

STATES OF JERSEY



COMMUNITY AND SOCIAL SERVICES FOR ADULTS AND OLDER ADULTS – FOLLOW-UP (R.42/2019) – EXECUTIVE RESPONSE WITH COMMENTS OF THE PUBLIC ACCOUNTS COMMITTEE

Presented to the States on 24th June 2019
by the Public Accounts Committee

STATES GREFFE

FOREWORD

In accordance with paragraphs 64–66 of P.56/2018, the [Code of Practice](#) for Engagement between ‘Scrutiny Panels and the Public Accounts Committee’ (“PAC”) and ‘the Executive’ (February 2018), the Public Accounts Committee presents the Executive Response to the Comptroller and Auditor General’s (“C&AG”) Report entitled *Community and Social Services for Adults and Older Adults – Follow-up* ([R.42/2019](#), presented to the States on 4th April 2019). The Executive Response and the following comments made by the PAC also reference the C&AG’s original Report entitled *Review of Community and Social Services* ([R.131/2015](#), presented to the States on 10th December 2015).

Comments

1. The Public Accounts Committee welcomes the comprehensive response to the C&AG’s follow-up report and is pleased to see that the Executive team accepts the C&AG’s recommendation in full. However, whilst it is pleased to note the many initiatives being established by the Health and Community Services (“HCS”) Management Executive and the HCS Board, it notes that the C&AG’s first recommendation in her original 2015 report – [Review of Community and Social Services](#) was to not only establish clear milestones for the implementation of a governance framework, but also to monitor delivery against those milestones. It is therefore disappointed to note that there are few mentions of how these initiatives will be monitored by the Executive to measure their success or failure. The response to recommendation 1 of that 2015 report, for example, indicates that the C&AG would receive ‘updates from all Assurance Committees and the HCS Board.’ However, the Committee wishes to make clear that it is not its role (nor the C&AG’s) to monitor the progress on specific measures taken, rather it is the role of the PAC to scrutinise progress against the C&AG’s recommendations.
2. Against recommendation 2 of the C&AG’s 2015 report, to ‘identify specific measures to reduce reliance on interim staff’, the Committee is pleased to note the long-term plan to develop a social work degree on-Island. It also welcomes the recruitment initiative within mental health services to ‘support a significant reduction in agency nursing staff’. However, the Committee is concerned to note that there is no mention of a timescale to introduce similar initiatives to other areas of the services (such as residential care-workers), and little suggestion of how these initiatives will be monitored by the Executive to measure their success or failure. The establishment of a ‘People and Organisational Development Committee’ is a positive step, and the Committee would welcome more specific information about its role in addressing staffing levels throughout the Government’s community and social services.
3. The C&AG’s third recommendation in her earlier report emphasises the need for measures to evaluate the effectiveness of steps taken to improve engagement with staff. Although the Committee welcomes the work undertaken to ‘establish clinical and professionally led care groups to drive workforce engagement’, the Committee would expect to see evidence of a range of measures put in place to measure the success or failure of this and other initiatives. For example ‘soft’ measures such as exit interviews, staff attitude surveys, and ‘hard’ data such as staff turnover, staff sickness and performance levels could be used.

4. The Committee is unclear about the Executive's response to recommendation 7, in respect of the need to develop performance standards for all Community and Social Services. In its response, the Executive states that it is developing a revised performance framework, to be in place by Quarter 3 of 2019; however, it also states that 'a suite of performance indicators' has been deployed for Safeguarding Adults and is reported to the Safeguarding Board. The Committee would welcome clarity on how the performance indicators already established would be developed to better understand performance, drive action, and enhance governance throughout the rest of the services.
5. The Committee welcomes the Executive Response in relation to the first recommendation of the [C&AG's follow-up report of April 2019](#). In it, the HCS Management team has committed to updating the central Government Executive branch on its progress in implementing the recommendations. It also welcomes its commitment to providing 6-monthly progress reports to the PAC. However, it notes that the Executive considers the first of those to be the scheduled PAC public hearing with the HCS Director General on 21st October. The PAC would of course want a written progress report at least 2 weeks before that date, in order to be able to formulate meaningful questions to the Director-General at the hearing.
6. Although the Committee realises an ambitious programme of change has been embarked upon, and does not want to disparage the efforts made, it would welcome more clarity on the proposed timetables for completed implementation of these initiatives, together with the plans to monitor their success. Several proposed timescales for completion of projects are marked 'underway', and the Committee wish to see tighter completion dates embedded in the plans. The Committee wishes to emphasise that the urgency to implement and monitor the initiatives' success is to benefit the Public and improve their health outcomes.

The PAC will be holding hearings with relevant senior officers in due course.

Senator S.C. Ferguson
Chairman, Public Accounts Committee

**Health and Community Services response to Comptroller
and Auditor General follow-up report on Community &
Social Services for Adults and Older Adults**

June 2019

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1. Introduction

This report seeks to address the concerns raised by the Comptroller and Auditor General (C&AG) in her report entitled 'Community and Social Services for Adults and Older Adults – follow-up' that was published on 4th April 2019.

The Health and Community Services (HCS) department (formerly known as HSSD) fully accepts the C&AG's findings. However, this report seeks to outline the fundamental reform that is currently underway across HCS that goes some way to addressing the issues raised in the C&AG report.

The timing of this follow-up report coincides with the implementation of the recommendations from the response to the 'Governance Arrangements for Health and Social Care' report that HCS published in October 2018. As outlined in that response, HCS are currently undertaking 'fundamental changes in our approach to governance' which includes establishing a 'streamlined board and supporting committee structure'. Alongside the governance work, 'substantial changes are being implemented within health and social care' as part of the One Government reform.

This report outlines the progress that has been made as part of this reform as well as addressing each of the recommendations in Appendix 1 of this document.

1.1 Strategic Context

The report findings highlight significant concerns in relation to the services provided to some of the Island's most vulnerable individuals across community, social care and mental health services. The collective findings also highlight the inequity between physical, mental health, community and social care services.

These findings are consistent with many health and care jurisdictions, and, further support the 'Case for Change' for the Department of Health and Community Services to ensure there is greater focus on health and care outside of the General Hospital remit.

The newly established Executive team for the department are working at pace to address the issues outlined by the C&AG. There are key 3 strategic initiatives that relate to the report;

- The development and implementation of the **Government Plan, Common Strategic Policy 2**; Improve Islander's well-being and mental and physical health.
- The Implementation of the **ONEHCS vision** through the new **Target Operating Model** for the department. This ambition clearly sets out the objective to fully integrate Health & Community services, ensuring that there is parity between functions and continuity in care for our Islanders.
- Developing the **Future Care** model, which sees a greater focus on care closer to home, targeted at the most vulnerable groups within the Island.

1.2 The Government Plan

In HCS, we deliver services that touch the lives of all Islanders and many of our visitors. Our work directly contributes to improving the island’s quality of life, the fairness and balance of our society, and the health of our economy. Recognising the importance of our services, we have a very clear ambition for the department:

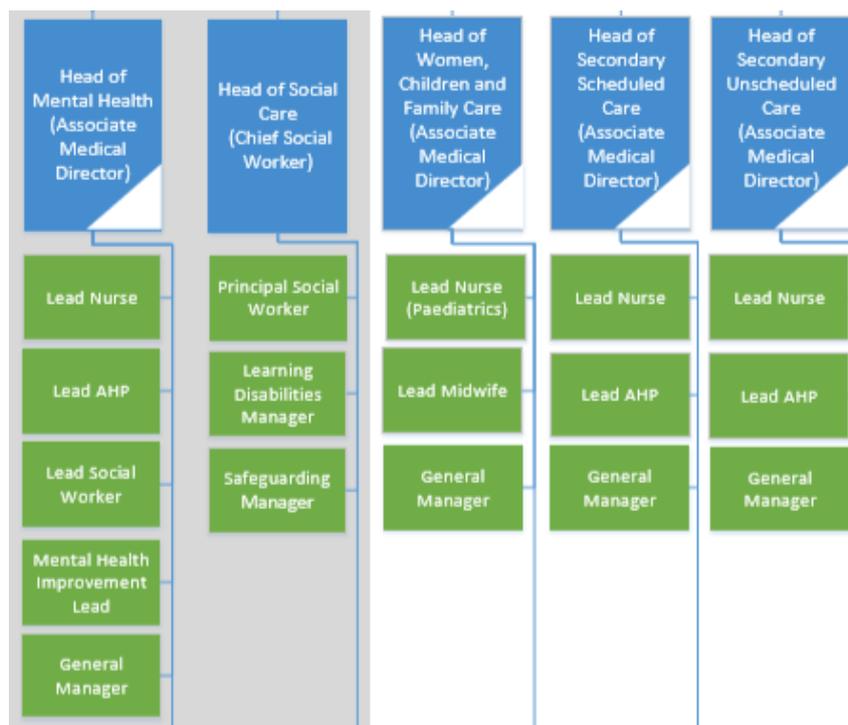
***Our ambition for Health and Community Services is to create
a healthy island with safe, high-quality, affordable care that is accessible
when and where our service users need it.***

Our ambition is fully aligned to the Council of Minister’s Common Strategic Policy, in which improving Islanders’ wellbeing and mental and physical health is one of their five strategic priorities. Our ambition also builds on the long-term strategic direction set out in the 2012 white paper ‘Health and Social Services: A New Way Forward’ (often referred to as P82) and supports the Future Jersey health and wellbeing vision that Islanders enjoy long, healthy, active lives.

Developing improved Mental Health, Community and Social services across the Island is a key focus of the Government Plan.

1.3 ONEHCS – Target Operating Model

In order to deliver the changes required within community, mental health and social care services a significant change in organisational focus is required. Over 2/3rds of the current HCS budget is spent on Acute Hospital based services. It is imperative that HCS commences a robust plan to shift settings and resources of care from the Acute system into the Community. The new Target Operating Model takes HCS further towards this objective with both Social Care, Community and Mental Health services seeing the largest area of investment in terms of Senior Leadership.



The TOM will implement a Social Care and Mental Health Care group structure that will drive the integrated care objectives for HCS, working alongside the Acute Hospital care Groups.

The Executive team who also have collective responsibility for all of the care groups will lead this structure.

This is a significant change to the previous leadership arrangements whereby CSSD had been led separately to the Acute Hospital system.

1.4 Future Care Model

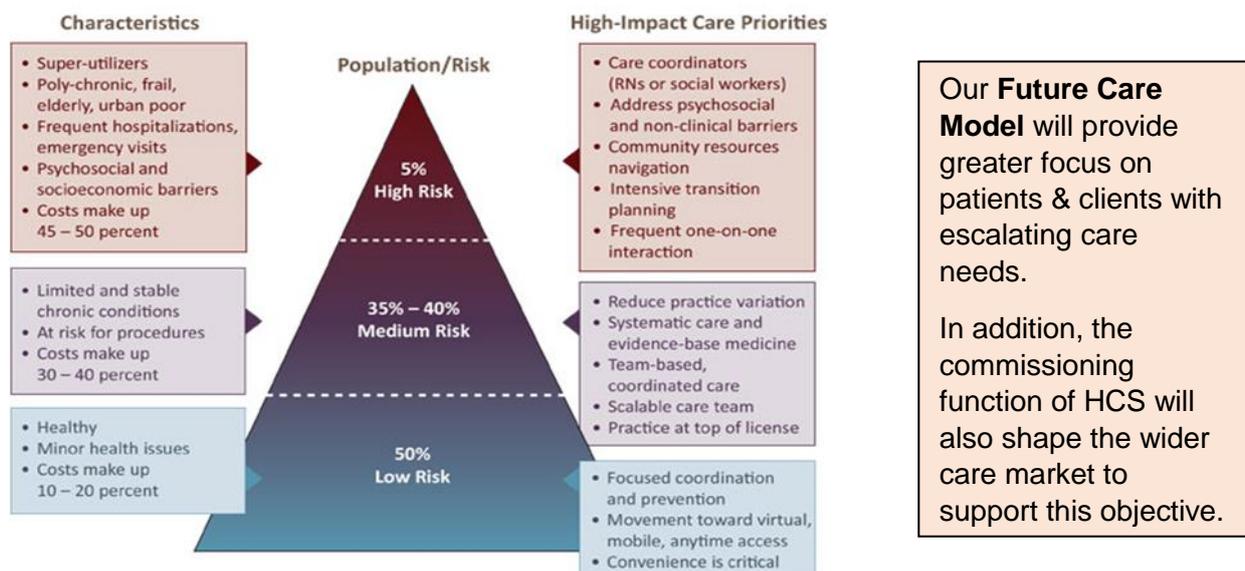
Moving forward it is imperative for the department of health to re-balance focus and attention to health and care delivery across the entirety of the care sector on the Island.

The Executive team have concluded that the length of time and intensity of focus for the Future Hospital has further distracted attention from other key strategic priorities such as the development of Out of Hospital Care. Evidence from patient activity across the system suggests the most pressing issues facing HCS relate to the ageing demographic of the Island and complexity of future care needs this presents. It is therefore essential that the Future Care model reflects the care needs of the Island and these growing pressures.

Our Future Care Model has clear ambition to;

- Shift care out of the acute hospital sector into the community as part of a Care Closer to Home model.
- The model of care will be independence focussed with a heavy emphasis on enablement. Shaping the care market to meet this model will be a key objective.
- Prevention of ill-health and dependency is a core objective and this is driving the prominence of the Social Care, Mental Health and Primary, Prevention and Intermediate Care groups. These groups will lead the future model of care development and implementation.
- Integration of care across all care groups is needed. Evidence suggests our most vulnerable patient groups are accessing multiple services and seeing many different practitioners over extended periods of time. The Future Care model must ensure there is continuity in care and improved risk stratification for patients at risk of increasing care reliance.

Population Health Pyramid



2. Findings in the report

2.1 What the C&AG review set out to do

In 2015, the C&AG undertook a review of Community and Social Services operated by the (then) Health and Social Services Department (HSSD). At that time, the Community and Social Services Division (C&SSD) of HSSD provided a range of health and social care services to three groups:

- Children;
- Adults; and
- Older adults.

The C&AG report assessed the extent to which HSSD:

- specified what is required from C&SSD services in line with its overall strategic objectives and monitored the achievement of those objectives;
- analysed existing provision and identified options for change;
- chose between in-house and external provision;
- managed and monitored delivery;
- starting with children's services, had appropriately diagnosed the problems and identified what needs to change with services;
- identified the barriers to change and evaluated their significance;
- where barriers had been recognised, identified appropriate 'levers for change' and made appropriate plans for implementation; and
- where plans for overcoming barriers had been identified, implemented or was on course to implement those plans.

In 2019, the C&AG has produced a follow-up report that focuses on the implementation of the recommendations. The follow-up report is focused around three key areas:

1. Arrangements established to manage and monitor the implementation of agreed recommendations;
2. Progress made in implementing agreed recommendations and the extent to which the improvement areas have been addressed; and
3. Adequacy of plans for any outstanding recommendations.

Since the report was published in 2015, Children's Services have moved to the newly formed Department for Children, Education, Young People and Skills (CYPES) as a result of the new Target Operating Model introduced in the second half of 2018. Therefore, the C&AG follow-up report focuses on Adult services and older adult services only.

It is important to note that HCS & CYPES will continue to work together to address the recommendations from CAG in relation to children's health and care.

2.2 What the review found

The C&AGs findings were structured around five areas:

2.2.1 Overall management arrangements

- Community Services governance arrangements remain inadequate;
- No workforce strategy is in place and there is still a reliance on interim staff; and
- A staff engagement strategy has not been developed.

2.2.2 Risk assessment processes

- Progress has been made against the recommendation to implement effective arrangements for reporting, evaluating, escalating and responding to risks;
- Health and Safety risks remain; and
- There needs to be better processes in place for monitoring and challenging risks, performance and progress.

2.2.3 Information and communication

- There needs to be better information sharing across systems to promote joined up care;
- Performance information should be better utilised including use of KPIs and dashboards;
- There needs to be increased focus on setting service standards and identifying relevant data to inform decision-making;
- Need for clearer governance roles and responsibilities; and
- A process needs to be established to monitor access to policies as well as compliance monitoring.

2.2.4 Implementation

- Improved implementation, recording and monitoring of annual appraisals and training needs assessments; and Rollout the Practice Workbook across the service.

2.2.5 Monitoring activities

- An effective audit framework needs to be established; and
- A structured approach to monitoring implementation of actions that arise from reviews, accreditation of complaints still needs to be established.

In addition to the CAG findings, subsequent reviews have also been undertaken regarding community, mental health and social care services. Monitoring of Improvement Plans for these reviews is also ongoing and will be shared with the CAG. These include;

- An Improvement Plan following a review of Adult Social Care and Learning Disability services (2018) commissioned by the Safeguarding Partnership Board with a focus on vulnerable persons.
- An Improvement Plan following the Health & Social Care Scrutiny report on Mental Health (May 2019).

3. Actions undertaken to address the findings

As outlined earlier, the timing of this follow-up report coincides with the implementation of the recommendations from the response to the ‘Governance Arrangements for Health and Social Care’ report that Health and Community Services (HCS) published in October 2018. As outlined in that response, HCS are currently undertaking ‘fundamental changes in our approach to governance’ which includes establishing a ‘streamlined board and supporting committee structure’. Alongside the governance work, ‘substantial changes are being implemented within health and social care’ as part of the One Government reform.

We feel that this response therefore needs to reconcile the recommendations from this C&SS report with our over-arching C&AG response published in October 2018 where implementation of the recommendations is already underway. That response outlines the significant amount of change currently being implemented across the department and across the whole organisation.

As the C&AG acknowledges in her report, HCS have developed a number of well specified work streams which are relevant to delivering the outstanding recommendations from her 2015 review. The points that follow outline a number of work streams that are currently underway across HCS that seek to bring about fundamental reform and will go a significant way to addressing many of the issues raised by the C&AG.

3.1 Improved governance arrangements

Following publication of the C&AG report ‘Governance Arrangements: Health and Social Care’ in September 2018, HCS proposed to change its governance arrangements in October 2018. The report found that the department could be clearer about how it runs itself and its processes for governing itself required improvement.

In the months that followed, significant work has been undertaken by the Management Executive team to develop and refine those proposals further, to ensure that they align with the ‘One HCS: Playing our part within One Government’ target operating model (TOM). Furthermore, the new HCS Director General has now commenced in post and has provided substantial input into the plans.

During this period of refinement, the HCS Management Executive team has explored potential adjustments to the proposed governance structure. This has resulted in some adjustment to the original proposals in order to better align with the HCS TOM and the Jersey Care Model that has been further developed since the response was published. The refined structure separates leadership/decision making and assurance functions so that the purpose of each group is as clear as possible:

Leadership/decision making function	Assurance function
<p>Purpose: Leading the strategic and operational aspects of HCS</p>	<p>Purpose: Using information and data to highlight opportunity and make recommendations where weakness is identified</p>
<p>Groups:</p> <ul style="list-style-type: none"> • HCS Board 	<p>Assurance Committees:</p>

<ul style="list-style-type: none"> • Management Executive (MEx) • Integrated Services Operational Committee (ISOC) 	<ul style="list-style-type: none"> • Clinical and Care Governance, Safety and Risk • Finance and Corporate Governance • Quality and Performance • Workforce & Organisational Development
<p>Responsibilities:</p> <ul style="list-style-type: none"> • Setting the objectives for the department, care group or service • Making decisions on strategy and delivery • Managing risk effectively • Making sound investments/disinvestments in services and modernisation • Implementing recommendations from assurance committees and other sources 	<p>Responsibilities:</p> <ul style="list-style-type: none"> • Reviewing and scrutinising the activities of HCS and its contracted and commissioned services • Seeking and providing assurance that HCS is properly governed and well-managed, and meets its regulatory and statutory responsibilities • Making recommendations for follow-up where weakness, opportunity or risk is identified

To strengthen the revised governance framework and improve the approach to risk across HCS, a Board Assurance Framework (BAF) is being implemented and used as a reporting tool for the HCS Board to assure itself using available evidence that HCS is delivering its strategic objectives.

It will be used to focus the HCS Board on controlling the key risks that threaten the delivery of these objectives, through the use of a number of assurances and controls. It will be a living document and will be reviewed by the HCS Board, The HCS Management Executive and its assurance committees on a regular basis. HCS have commissioned further support to ensure the delivery of the revised Governance Framework across the department. This approach will ensure connectivity of care delivery between the Care Groups and the HCS Board.

In addition, the Management Executive Committee will be constituted with Clinical and Professional leadership. For Community, Mental Health and Social Care this will include the Chief Social Worker, Associate Medical Director and Head of Mental Health Care Group and a Head of Commissioning.

The Executive Tri-Umvirate (Chief Nurse, Group Managing Director and Group Medical Director) will maintain overall Executive responsibility for the newly constituted care groups.



HCS GOVERNANCE ORGANISATION CHART

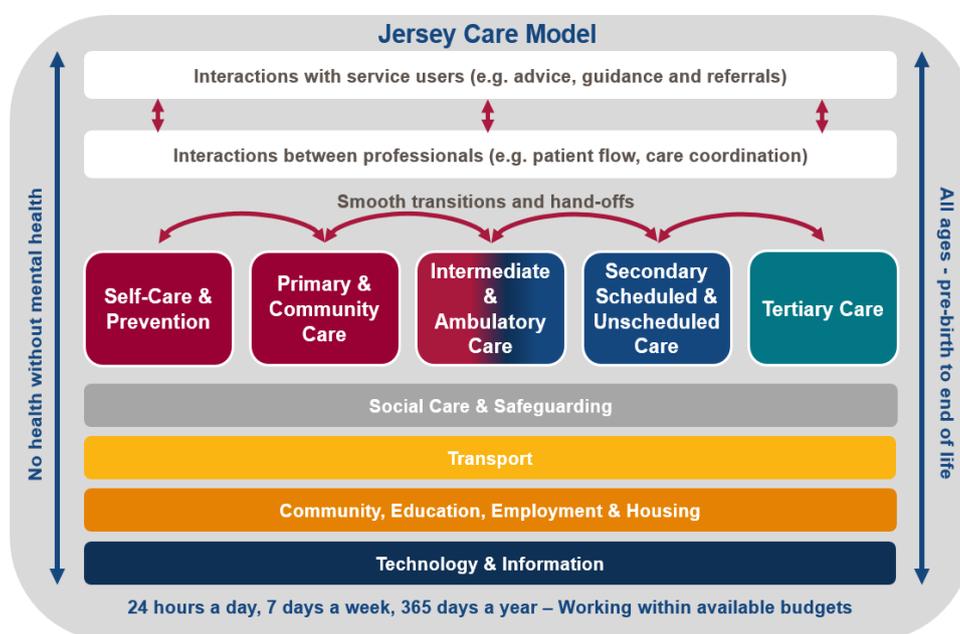


The C&AG has been kept informed of progress on implementation of the revised governance structure as it has evolved. The first HCS Board is scheduled to take place in July 2019 at which time the Assurance Committee structure will also be established.

3.2 Implementing Operational Change

Under the new One Government TOM, HCS retains most of the functions of the previous Health and Social Services Department, but will place a greater emphasis on community care for vulnerable groups in order to improve patient experience and deliver more effective joined-up care. The ambition for HCS, as set out in the One HCS proposals published in December 2018, is to “create a healthy island with safe, high-quality, affordable care that is accessible when and where our service users need it”.

This is in line with the One Government principles and the Common Strategic Policy. In order to accomplish this, it involves implementing a revised care model (as set out in the figure below) that aims to improve customer experience and health and care outcomes for our service users, their families and carers by joining up high-quality care and making it easier to access that care.



Our One HCS operating model proposals seek to reform the Department’s internal management structures in line with the care model, aligning our organisational structures around the following groups:



As part of the new TOM, C&SS is integrated as part of 'One HCS'. The roles and responsibilities of the new HCS senior leadership team also reflect this change with a wider remit of responsibility covers the whole of HCS.

The new model aims to ensure consistency across all of our care groups, which includes the services that were part of the former C&SS department. Implementation of the new HCS TOM will also seek to address many of the concerns raised in this C&AG follow-up report.

The revised One HCS proposals were consulted upon with staff and partners who were asked for their views on the proposals, including the ambition, the proposed care model and the care groups. There was a significant amount of engagement and the HCS Management Executive team considered the feedback received in great detail, further refining the proposals as a result.

The proposed care model organisational structures and the policies and principles that underpinned them were generally well received during the consultation. There was broad support for the goals underpinning the new organisational design, especially with regard to:

- increased service user involvement in the design of services;
- commitment to strengthening clinical and professional leadership so that more responsibility and increased accountability in decision making can be devolved to front line staff;
- better care co-ordination and integration across HCS;
- a clearer focus on safety and quality for all users;
- stronger performance management; and
- streamlined governance and more visible lines of accountable reporting in a leaner structure.

The HCS Management Executive team believe that, by significantly strengthening and streamlining our governance arrangements and implementing the new TOM, we will go a significant way to addressing a number of the fundamental issues that the C&AG raises. These improvements will ensure that there is regular assurance across all of our services, particularly in relation to management of budgets, quality, risk, resources and performance.

With the assurance committees in place, they will review and scrutinise the activities of HCS and its commissioned partners by using information and data to identify opportunities and weaknesses with HCS leadership then able to implement an informed course of action based upon recommendations of the assurance committees.

To support this, the care groups will be asked to regularly provide metrics or evidence that they are meeting agreed standards. This evidence will be activity or outcomes data, patient feedback or other internal or external reviews. This will enable the committees to establish a framework of sources of information, or controls, to ensure that the department is operating well across all areas.

3.3 Performance and management data

In relation to performance and management data, a significant amount of work has been undertaken during the last quarter of 2018 and the first quarter of 2019 to develop the Integrated Resources & Performance Report (IRPR) to better understand performance, drive action and enhance governance and assurance of delivery. The IRPR has been in existence for some time and is produced on a monthly basis to monitor key clinical quality and patient safety indicators, local target performance, and financial performance.

Before further development work to enhance the report, the previous version of the IRPR reported on a series of metrics in a factual manner, referencing variation largely against historical achievement rather than any designed plan. It has been recognised that there needs to be more reference to why a metric is being monitored, its interdependencies or impact on the organisation\patients or its importance in achieving corporate goals.

The revised IRPR will therefore seek to:

- Monitor delivery compared to strategic and operational plans with Key performance indicators (KPIs) that assure a safe and high quality service across all care groups.
- Provide drill down analysis to support clarity of root cause.
- Support accountability and ownership of performance from the bed side to the board room.
- Clearly identify impact on delivering the organisational goals and identify interdependencies between metrics and operational delivery.
- Provide intelligence as to the cause of variation so that focused action plans can be developed and implemented. Business intelligence should be driven by the department managing the area being monitored who, in most cases, will also be the owners of any action to be taken.
- Extrapolate forecast outturn performance based on performance to date before and after additional actions.
- Identify current and future risk as a result of performance to date and any unmitigated risk anticipated after action plans have been implemented.

The revised IRPR can now be used in a more proactive way as a tool to monitor performance in a consistent and regular manner, with the care groups having clearer accountability and taking responsibility for the data and the resulting actions that emerge wherever improvement is required.

3.4 Health and safety

HCS is taking forward the recommendations outlined in this report as part of the Improvement Plan for Mental Health Services. The Minister for Health and Community services has given full support and commitment for plans to improve the Mental Health estate across the Island.

HCS have deliberately prioritised plans and consistently taken positive steps to mitigate our most serious risks. In recognition of the need to establish a consistent and thorough approach to health and safety across HCS, a Health and Safety Committee has been established and had its first meeting in October 2018. It has been put in place to identify and resolve health and safety matters in support of a planned occupational health and safety system, advising on, and making recommendations to the HCS MEx with respect to policies, plans, objectives, reviews etc., and to monitor their effectiveness.

The approach will link in with the corporate structure and government-wide approach to health and safety that seeks to achieve much better performance across the organisation.

Alongside this, the HCS Health and Safety Manager has been regularly reporting to the MEx regarding the most significant and immediate health and safety risks, as well as advising on implications, options and actions required via the health and safety risk register.

4. Conclusion

This follow-up report has given us the opportunity to provide an update on the work that has been progressing since October 2018 and demonstrates that we are regularly taking stock both of the progress made and the results being achieved.

The significant changes outlined in this report will fundamentally transform the way the department manages governance, performance, data and risk as well as the way we interact not only across Adult and Older Adult services, but across the whole of HCS. This puts us in a much better place to build the foundations needed to continuously improve and marks a step change in our approach to strategy and implementation.

HCS are committed to taking all the steps necessary to improve and strengthen governance arrangements as well as delivering a care model that delivers the right care, in the right place, at the right time.

Inevitably, however, introducing and embedding changes at every level of the organisation will take time. As outlined in the response published in October 2018, implementation of these changes will span years not months.

HCS is committed to ensuring that the action plan outlined in Appendix 1 tracked rigorously and will keep the C&AG and the Public Accounts Committee abreast of improvements and developments, seeking advice or guidance where appropriate.

Appendix 1 - Response to C&SS C&AG report

Report Ref	Recommendation	Actions	Proposed Timescale	Assurance Committee - Board
2015 report recommendations & Response				
R1	<p>Establish clear milestones for the completion and implementation of the C&SSD-wide governance framework, covering all C&SSD services, 'business as usual' and change initiatives, and monitor delivery against those milestones.</p> <p>Fully Accepted</p>	<p>As part of the changes undertaken across the department, the services that were part of CSSD are now part of our integrated care group structure. The most prominent care groups that this report relates to are the social care and mental health care groups, but there is also interface with wider care groups such as Primary Prevention and Intermediate.</p> <p>As outlined within the body of this report, a revised governance framework has been implemented across HCS, with clear reporting lines and assurance committees. It is important to note that the governance framework for the entirety of HCS is consistent across all care groups and this includes those previous areas within CSSD.</p> <p>The newly established governance processes for HCS commence in July 2019 including the HCS Board and Assurance Committees. Updates from all Assurance Committees and the HCS Board will be provided to the CAG.</p> <p>HCS will also submit progress for the relevant improvement plans as a result of the CAG report. Notes and minutes for;</p> <ul style="list-style-type: none"> The Mental Health Improvement Board will be provided monthly which includes progress against all health and safety concerns. The Safeguarding Improvement plans and monitoring updates for Adult Social Care, 	<p>Underway</p> <p>Monthly</p> <p>Monthly Update</p>	<p>HCS Management Executive & HCS Board</p> <p>HCS Board, MEX & All Assurance Committees</p> <p>Mental Health Improvement Board</p>

Report Ref	Recommendation	Actions	Proposed Timescale	Assurance Committee - Board
		Community and Learning Disability services will also be provided.	Quarterly Update	Safeguarding Partnership Board
R2	<p>In developing the workforce strategy for C&SSD, identify specific measures to reduce reliance on interim staff.</p> <p>Fully Accepted</p>	<p>As outlined in the body of this report, HCS are currently implementing the revised care group structure. In line with the entirety of HCS, all care groups within HCS are required to develop workforce strategies to reduce the reliance on interim, locum and temporary staff.</p> <p>The key workforce pressures outlined within community and social services includes; Social Workers, Carers, Registered Mental Health Nurses, Mental Health Medical Staff and CAMHS Professionals.</p> <p>Within mental health, a recruitment initiative has been undertaken in Q1 with success which will support significant reduction in agency nursing staff. The Mental health improvement board has oversight of the workforce position and recruitment progress and this also feeds into the assurance committee framework within HCS. Action to further develop sustainable workforce plans for all areas formally under the remit of CSSD.</p> <p>In addition to this, HCS has established a People and Organisational Development committee. This will report back monthly on process to the HCS Board and Management Executive.</p> <p>A new initiative to develop the Social Work Degree “on Island” is underway which offers local residents and</p>	<p>Q2 2019</p> <p>Q2 2019</p> <p>Q2 2019</p>	<p>HCS Management Executive</p> <p>Mental Health Improvement Board</p> <p>People and Organisational Development committee</p>

Report Ref	Recommendation	Actions	Proposed Timescale	Assurance Committee - Board
		<p>unqualified staff the opportunity to train and graduate on Jersey. The first intake (across Children’s and Adults) will take place in September 2019. This should help prevent reliance on agency staff.</p> <p>HCS recognises that professional leadership is key to successful recruitment and so the introduction of a Chief Social Worker and Head of Mental Health – Associate Managing Director is a key development.</p>	Q3 2019	Management Executive
R3	<p>Put in place steps to evaluate the effectiveness of work designed to improve engagement with C&SSD staff and make changes where necessary.</p> <p>Fully Accepted</p>	<p>Effective workforce engagement is a key objective for the entirety of the HCS department. The establishment of the clinical and professionally led care groups will drive workforce engagement. These will be in place by Q3.</p> <p>For Social Care particularly the department has recognised there is a deficit of professional development which has again enforced the need for a Chief Social Worker role. In addition a Lead Social Worker for Mental Health and the greatly coveted role of Principle Social Worker are being introduced on the Island. We believe these roles will be key drivers of workforce engagement.</p> <p>The new role of Principal Social Worker is designed to enhance the practice and performance of social workers, in particular providing a “golden thread” between practitioners and senior management in enhancing the development of new ways of working, including early intervention and prevention, wellbeing and care closer to home initiatives. Embedded in this work is an “Annual Health Check” for staff</p>	<p>Q3 2019</p> <p>Q2 2019</p> <p>By Q4</p>	<p>Management Executive</p> <p>Management Executive</p> <p>Management Executive</p>

Report Ref	Recommendation	Actions	Proposed Timescale	Assurance Committee - Board
		<p>to enhance performance around workload, supervision, leadership, and practice.</p> <p>HCS is also part of the Team Jersey initiative and there is representation from staff from the former CSSD structure.</p> <p>There is a social work forum which meets monthly to engage workers with managers to look at practice development and CPD.</p> <p>There are “in house” sessions planned to look at how social workers can be supported by managers/senior managers in their own professional development as part of business as usual. This will be supported by the Principal Social Worker.</p> <p>A “Making Safeguarding Personal” (MSP) Lead has also been appointed to embed the principles of good practice in Safeguarding Adults. The MSP Lead will reach out to all agencies as well as to staff within the organisation.</p>	<p>In Place</p> <p>In Place</p> <p>In Place</p>	<p>Team Jersey representatives</p> <p>Operational Care Group</p> <p>Operational Care Group</p>
R4	<p>Establish and monitor implementation of effective arrangements for reporting, evaluating, escalating and responding to risks</p> <p>Fully Accepted</p>	<p>We have established a Quality and Performance assurance committee to assure quality and performance across HCS. In addition a new Integrated Performance report has been developed which includes key performance standards for the social care-community and mental health care groups.</p> <p>Both Care Groups will have comprehensive risk registers that feed in to the over-arching HCS Risk Register. The department has already set out clear expectations for risk management processes.</p>	<p>Q1 2019</p> <p>Q2 2019</p>	<p>Quality and Performance assurance committee</p> <p>HCS Management Executive</p>

Report Ref	Recommendation	Actions	Proposed Timescale	Assurance Committee - Board
		<p>A joint Improvement Plan (Safeguarding and Learning Disability) is in progress in response to risk identified. This plan reports to the Safeguarding Partnership Board. The action plan is monitored and updated via the Performance and Policy sub-group of the SPB.</p> <p>In relation to Mental Health the department has established a Mental Health Improvement Board. The Board is overseeing an improvement plan for MH services. Details of the monthly forum are sent to the CAG.</p> <p>All Care Groups will have detailed Risk Registers in place as part of the overarching governance framework as conveyed to the CAG. The department has set clear expectations of risk management and escalation as part of this process. A newly established Risk and Audit Committee has also been established.</p> <p>In addition HCS will feed into the ONEGOV Risk and Oversight Committee process.</p>	<p>In Place</p> <p>In Place</p> <p>In Place</p>	<p>Safeguarding Partnership Board</p> <p>Mental Health Improvement Board</p> <p>Audit and Risk, Quality & Performance Committees.</p>
R5	Develop mechanisms for sharing information between FACE [<i>Now called Care Partner</i>] and the newly procured system for Children's Services to facilitate management of whole family issues	In 2016, access to Care Partner and training was agreed to be given to key named individuals in children's (such as MASH) and also requests from others (e.g. A&E and JGH physios) by FACE Steering Group.	Complete	Operational Care Group

Report Ref	Recommendation	Actions	Proposed Timescale	Assurance Committee - Board
	Fully Accepted	Work was also carried out with a number of Heads of Service to develop minimum data set for their areas prior to the planned restructure.		
R6	Develop a set of expectations and a timetable for the provision of management information from FACE [Now called Care Partner] and monitor delivery. Fully Accepted	Data in the Integrated Report is extracted from Care Partner using the sister application of iMolytics. In some cases, it has been identified that multiple forms are available – some obsolete that have been replaced. These are being reviewed through the Care Partner Steering Group to maintain relevance and to ensure appropriate and accurate data capture to enable reporting of key performance indicators.	Ongoing	Operational Care Group
R7	For all C&SSD services: <ul style="list-style-type: none"> • develop clear performance standards; • identify the data required to monitor these; • establish data quality criteria for all data items; and • ensure information systems routinely record performance against service standards Fully Accepted	We are developing a revised Performance framework for all the care groups within our revised TOM which includes the former CSSD. As outlined in the body of this report, the monthly Integrated Resources & Performance Report (IRPR) is being further developed to better understand performance, drive action and enhance governance and assurance of delivery. A suite of performance indicators has been developed for Safeguarding Adults and this is reported to the Safeguarding Partnership Board (SPB) on a regular basis.	Q3 2019 Underway In Place	HCS Management Executive Safeguarding Partnership Board
R8	Establish a clear programme with milestones for delivery and use of summary information for all community and social services, including KPIs and dashboards, and monitor delivery. Fully Accepted	See R7above.		

Report Ref	Recommendation	Actions	Proposed Timescale	Assurance Committee - Board
R9	<p>Monitor access to policies, procedures and guidance and take corrective action as necessary.</p> <p>Fully Accepted</p>	<p>Policies and procedures will be reviewed on a regular basis via the Risk and Audit Assurance Committee and the Quality and Performance Assurance Committee.</p> <p>The Safeguarding Partnership Board has a full-time policy officer whose role is to update/produce policies relating to Safeguarding Adults. These are published on the SPB website</p>	<p>Q2 2019</p> <p>In Place</p>	<p>Assurance Committees</p> <p>Safeguarding Partnership Board</p>
R10	<p>Identify steps to improve:</p> <ul style="list-style-type: none"> the recording and monitoring of the completion of annual appraisals; and the incidence of annual appraisals and their effectiveness. <p>Fully Accepted</p>	<p>This will be achieved through 'My Conversation, My Goals' which is a government-wide process to encourage regular discussions to take place between team members and their line managers to help understand both how we are performing, and how we can be supported, to achieve our goals.</p> <p>This will also be monitored via the Workforce and assurance committee.</p> <p>The Principal Social Worker & Head of Mental Health will play a pivotal role in assuring appraisals are completed for Social Care, mental Health and community staff.</p>	<p>Underway</p> <p>Q4 2019</p>	<p>Line Managers</p> <p>Workforce Assurance Committee</p>
R11	<p>Establish a timeframe for the rollout of the Practice Workbook and monitor delivery.</p> <p>Fully Accepted</p>	<p>This initiative was piloted and the findings feedback to CQG and noted at SMT. Two implementation meetings took place chaired by SMT manager (ID and GM), the latest being in March 2017. The decision was made to defer implementation in line with the imminent restructure as it was a team based tasks and team memberships would change due to restructure. This will be the responsibility of the Head of Social Care and the Head of Mental Health to review once in post.</p>	<p>Q3 2019</p>	<p>Head of Social Care / Head of Mental Health Operational Care Groups</p>

Report Ref	Recommendation	Actions	Proposed Timescale	Assurance Committee - Board
R12	Identify a longer-term solution to delivery of identified training needs Fully Accepted	The Heads of care groups will be responsible for identifying and ensuring training needs of the care group workforce are met. It will be a function of the Workforce assurance committee to assure this is in place all of HCS.	Q3 2019 Q3 2019	Heads of Care Groups Workforce assurance committee
R13	Relates to Children services so not part of this response			
R14	Adopt a C&SSD-wide risk based framework for review and / or accreditation and / or audit of all services and monitor its implementation Fully Accepted	As part of the revised governance framework that is being implemented across HCS, a Board Assurance Framework is being developed. This will incorporate management of all CSSD risks. Clinical & Care governance, safety and risk assurance committee will have oversight of risk across the organisation.	Q3 2019	HCS Management Executive
R15	Adopt a C&SSD-wide structured approach to: <ul style="list-style-type: none"> • monitoring implementation of agreed actions arising from reviews, accreditation and complaints; and • assessing the effectiveness of the action taken. Full Accepted	A HCS wide quality and complaints structure is in place as part of the One HCS approach covering quality, safety and patient experience.	Q1 2019	HCS Management Executive

Report Ref	Recommendation	Actions	Proposed Timescale	Responsibility
2019 report recommendations				
R1	<p>In respect of all previous recommendations agreed but not implemented, establish robust arrangements for:</p> <ul style="list-style-type: none"> • developing actions; • assigning responsibilities; • agreeing target dates; • monitoring implementation of agreed actions; • evaluating the impact of implemented actions; • recording and reporting progress on implementation and impact; and • taking corrective action where agreed actions are not implemented or implemented actions do not secure the desired outcomes. <p>Fully Accepted</p>	<p>The C&AG report action plan will be a regular item on the HCS Management Executive agenda.</p> <p>Regular contact will be maintained with the C&AG to update on implementation progress which is the approach that has been taken with the Governance report that was published in October 2018.</p> <p>HCS contribute to the Government approach to updating on C&AG recommendations via the dashboard and oversight via the GoJ Risk and Oversight Committee.</p>	Ongoing	HCS Management Executive
R2	<p>For the outstanding recommendations covered by this report:</p> <ul style="list-style-type: none"> • map existing workstreams to the recommendations; • identify any gaps in agreed actions; and • agree appropriate further action. <p>Fully Accepted</p>	<p>Once the care groups are implemented responsibility will be allocated for specific actions where appropriate, and regular update reports will be requested by the HCS Management Executive to monitor progress.</p> <p>There are 2 key Improvement Plans being monitored that relate to the CAG findings as well as the Scrutiny May 2019 scrutiny report into Mental Health services and 2018 reports on Adult Social Care and Learning Disability services commissioned by the Safeguarding Partnership Board.</p>	<p>Q3 2019</p> <p>Q3 2019</p>	<p>HCS Management Executive</p> <p>Assurance Committees, Mental Health Improvement Board & Safeguarding Partnership Board.</p>

		HCS has integrated all report findings into the relevant improvement plans and regular updates will be provided to the CAG , PAC and relevant committees (Monthly and Quarterly)		
R3	<p>Submit six monthly progress reports to the Public Accounts Committee detailing:</p> <ul style="list-style-type: none"> • action taken to implement outstanding recommendations; • any slippage in implementation of agreed actions; • an evaluation of the impact of the implementation of agreed actions; and • an assessment of remaining risks. <p>Fully Accepted</p>	A 6 monthly update to PAC has been scheduled with the next one taking place on 21st October 2019 that Caroline Landon, HCS Director General is scheduled to attend.	October 2019	HCS Director General