknowledged. Detailed plans will be developed during 2020.
43	The triennial regulations that are currently in place for the Food Costs Bonus expire at the end of 2019. The business case for this project simply proposes a further extension of the Bonus at its current value.	MSS	Agreed
44	The Government Plan is seeking £2.5 million of additional funds to in order to maintain the single-parent component of income support on a permanent basis.	MSS	Agreed
45	It has been estimated that 1,204 people would be accessing the single-parent component of income support by the end of 2020. This figure was used to determine the amount of additional investment required.	MSS	Agreed
46	Additional funds of £150,000 have been requested in 2020 under the "Support for Home Care and Carers' project to deliver a pilot scheme, which will provide additional financial support to a small number of lower income families. The scheme will be aimed at domiciliary care - care provided in a household by family members - and it is intended that the money will assist with extra domestic costs.	MSS	Agreed
47	The funds will cover a range of domestic costs associated with caring for a family member in the home, it	MSS	Agreed

	Findings	Minister	Comments
	will not represent a payment to the carer or a specific amount for every claimant.		
48	Experience gained in 2020 from the pilot scheme will be used to inform a wider scheme available from 2021, hence the substantial increase in requested funding for the subsequent 3 years.	MSS	Agreed
49	Whilst the Panel is content with the proposals and satisfied with rational behind the request for additional funds, at this stage we are unable to conclude whether the resource allocation for the years 2021-2023 is appropriate until we understand the outcome of the pilot scheme.	MSS	Acknowledged; detailed plans will be developed during 2020.
50	The additional funding requested in the Government Plan for the "Disability and Community Strategy" project will support the roll out of a wide range of projects from 2020 onwards. However, at the time of producing the Government Plan, the identification of these projects was still under discussion. The Disability Strategy Delivery Group was due to consider a draft list at its meeting in October.	MSS	Attached at Appendix 1 is a provisional list of actions prioritised for the Disability Strategy in 2020; this includes permanent staffing resource. The 2020 projects are in the process of being discussed by the Disability Strategy Delivery Group (DSDG). The DSDG is a collaboration between Government officers, voluntary and community organisations and individual service users. The proposed projects are a combination of actions listed as 'medium-term' in the Strategy (which was published in 2017), and 'new' actions identified by the group over the past 2 years. The recommendations of the DSDG will be considered by the Minister for Social Security who has political oversight of the Disability Strategy.

RECOMMENDATIONS

	Recommendations	To	Accept/ Reject	Comments	Target date of action/ completion
1	The Minister for Health and Social Services should provide a detailed breakdown of how his department intends to make £9 million of efficiencies in 2020, before the debate on the Government Plan.	MHSS	Agree	A detailed breakdown is provided in the attached briefing at Appendix 2. The £9 million of efficiencies are broken down across HCS in a number of schemes, these being – **1. Operational Excellence** • Continuing Care • Mental Health • Support Services • Intermediate Care • Community & Voluntary • Off-island acute services • Productive theatres • Acute floor • Outpatient services **2. Commercial and Customer** • Pharmacy and drugs • Non-pay costs • Income recovery • Cross cutting commercial **3. Modern Workforce** • Nursing establishment and bed reconfiguration • Medical staffing • Modernisation of services and skill mix Target Operating Model	
2	The Minister for Health and Social Services should provide the Panel will an updated table every quarter noting the number of funded posts, actual staff in post and vacant posts within the hospital.	MHSS	Partially agree	This will be possible once the central HR system has been reconfigured to the new HCS care group structure. If there are any delays to this then there will be an impact on the ability to report to Scrutiny.	
3	In advance of any changes	MTR		**Response from Treasury:** No	

	Recommendations	To	Accept/ Reject	Comments	Target date of action/ completion
	being made to the investment strategy of the Social Scrutiny (Reserve) Fund, the Minister for Treasury and Resources should provide the States Assembly with documentation in respect of the proposed changes, including details of the local infrastructure to be invested in, any potential risks associated with that investment, and any risks to the future projections of the fund and its objectives			specific individual projects have been identified at present. Local infrastructure is not an area in which the Social Security (Reserve) Fund is currently invested but projects which produce revenue streams aligned to the Fund's investment objectives could be considered. At the same time, this would support much-needed investment in the Island's infrastructure. Under the Public Finances (Jersey) Law 2019, the Minister for Treasury and Resources is required to publish Investment Strategies for Funds and cannot act in accordance with those Strategies until they have been presented to the States.	
4	The Minister for Health and Social Services should provide the Health and Social Security Panel with quarterly updates, starting from January 2020, detailing successful recruitment of staff into the mental health service. The update should also provide evidence of improved collaboration with third and private sector partners.	MHSS	Agree	Yes, this can be provided.	
5	The Minister for Health and Social Services should provide clarity ahead of the Government Plan debate as to how the digital and health care strategy, and specifically the digital patient records system, is to be funded.	MHSS		The Government Plan includes a £5 million capital sum in 2020 for Health services improvements (including IT development). This is planned to be split between the digital and the estates infrastructure programmes. Thereafter, the strategy implementation will continue to be implemented each year, financed from both capital and revenue, with the funding source being aligned with each project and developed and refined over the Government Plan period.	
6	The Minister for Health	MHSS	Partially	**Response from Minister for Social**	

	Recommendations	To	Accept/ Reject	Comments	Target date of action/ completion
	Social Services should provide the States Assembly with a list of projects that will receive funding under the overarching "Disability Community Strategy" project ahead of the debate of the Government Plan.		agree	**Security:** A provisional list of actions prioritised for the Disability Strategy in 2020 is provided in parallel. These 2020 projects are in the process of being discussed by the Disability Strategy Delivery Group (DSDG). The DSDG is a collaboration between government officers, voluntary and community organisations and individual service users. The proposed projects are a combination of actions listed as 'medium-term' in the Strategy (which was published in 2017), and 'new' actions identified by the group over the past 2 years. Their recommendations will then be considered by the Minister for Social Security who has political oversight of the Disability Strategy.	
7	The Minister for Health and Social Services must continue to put pressure on those delivering and undertaking the work to Clinique Pinel to ensure that it is completed, and the place of safety is in place, by the end of 2020.	MHSS	Agree	The work to Clinique Pinel is a HCS priority and is regularly monitored.	
8	The Minister for Health and Social Services should provide the Health and Social Security Panel will quarterly updates, starting from January 2020, detailing the timetable for the completion of work and highlighting any delays and the contributing reasons.	MHSS	Agree	As above	
9	The Minister for Health and Social Services should provide clarity to the States Assembly before the debate of the Government Plan to as to how the £5 million requested for 2020 will be	MHSS		The split between maintenance work and the patient record is £4.1 million maintenance and £0.9 million on digital.	

	Recommendations	To	Accept/ Reject	Comments	Target date of action/ completion
	apportioned between maintenance work to the current hospital and primary work on the digital patient records system.				

CONCLUSION

Minister for Health and Social Services:

The Minister expresses his thanks to the Panel and looks forward to working with the Panel in implementing the recommendations.

Minister for Social Security:

The Social Security Minister welcomes the findings contained in this report.

APPENDIX 1

Disability Strategy proposed projects for 2020 (as noted by the Disability Strategy Delivery Group on 11.12.19)

Strategic Reference	Action	Narrative
	Staffing resource	
	Disability officer	Specialist resource within Government of Jersey (GoJ) to provide expert advice and guidance and promote disability awareness in the Island.
	Project manager	Dedicated resource to manage oversight and delivery of strategy actions.
	Strategic Policy Performance and Population policy resource	Disability and diversity policy development.
	Disability Sport officer	Dedicated disability officer post within Jersey Sport (through Jersey Sport funding).
	Proposed projects to be delivered within existing budgets or through new dedicated resource	
	United Nations Convention Rights Persons Disability scoping work	Policy team to conduct initial scoping exercise to identify work required to extend United Kingdom ratification of the convention, including establishing an independent monitoring body.
1.2b	Customer service policies review and develop communication policy	Review GoJ customer service policies to ensure they are equitable and that accessibility requirements of disabled customers are met. Develop clear policy on communication with disabled customers.
1.3a	Communication support needs in healthcare settings	Explore options for an Accessible Information Standard in Jersey.
3.3c	Increase access to health and fitness groups	Co-ordinate development of offering for generic fitness groups – including walking groups, armchair yoga etc. to meet needs of younger and older disabled adults.
3.1c	Voluntary Community Sector (VCS) offering re under-supported conditions	Work with VCS umbrella and structural organisations to map current VCS support of disabled islanders and identify gaps.
3.3d	Meeting communication needs of customers	Work with trade and promotional bodies to communicate benefits of meeting disabled customer needs, including awareness of discrimination legislation.
5.1b	Working group – disability awareness	Establish working group to promote disability awareness Island-wide, including work with media outlets.
	Proposed projects with additional resource required	
1.2b	Accessible Government information	Develop Government policy on providing documents in an accessible format.
1.3b	Communication training in care settings	Improve communication support in community and care settings.

2.1c	Volunteer driver scheme	Introduce community-based post of volunteer driver co-ordinator to set-up and manage an island-wide volunteer driver scheme.
2.2c/2.3a	Accessibility reference group	Establish a reference group of disabled volunteers to advise on accessibility of buildings. Train group to provide advice and guidance and support an Island access audit.
3.2b	Develop respite offering	Develop the respite and short break services available to individuals and carers with a view to increasing the variety and flexibility of options available.
4.2b	Accessible discrimination information	Ensure that discrimination legislation is provided in accessible formats – including British Sign Language. Explore options for advocacy and support.
5.2a	Engagement event	Co-ordinate an annual event where disabled Islanders can share their experiences with elected members.
5.2b	The cost of living with a disability	Commission research to better understand the extra costs associated with disability and work with local businesses, VCS and service providers to develop positive action to mitigate against these costs.
	Improve social inclusion and support diversity	Research and explore opportunities for supporting diversity within the Island.

Health and Community Services

Government of JERSEY

Health and Community Services briefing note

2020 Efficiencies

Contents

Programme and Project Management Approach to the 2020 HCS Efficiency Programme

Delivery Approach

In order to deliver the 2020 programme, HCS has taken a rigorous programme and project management approach which is supported by several core principles, namely:

- It builds transformational capability and capacity within the organisation
- It has the right individuals, with the right skills and support, in place to drive and deliver the change (in terms of Senior Responsible Officers and Workstream Leads).
- Is supported by consistent and appropriate project documentation and governance to track delivery and monitor ongoing progress in terms of operational progress and savings.
- Is supported by robust risk management processes to ensure risks and issues are promptly identified and mitigated accordingly.
- Is integrated with the finance function to ensure financial profiling is accurate and being tracked consistently and uniformly.
- Is aligned to the HCS Strategic Agenda and direction of travel for health service on the island including the 'Jersey Care Model' .
- Is aligned to the wider GoJ Efficiency Programme to share best practice and capitalise on any potential synergies.
- Is overseen by a Programme Board which is chaired by the Interim Director of Modernisation to provide appropriate challenge, drive delivery and unblock any barriers.

This approach has been intelligence led and data driven which has:

- Capitalised on local intelligence and the experience of our staff.
- Utilised extensive benchmarking with peer organisations (mainland and island peers) to identify efficiency opportunities.
- Built on the success and work delivered to date.
- Engaged expertise (external and colleagues across the States)
- Triangulated information from across the organisation (finance, activity and patient level information and costings)
- Built capability within the organisation to continually evaluate and ensure efficiency is delivered.
- Upskilled colleagues in the use of project management methodologies and use of data to inform management decisions.
- Embedded a continuous improvement approach to aid ongoing identification of efficiency opportunities to inform future efficiency schemes beyond 2020.
- Ensured all proposals are clinically quality assured through completion of Quality Impact Assessments (QIA's) signed off by the Medical and Nursing Directors.

By building upon this approach HCS was able to deliver budget savings in 2019 and has detailed plans in place to deliver further efficiencies in 2020. This approach has also helped develop an improvement mindset which will aid further identification of efficiency opportunities to contribute to future programmes.

Operational Excellence

EFF2020-1 - Continuing Care

Background:

Review of clients in receipt of social care, from a clinical and contractual perspective as well as the commissioning of an ongoing service to review clients/patients on a more regular basis and provide timely, ad-hoc support to UK provided placements as required.

A review of the service has highlighted gaps in resources to undertake sufficiently regular reviews of off-Island placements, indicating that the best value arrangements may always not be in place for patients/clients. For example, care needs may change and not be recognised or reflected in a timely way from a care and/or contractual perspective. In addition to compromising care, treatment or recovery, this may lead to high prices being paid and/or delays in bring people back to Jersey.

Based on the experience of other healthcare systems, developing and maintaining a good relationship with providers and having the expertise to put robust and effective contracts and contract challenge processes in place, are important for ensuring 'value for money' placements. Regular one-off, in person reviews of placements from a clinical and contractual perspective will ensure that current arrangements are fit for purpose.

There is also an opportunity for closer working with Children's and Young People's Services (CYPES), through review and strengthening of the systems and processes for planning for and transitioning patients/clients from child to adult packages/placements. Planning and communication between the two departments will be improved to ensure that from both a care and a financial perspective the transitions are planned, and the financial impact forecast well in advance of an 18th birthday. As part of the process, the funding route for these cases needs to be agreed and an appropriate process and policy implemented.

Aim:

To continue reviewing packages to ensure they are at the required level.

Plans include:

- Reviewing further social care placements
- Realising full year effect of packages reviewed in 2019
- Efficiencies could be made in a variety of ways including moving providers, reduction in need and through timely financial challenge
- Realising the benefits of clients diverted to the 'Closer to Home' scheme reducing the number of new packages. Previously there was no middle range, full support or none. Now people can get help at a lower level e.g. help with shopping.
- Exploring use of assistive technology

Outcomes sought:

- Care packages tailored to client need
- Increased use of assistive technology

EFF2020-2 - Mental Health

Background:

Review and strengthening of assessment, contracting, review and monitoring processes in relation to off-island placements. This includes: contract terms and conditions; adherence to terms and conditions; ensuring appropriate contracts are in place for each client/patient; frequency of reviews; 'value for money' (cost and outcomes delivered); information for timely and accurate monitoring and forecasting. An average mental health UK placement costs £500 per day.

With advanced planning it is likely that better value placements and care packages can be secured for the patients and clients transitioning from CYPES to adult services.

There could be an opportunity to repatriate a treatment to the island, providing easier access for local clients. Alternative providers will be scoped for an off-island service, this has the potential to achieve efficiencies. A specialist mental health pharmacist will be considered to ensure prescribing is appropriate and best value for money.

Aim:

To ensure off island placements provide best value for money and clients are reviewed regularly and repatriated where clinically appropriate.

Plans include:

- Review all off-island placements
- Repatriate clients where clinically appropriate. A new consultant is in post who will establish expected length of stay and review periods. There is also large investment in mental health services which will help to reduce and support those in crisis at an early stage.
- Review contracts and their terms and conditions
- Seek alternative providers for off-island treatments
- Put arrangements in place for non-contracted placements
- Repatriate services

Outcomes sought:

- Increase in clients treated on-island
- More regular review of off-island clients
- On-island expansion of provision of treatments
- Prescribing efficiencies

EFF2020-3 – Support Services

Background:

The facilities service has identified efficiency opportunities in a number of support service areas;

Catering Services

There are currently multiple catering facilities across Government of Jersey (GoJ). The hospital kitchen facilities have both spare capacity and the advantage of a 'cook chill' policy which supports the opportunity to provide central facilities with ability to serve off site locations. This could be utilised across other government departments and for other wider organisations (who work closely with health and social care. Increased use of vending machines is being explored to increase hours of service provision for staff, patients and visitors.

Laundry Services

GoJ has an in-house laundry services which also has capacity to increase its throughput. It is intended to target in the first instance GoJ related services who use external providers for the provision of laundry services.

Fleet Vehicles

There is a aim to review the current leased fleet vehicles used by HCS along with any synergies that could be realised with other services in GoJ i.e. partnership with other island organisations to share some fleet vehicles who cover identical or similar routes to reduce cost.

Freight

There is an opportunity to make savings on freight costs by consolidating orders in the UK rather than paying for each individual item to be shipped. A trial is underway and the results of this will inform future options.

Workforce

Many of the support services workforce will be using e-rostering from 2020 which will allow more effective and real time monitoring of the workforce. Check and assurance meetings will be established to ensure staffing levels are appropriate and any discretionary spend is controlled.

Aim:

Review of all services to provide efficiencies and progress income options.

Plans include:

- Provide catering services outside of HCS
- Provide laundry services outside of HCS
- Consolidate items ordered from the UK
- Establishing workforce check and assurance meetings
- Explore opportunities in other departments in line with the One Gov approach

Outcomes sought:

- Maximise catering facility utilisation
- Increase in hours of hot food provision for staff, patients and visitors at Jersey General Hospital
- Maximise laundry utilisation
- Reduced spend on freight
- Reduced unnecessary workforce discretionary spend

EFF2020-4 – Intermediate Care

Background:

Occupancy of step up / step down beds at Silver Lea had reduced through 2018 and 2019 as other measures to prevent hospital admissions and get people home quicker had taken effect. The contract for these beds was therefore not extended after June 2019 which has delivered significant savings both in 2019 and through a full year effect in 2020.

Plans include:

- Monitor and review current position with service

EFF2020-5 – Community & Voluntary Sector

Background:

Health and Community Services (HCS) currently holds a number of high value contracts with service providers in the community and voluntary sector. Many of these are under review as they are due for renewal and to ensure they align to the future state of clinical services.

Work will be undertaken in a prioritised way. It is worthy to note that with the exception of 2 contracts HCS mainly makes a contribution to the running of the service which are wholly reliant upon donations and volunteers from the general public.

Central to the development and delivery of the Jersey Care Model (JCM) is implementing a commissioning framework which focuses upon outcomes delivered by external partners. For the JCM to succeed it will require external partners delivering more key services in the community. While expansion will be required there are areas that are currently in place that need to be reviewed.

Plans include:

- Review current contracts in place
- Risk stratification of contracts in terms of delivery and value for money for patients
- Explore future provision of C&V sector services with current partners and alignment with future services through the Jersey Care Model

EFF2020-6 – Off-Island Acute Services

Background:

To ensure that activity is appropriately going to the UK, approval processes will be strengthened. A checklist of considerations could be built into this, such as: clinical effectiveness, has the local care pathway been followed? could the consultation make use of technology such as Skype or carried out in Jersey – either now or in the future); 'is the pathway relating to this treatment 'joined up'? (i.e. are multiple visits to the UK happening when things could happen over one visit?).

A regular review process with appropriate clinicians and service managers will enable retrospective reflection on whether treatment could have been provided differently i.e. avoided.

As many UK appointment letters are generated and sent direct to Jersey patients, a process is needed to enable oversight of/approval by HCS, either pre-approved or approved when received. Information in discharge letters may also provide an indication on future care plans, which can then be reviewed to see if most appropriate in relation to any proposed UK treatment.

There should be a focus on urgent and diagnostic patients referred to the UK, and the classification of patients referred to the UK between private and public, including their movement between these categories.

Digital solutions are being explored as an enabler, but also to support modernisation and transformation of services in Jersey.

Examples include:

- Replacing face to face outpatient appointments with telephone or Skype consultations
- Clinicians in Jersey taking the lead on care which would normally take place in the UK, through Skype liaison with UK specialists and use of telemetry/remote monitoring etc.

Aim:

Provide on-island treatments for patients where it is more cost effective and safe to do so.

Plans include:

- Improved assurance for off-island treatment
- Establishment of a monthly review board for off-island treatments
- Improved process for off-island appointments/communication
- Improved understanding of how and why patients move from public to private and vis-versa
- Repatriation of cardiology services (heart - new cardiologist in post)
- Repatriation of bariatric services - new gastroenterology consultant proposed. Being able to treat overweight islanders in an emergency without needing to send them off island
- Exploration of other services that have potential repatriation to include haematology, diagnostics, specialist spinal, genetics and neurology

Outcomes sought:

- Increased use of digital appointments
- Reviewed and updated policy for off-island treatments
- Increased number of cardiology procedures performed on-island

- Increased number of bariatric procedures performed on-island
- Reduced waiting times for bariatric surgery
- Decreased spend on patient travel associated with repatriated procedures and digital appointments
- Increased use of digital services by staff e.g. getting advice from other professionals
- Reduced waiting times

EFF2020-7 – Productive Theatres

Background:

Data analysis has shown there is an opportunity to further improve theatre efficiency. Main benefits will be the reduction in waiting times for patients and enable the repatriation of services currently sent off island. In the longer term it will lead to efficiencies that could release cash through a reduction in theatre session and staff time or generate income by increasing private patient activity.

Aim:

Improve the theatre utilisation by having effective and full use of all theatre sessions. The aims are;

- Reduce waiting lists and waiting times
- Alignment of workforce to service requirement (list load and case mix)
- Effective list management (minimise late starts, early finishes and turnaround times)
- Delivering procedures in the correct theatre location (main theatre, day surgery, minor ops etc)
- Optimising activity in the Day Surgery Unit and reduce inpatient length of stay
- Driving adherence to clinical best practice and use of the latest surgical techniques

Plans include:

- Establish and embed revised working arrangements for private patient activity
- Develop Medical workforce strategy
- Develop a strategy for introduction of non-medical clinical practitioners i.e. specialist nurses, physician's associates
- Theatre designation and working
- Explore potential opportunities for minor surgery in primary care in line with the Jersey Care Model
- Review current procedures undertaken in line with best practice i.e. Procedures of Limited Clinical Effectiveness and National Institute of Clinical Excellence (NICE)/British Association of Day Surgery (BADS) guidelines.

Outcomes sought:

- Acceptable waiting lists with agreed tolerances
- Reduced waiting time for elective procedures
- Increased throughput on day case procedures
- Maximised utilisation of available theatre sessions

EFF2020-8 – Acute Floor Reconfiguration

Background:

HCS has been developing the Acute Floor Model over previous years and was subject to capital approval in 2017 through P82 funding. The acute floor is due to become operational in early 2020 and will deliver significant service efficiencies through the opportunities to review the management of patients who are referred to hospital as emergencies by their GP or who require admission from the emergency department.

It will allow HCS to deliver service in a more efficient manner through reviewing work across specialities to manage demand and deploy resources more appropriately. It also allows HCS to review the work across disciplines to manage demand, which will offer the opportunity to review skill mix and the unscheduled care pathway. It will also offer the opportunity for consideration of a more blended model of care that supports some of the planned care pathways. There is anticipated to be significant length of stay reductions as a result as well as allowing clinicians to manage patient risk more appropriately.

In summary, a new model of care for patients accessing emergency and urgent services whereby workforce, specialties and support services are co-located (physically) to rapidly assess and diagnose patients.

Plans include:

- More efficient deployment of resources
- Review of workforce models and skill mix

Outcomes sought:

- More efficient service
- Reduction in delays between diagnosis and treatment
- Reduced length of stay (both emergency and urgent)
- Increased coordination of care between hospital specialities
- Minimised risk for emergency attendances

EFF2020-9 – Outpatient Services

Background:

Outpatient follow up appointments are significantly in excess of those seen within the NHS. There is a an opportunity to reduce appointments through a reducing DNA rates and follow-up appointments.

The number of follow up appointments per first appointment at Jersey was compared to English and other island peer average benchmarks. There were significantly more follow ups for the patient cohort in Jersey than would have been expected based on this comparison. These additional follow ups will not be medically appropriate as the comparison to NHS peers with the same case mix of specialties controls for this.

This piece of work is in line with the intended clinical strategy for HCS, the Jersey Care Model and aims to reduce the number of follow-ups through shifting appropriate services to primary and community care which will benefit patients through being able to access services closer to their homes. Additionally there is opportunity to move appointments from the hospital out to the community

(primary care & community hubs etc.) Engagement is taking place with Primary Care providers to explore options.

Outcomes sought:

- Patients being able to access services closer to their areas of residence
- Reduced waiting times for access to core clinical services
- Closer working between primary, secondary and community care providers
- Reduce Did Not Attend (DNA) rate
- Improved triage and booking system
- Reduced transfers of appointments
- Establishment of Patient Tracking List
- Cleanse of existing waiting lists

Operational Excellence

EFF2020-10 – Pharmacy & Drugs

Background:

A review of drugs expenditure shows savings by switching to biosimilars and generics.

Aim:

Ensure that the most appropriate drug regime is in place for our patients.

Plans include:

- Blood borne viruses drugs
  - A reduction in the cost of HIV treatments
  - A reduction in the number of patients requiring treatment for Hepatitis C
- Price reduction for lenalidomide tablets used to treat multiple myeloma or myelodysplastic syndromes (cancer)
- Price reduction for bortezomib injection used to treat multiple myeloma or mantle cell lymphoma (cancer)
- Price reduction for atomoxetine used to treat Attention Deficit Hyperactivity Disorder (will also benefit CYPES)
- Switch to alternative version of pegylated filgrastim (treating infections in patients with cancer)

Outcomes sought:

- Constant review of drug availability
- Assurance on drug prices and value for money
- Best patient outcomes
- Quality control and compliance maintained

EFF2020-11 – Non-Pay costs

Background:

HCS have undertaken a rigorous review (ongoing) of all of its non-pay spend. Of its non-pay spend, approximately £11m is considered influenceable and has been subjected to forensic analysis to identify opportunities, benefits & risks.

Plans:

- Total review of supplier database (aim to reduce supplier database by 20%)
- Engage with previously non-contacted suppliers
- Review of price agreements and contracts
- Regular engagement with clinical colleagues over key decisions
- Tighter controls and measures in place

Outcomes:

- Reduce supplier base
- Standardise product range
- More contracted spend and formation of commercial partnerships
- Ensure highest standards are achieved where product quality and services are concerned

EFF2020-12 – Income Recovery

Background:

The HCS private patient tariff has an annual uplift based on revised costs and inflationary increases. In 2019, the private patient tariff was increased by 2.1%. It is expected that 2020 will also see an increase to prices charged in line with inflationary cost increases in the delivery of services to ensure full cost recovery of private patient work.

Aim:

- Adjustment of the private patient tariff and other relevant income sources in line with inflation to ensure HCS covers its costs .
- Maximise private patient income streams through partnership arrangements.
- Ensure appropriate commercial systems and processes are in place.
- Review the income receivable for subsidised products, ensuring there are robust procedures in place to recover income as expected
- To ensure the best value for money is achieved on subsidised products through a competitive procurement process

Plans:

Ensure full recovery of costs at a procedure level and apply inflation increases as appropriate, advice insurance providers

Review all income sources and ensure that process is robust to maximise the income received. Review utilisation of subsidised products so that wastage and excessive utilisation is minimised. An assessment of current purchase prices compared with benchmarking data from which a new procurement or negotiation of price payable to product suppliers will take place.

Outcomes:

- Review of subsidised products policy and link to the wider Jersey Care model
- Achieve full cost recovery on all private patient activity

EFF2020-13 – Cross-cutting Commercial

Background:

The commercial team within GoJ have begun a thorough analysis (validated externally) of all major contracts and non-pay spend across the Government with the aim to devise a programme of work that would maximise the spending power of the Government as a whole.

Aim:

Contract efficiency focussed on reviewing consolidated influenceable spend within the commercial services team. HCS has savings opportunities in the following categories:

- IT & related consumables
- Food
- Corporate supply arrangements
- Capital and Facilities Management (CFM)
- Printing, stationary and marketing
- Corporate tail spends
- Travel and training
- Professional services
- Maintenance contracts

Plans:

- Request for all departmental contracts (contract amnesty)
- Total review of supplier database (aim to reduce by 20%)
- Engage with previously non contacted suppliers
- Review of historical pricing agreements and contracts
- Regular engagement with commercial colleagues over key decisions
- Look to further reduce spend through future identified efficiencies

Outcomes:

- Reduce supplier base
- Standardise product range
- More contracted spend and formation of commercial partnerships
- Ensure highest standards are achieved where product quality and services are concerned

Workforce modernisation

EFF2020-14 – Nurse Establishment

Background:

Information from the introduction and implementation of an electronic rostering system (e-roster) across HCS indicated an opportunity to renew and recalibrate nurse staffing levels to maximise safety and demonstrate workforce efficiency.

Lead Nurses have been given delegated responsibility under the revised Target Operating Model (TOM), for the day to day management of the nursing workforce. Management and movement of any staff will need to be aligned with bed occupancy, acuity (level of sickness) and dependency (level of nursing) and check and assurance meetings are now in place in order to review staffing, reduce any inefficiency and spend over and above the budgeted establishments.

E-roster will allow HCS to predict and historically track the costs associated with rostering practices. The system will produce reports to measure improvements in staff utilisation to ensure safe staffing levels.

E-roster is being fully implemented across HCS to:

- All in-patient wards and specialist units.
- Allied Health Care Professionals: eg. Physiotherapy and Pharmacy.
- Manual worker groups: eg. Electricians, Mechanics and laundry

Benefits – Reduction in Overtime/Spend

- Roster approved in line with the rostering schedule ensuring they are published at least 4 weeks before they are due to be worked. Wards can plan their rosters better and arrange appropriate cover in advance reducing risk of overtime.
- Two stage approval system allowing rosters to be challenged by Lead Nurses/Managers before publication promoting scrutiny on rosters and ensuring all contracted hours being utilized.
- Provision of clear visibility of hours ensuring contracted hours are being used.
- Reduction in unused contracted hours will prevent use of Bank/overtime.
- Reduce additional duties ensuring that rosters are created within establishment. Additional duties should only be created in exceptional circumstances e.g. 1:1 care
- Challenge roster and shift allocation to ensure shifts are covered with the appropriate grade and skill mix to provide a balanced and safe roster
- Removal of paper timesheets – reduction in risk of error in the hours being claimed for as shifts finalized for pay real time
- Effective roster management will reduce:
    - Staff working beyond the recommended hours
    - Staff being assigned Inappropriate shift patterns
    - Under use of contracted hours
    - Visibility of internal redeployment opportunities

Benefits – Improved Governance

- Oversight by Chief Nurse
- Controls and assurance process in place

- Two tier Approval for rosters: Partial approval by Managers and full approval by Lead Nurses/Unit Managers.
- Roster analyser: This provides the opportunity to analyse the roster for unused contracted hours, distribution of annual leave, creation of additional duties, shifts sent to Bank, accrual of time owing and fair distribution of shifts before the roster is published.
- Review meetings with Managers to ensure that the rosters are being created, approved, managed daily and finalized for pay.
- Ability to view and challenge use of Bank/Agency.
- Safe staffing report – proving assurance from ward to Board.

Benefits – Time savings

- Visibility of rosters in one place.
- Ability to view annual leave, time owing, sickness and requests on one page.
- Management of the rosters real time on one system.
- Reduction in admin time spent emailing and phoning for Nurse Bank office and ward staff releasing them to other/clinical duties.
- Out of hours staff can access the rosters which supports internal movement of staff. Timesheet removal and end of month rush to get these checked, signed and sent to payroll.

Benefits – Staff Wellbeing

- 'Employee on Line' (EOL) – Ability to view rosters outside of work using phone or iPad allows employees the opportunity to plan and organize their social/home life balance better. Staff who have EOL in HCS have been showing it to those who have not yet had access and this has increased the buy in of staff to have it.
- Improved work/life balance – Rosters created and published at least 4 weeks ahead allows staff to plan their life outside of work.
- Increased morale – knowing your working schedule ahead of time creates a better work/life balance and happy staff.
- Retention of staff – All of the above can impact on retention of staff. Staff would much rather work on a ward or department where they can see their rosters in advance and also make requests when needed for specific protected days off.

Improved Compliance:

- E-roster Policy
- Compliance with maximum hours as per Nurse Bank guidelines.
- Compliance with minimum rest between shifts.
- Visibility of shifts being worked on other rosters.
- Trends identified and addressed in a timely manner.
- Improved rostering practice.
- Improved morale due to effective rostering.

Aim:

Improve clinical governance, reduce reliance on temporary workforce and staff wards at appropriate and safe levels by aligning them to evidenced based safe staffing guidelines

Plans include:

- Aligning staffing with new bed base as ward refurbishments are complete
- Reduce reliance on agency staff

Outcomes sought:

- Evidenced based, safe staffing levels that deliver high quality patient-centered care.

EFF2020-15 – Medical Staffing

Background:

Medical bank and agency spend is reported and monitored on a monthly basis. Following the implementation of the new Target Operating Model, workforce plans are currently being developed in each Care Group, to assess how future posts will fit in with the medical model for the service. It is anticipated that this will reduce the requirement for locum staff in the future. At the same time, an efficiency workstream has been set up to review medical staffing spend, and seek opportunities to transfer locums who are used on a regular basis, to a fixed term/salaried contract.

Aim:

To reduce the reliance on locum medical staffing through workforce planning and robust management of temporary medical spend.

Plans include:

- Further development of workforce plans
- Reduction in medical locum spend
- Transfer of locums to fixed termed/salaried contracts

Outcomes sought:

- Reduction in the reliance on temporary medical staff
- A robust medical workforce strategy that attracts medical staff to the island

EFF2020-16 – Modernisation of Services & Skill Mix

Background:

With the continued roll out and implementation of E-roster and the introduction of the HCS Target Operating Model, with a clinical and professional leadership model, there is opportunity in 2020 to review other roles across the workforce.

The Jersey Care Model and the Target Operating Model (TOM) will require the organisation to develop a much more agile, flexible way of working supported through job plans, e-roster and skill mix.

Supported and monitored through an assurance framework that gives oversight and confidence of staffing across a range of professional groups.

Aim:

Improve clinical governance and reduce reliance on temporary workforce

Plans:

- Recruitment to the Head of Professions post
- Recruitment to vacant posts
- Review of agency spend
- Introduction of tighter controls

Outcomes:

- Workforce models that reflect services
- Reduction in temporary workforce

EFF2020-17 – Target Operating Model

Background:

2020 budgetary impact of the deployment of the new target operating model (TOM) for HCS as part of the revised organisational structure of the Government of Jersey and planned reductions in variable and other related pay across the Department. This next phase will start consultation during 2020.

Aim:

To align tiers 5 & 6 to the new target operating model in HCS. This will not include frontline clinical staff or manual workers.

Plans:

- Develop structure and consult with staff.

Outcomes:

- Workforce aligned to the new Target Operating model