

# Government Plan Review 2020

Health and Social Security  
Scrutiny Panel

11th November 2019

This Report forms Section 5 of the Government Plan Review  
Panel's report on the Government Plan - S.R.13/2019



**WE  
SCRUTINISE  
GOVERNMENT.**

**HEALTH &  
SOCIAL SECURITY  
SCRUTINY PANEL**

**GOV  
PLAN  
2020-23**

States of Jersey  
States Assembly



États de Jersey  
Assemblée des États

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## 5.1 Health and Social Security Panel membership

The Panel comprised of the following States Members:



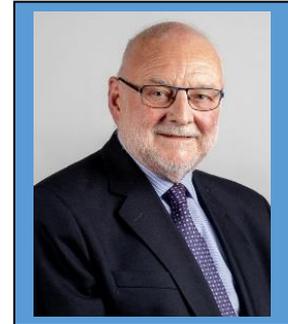
Deputy Mary Le Hegarat (Chairman)



Deputy Kevin Pamplin  
(Vice-Chairman)



Deputy Carina Alves



Deputy Trevor Pointon

## 5.2 Chair's Foreword

The 2020-23 Programme makes explicit Government commitment to support islanders to live healthier lives and improve access to mental health services.

The inequalities of life experiences regarding economic opportunity, education and housing are known to provide a backdrop to our general health, and the objective of integrating health improvements to these wider issues through the Health and Wellbeing Policy Framework is welcomed.

The mental health agenda has lacked equal status with other health service elements and, following publication of the Panel's review "Assessment of Mental Health Services" in the spring of 2019, it is encouraging that all core recommendations have been adopted and are being taken forward in the 2020-23 Government Plan. The Panel will continue to support and monitor the Government action in this respect.

**M. Le Hegarat**  
**Chair**  
**Health and Social Security Scrutiny Panel**

## 5.3 Methodology

The Proposed Government Plan<sup>1</sup> is presented as a series of Actions aimed at meeting the Government's five Common Strategic Policy priorities, as well as a new sixth priority of Modernising Government.

A supplementary document<sup>2</sup> has also been lodged to accompany the Plan, detailing planned expenditure over and above that budgeted in previous years for additional measures and capital projects.

This document provides the most detail of proposed Government expenditure for 2020, even though it only represents around 18% of the total budget, while the actions in the Plan have limited, or no, information on expenditure.

The Scrutiny review of the Government Plan has taken a thorough approach, looking at each Action, Business Case for Additional Revenue Expenditure, and Business Case for Capital Expenditure in as much detail as possible with the information provided by Government.

A summary of all Actions and Business Cases reviewed by this Panel is provided in Section 5.8 below. Only those Actions that do not correspond to a Business Case are listed in the summary table.

All Scrutiny Panels have agreed to use a common system to report on the status of each project, as follows:



This status means that the Panel has reviewed the background information on the project and is satisfied with it.



This status means that the Panel has reviewed this and either has concerns or considers that it needs more work, or further detail should be provided. It might also mean that the Panel considers it too early to make an informed decision. This may or may not lead to recommendations and/or amendments.



This status means that the Panel has reviewed this and is not satisfied or does not agree with the proposal. This may or may not lead to an amendment.

<sup>1</sup> Proposed Government Plan 2020-2023

<sup>2</sup> R.91 - Government Plan 2020-2023: Further Information on Additional Revenue Expenditure and Capital and Major Projects Expenditure

## 5.4 Findings and Recommendations

### Key Findings

**Key Finding 5.1:** 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.

**Key Finding 5.2:** The total Heads of Expenditure for the Customer and Local Services Department is £90.6 million. In respect of Ministerial allocations, the Minister for the Social Security receives the second highest allocation of funding (£184 million) for her remit out of all the Council of Ministers.

**Key Finding 5.3:** 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.

**Key Finding 5.4:** The Efficiency Plan 2020 states that £1.77m worth of efficiencies will be made through 'commercial operations' and £3.67m through 'operational excellence'. It also indicates that £750,000 worth of cross-cutting operations are attributed to the Health and Community Services Department.

**Key Finding 5.5:** The Health and Community Services Department is due to make £9m worth of efficiencies in 2020. However, only £6.1m worth of efficiencies in respect of HCS are described within the Efficiencies Plan 2020-23. It is unclear to the Panel how the remaining £2.8m worth of efficiencies will be achieved.

**Key Finding 5.6:** 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.

**Key Finding 5.7:** The Customer and Local Services Department is committed to making, in total, £2.2 million worth of efficiencies in 2020, £1m 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.

**Key Finding 5.8:** The Government Plan proposes to reinstate the States Grant to its full value by 2023, rather than reinstating it in full in 2020.

**Key Finding 5.9:** The States Assembly will be asked to agree amendments to the Social 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.

**Key Finding 5.10:** 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.

**Key Finding 5.11:** 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.

**Key Finding 5.12:** 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.

**Key Finding 5.13:** The action “Develop a Health and Wellbeing Framework” will be delivered within existing departmental budgets.

**Key Finding 5.14:** 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.

**Key Finding 5.15:** 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.

**Key Finding 5.16:** 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.

**Key Finding 5.17:** The £102,000 funding requested for the Adult Safeguarding Improvement Plan in 2020 would provide funding for two additional FTEs who are needed to co-produce and implement the Plan.

**Key Finding 5.18:** 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.

**Key Finding 5.19:** At the start of 2019, £22.5 million was already invested in services which are delivering mental health activity.

**Key Finding 5.20:** 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.

**Key Finding 5.21:** The listening lounge will initially be a 2-year pilot project and the requested funds within the Government Plan (£0.3m in 2020) are required to support its implementation, to appoint a project team and to staff the facility.

**Key Finding 5.22:** The Adult Mental Health Service is currently under significant strain because of staff shortages.

**Key Finding 5.23:** 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.

**Key Finding 5.24:** There is a lack of clarity within the Government Plan as to how the Digital Health and Care Strategy will be delivered.

**Key Finding 5.25:** 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.

**Key Finding 5.26:** It is the intention of the Health and Community Services Department to be digital in two years and to have the electronic patient records system in place in three years.

**Key Finding 5.27:** The Government Plan is seeking £3.6 million to be restored to the Health and Community Services 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’.

**Key Finding 5.28:** 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.

**Key Finding 5.29:** 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.

**Key Finding 5.30:** A full business case was not produced for the “Regulation of Care” project as 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.

**Key Finding 5.31:** 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.

**Key Finding 5.32:** 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.

**Key Finding 5.33:** The £150,000 funding requested for 2020 would pay for expert advice to 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.

**Key Finding 5.34:** 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.

**Key Finding 5.35:** 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.

**Key Finding 5.36:** 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.

**Key Finding 5.37:** 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.

**Key Finding 5.38:** 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.

**Key Finding 5.39:** The funds will cover a range of domestic costs associated with caring for a family member in the home, it will not represent a payment to the carer or a specific amount for every claimant.

**Key Finding 5.40:** 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.

**Key Finding 5.41:** 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.

**Key Finding 5.42:** 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.

**Key Finding 5.43:** 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.

**Key Finding 5.44:** 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.

**Key Finding 5.45:** 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.

**Key Finding 5.46:** 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 (£5million per annum) is insufficient to deliver these priorities.

**Key Finding 5.47:** 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.

**Key Finding 5.48:** The Health and Community Services Department is currently working with a number of provider organisations to seek alternative accommodation for the Aviemore residents.

**Key Finding 5.49:** 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.

**Key Finding 5.50:** The money allocated to the hospital project in the Government Plan (£5m in 2020 and £1.6m 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.

## Recommendations

**Recommendation 5.1:** 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.

**Recommendation 5.2:** The Minister for Health and Social Services should provide the Panel with an updated table every quarter noting the number of funded posts, actual staff in post and vacant posts within the hospital.

**Recommendation 5.3:** In advance of any changes 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

**Recommendation 5.4:** 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.

**Recommendation 5.5:** 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.

**Recommendation 5.6:** The Minister for Health 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.

**Recommendation 5.7:** 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.

**Recommendation 5.8:** The Minister for Health and Social Services should provide the Health and Social Security Panel with quarterly updates, starting from January 2020, detailing the timetable for the completion of work and highlighting any delays and the contributing reasons.

**Recommendation 5.9:** The Minister for Health and Social Services should provide clarity to the States Assembly before the debate of the Government Plan as to how the £5 million requested for 2020 will be apportioned between maintenance work to the current hospital and primary work on the digital patient records system.

## 5.5 Departmental Budgets and Efficiencies

### Departmental Budgets

The Health and Social Security Panel scrutinises the work of two Ministers; the Minister for Health and Social Services and the Minister for Social Security. Therefore, the project policy work contained in the various actions, programs and capital projects assigned to the Panel predominantly sit under these two Ministers.

In the Government Plan, the States Assembly has been asked to approve the proposed amount to be appropriated from the Consolidated Fund for 2020, for each head of expenditure, the summary of which was included in the summary tables 3(i) and 3(i)(i)<sup>3</sup> within P.71/2019. With regard to the departments that fall under the Panel's remit, the following information was provided:

Summary Table 3(i) Proposed 2020 Revenue Heads of Expenditure <sup>4</sup>			
	Income (£000)	Expenditure (£000)	Head of Expenditure (£000)
Health and Community Services	22,401	233,788	211,387
Customer and Local Services	9,761	100,381	90,620

The Panel was disappointed to find that, unlike the Medium-Term Financial Plan (MTFP) where the information was provided in an annex, the Government Plan lacked any detail regarding the breakdown of departmental budgets e.g. staff costs, premises costs etc. Accordingly, the Panel requested a further breakdown of how the above figures are allocated across the wide remit of the two departments, as well as the expenditure for 2019. The following information was provided<sup>5</sup>:

### Health and Community Services

2019 Net Revenue Expenditure (£000)	Service Area	2020		
		Income (£000)	Expenditure (£000)	Net Revenue Expenditure (£000)
15,674	Social Care	(3,353)	19,026	15,673
18,412	Mental Health	(52)	21,734	21,682
12,738	Women Children & family Care	(391)	13,129	12,738

<sup>3</sup> P.71/2019, Government Plan 2020-2023

<sup>4</sup> P.71/2019, Government Plan 2020-2023, Appendix 2

<sup>5</sup> Draft Service Analysis by Department

46,448	Secondary Scheduled Care	(8,023)	54,472	46,449
10,894	Unscheduled Care	(178)	11,073	10,895
27,839	Clinical Support Services	(4,231)	32,069	27,838
6,275	Primary Care and Prevention	(3,413)	9,988	6,575
1,662	Integration Business Cont.	-	1,662	1,662
12,935	Change Delivery	(54)	12,989	12,935
1,710	Digital Delivery	-	1,710	1,710
3,190	Associate Managing Director	(296)	3,486	3,190
23,948	Non-Clinical Support Services	(1,816)	25,764	23,948
10,008	Group Managing Director	-	19,937	19,937
2,675	Chief of Nurse	(95)	2,770	2,675
3,480	Medical Director	(499)	3,979	3,480
<b>197,888</b>	<b>Net Revenue Expenditure</b>	<b>(22,401)</b>	<b>233,788</b>	<b>211,387</b>

### Customer and Local Services

2019 Net Revenue Expenditure (£000)	Service Area	2020		
		Income (£000)	Expenditure (£000)	Net Revenue Expenditure (£000)
3,556	Customer Operations	(342)	91,490	91,148
85,044	Customer Services	(9,177)	7,113	(2,064)
1,553	Local Services	(242)	1,778	1,536
<b>90,153</b>	<b>Net Revenue Expenditure</b>	<b>(9,761)</b>	<b>100,381</b>	<b>90,620</b>

These figures were provided to each Panel and correspond with the figures in the Government Plan. However, the draft business plans for each department were [published](#) on 23rd October. The draft business plans detail the net revenue expenditure figures above but also include the 2020 efficiency programme, resulting in the overall next revenue expenditure being less than the figures States Members are being asked to approve within the Government Plan. Furthermore, the service areas noted above for the Health and Community Services have now been condensed into three main areas; Hospital and Community Services, Chief Nurse and Medical Director.

The Government Plan states that as expenditure is approved based on departments, it therefore does not directly align with areas of Ministerial responsibility. However, an indicative mapping of departmental allocations to Ministers' portfolios is included on page 138 of the Plan. The 2020 resources allocated to the Ministers within this Panel's remit are as follows:

Resources mapped to Ministerial portfolios <sup>6</sup>	
Minister	2020 Allocation (£000)
Minister for Health and Social Services	211,793
Minister for Social Security	184,531

During a Public Hearing with the Minister for Social Security in September, the Panel queried how the allocated £184 million was made up. The Director General advised us that that figure included the £65.3 million States Grant to the Social Security Fund and the Government contributions to the Long-Term Care Fund, which equated to roughly £30 million.<sup>7</sup>

### Key Findings



#### FINDING 5.1

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.



#### FINDING 5.2

The total Heads of Expenditure for the Customer and Local Services Department is £90.6 million. In respect of Ministerial allocations, the Minister for the Social Security receives the second highest allocation of funding (£184 million) for her remit out of all the Council of Ministers.



#### FINDING 5.3

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.

### Efficiencies

The Government Plan proposes £40m of efficiency savings in 2020. Of this total, £7m is increased tax revenues arising from more efficient tax collection. The remaining £33m is included at the bottom of Summary Table 3(i) Proposed 2020 Revenue Heads of Expenditure in [Appendix 2 of P.71/2019](#).

<sup>6</sup> P.71/2019, Government Plan 2020-2023, p.138

<sup>7</sup> Transcript, Public Hearing with the Minister for Social Security, 26th September 2019

## Health and Community Services

Further information provided in the [Efficiencies Plan 2020-23](#) informs us that the Health and Community Department (HCS) is due to make £9 million worth of efficiencies in 2020. As a result, HCS' 2020 budget has reduced from £211,387,000 to £202,387,000. It is anticipated that the savings will be made through commercial operations and operational excellence.

The Plan states that £1.77 million worth of efficiencies will be made through 'Commercial Operations'. Commercial Operations are described as schemes within HCS that are focused on ensuring that the Department gets the best value for money on its procured purchases and consumables whilst also maximising any contracts it holds with service providers. Three schemes have been identified in the Efficiencies Plan 2020:

- Pharmacy and drugs: ensuring best value for money on medicines purchases and redesigning our pharmacy operating model
- Consumable purchases: reducing variation and rationalising suppliers to maximise HCS buying power and reducing cost
- Income generation: capitalising on HCS opportunities to drive income generation through application of policy, inflation increase and provide patient income recovery.

According to the summary provided in the plan, the £1.77 million of savings identified does not include £750,000 worth of cross-cutting commercial operations that are attributed to HCS.

Key milestones and actions are noted to be detailed with the project plan, however, this had not been disclosed at the time of drafting our report.

'Operational Excellence' is expected to achieve £3.67 million of efficiencies within the Health and Community Services Department. Operational Excellence describes nine schemes within HCS's efficiency programme. As stated in the Efficiency Plan, "*Operational Excellence is focused on ensuring that services are meeting the current demand from patients and transformation in line with the HCS strategy and 'Jersey Care Model'. Schemes cover the entirety of the patient pathway, from the development of the acute floor to on and off-island placements and mental health facilities.*"<sup>8</sup> This programme combines both established schemes from the 2019 efficiency programme and new schemes to be introduced in 2020. The nine schemes stated in the Plan are:

- **Social Care** – on and off-island placements
- **Mental Health** – off-island review/repatriation of acute services currently developed off-island
- **Support Services** – soft facilities maintenance contracts
- **Intermediate care** – bed model contract
- **Community and voluntary sector** – review and alignment with new care models
- **Off-island repatriation** – repatriation of acute services currently delivered off-island
- **Theatres** – a full programme of work to improve theatre efficiency
- **Acute floor** – delivery of the clinical model to support planned/unplanned care pathways
- **Outpatients** – transforming outpatient pathways to be delivered in the right place.

Key milestones and actions are noted to be detailed with the project plans within the 'Project Initiation Document'. This information had not been disclosed at the time of drafting our report.

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<sup>8</sup> Efficiencies Plan 2020-23, p39

These two efficiency programmes only add up to £5.44 million, even though it is stated within the summary 2020 efficiencies table that HCS is due to make £9 million savings in 2020. We understand, as highlighted above, that another £750,000 has been identified within the cross-cutting commercial operations programme that is attributed to Health. However, it is unclear within the Plan how the remaining £2.8 million worth of efficiencies is going to be achieved.

On 23rd October the draft operational business plans for each States Department were [published](#). The document states that the remaining £2.8 million of efficiencies, which is not clearly identified within the Efficiencies Plan 2020-23, will be made through a “modern and efficient workforce”. The business plan contains no further description of how exactly this would be achieved.

During our Public Hearing with the Minister for Health and Social Services and his Officers in September, we were advised by the Director General that “*there is no headcount reduction*”<sup>9</sup> in HCS’s efficiency programme. Whilst the Panel is pleased to hear that the HCS’s 2020 efficiencies programme will not impact on the current staffing level, we are concerned that efficiencies may be made by not replacing current vacant positions within the hospital. Due to a recent written question that was asked of the Health and Social Services Minister during a States Sitting, we are aware that as of August 2019 there were 194 vacant posts (that were still being funded) within the hospital (see table below)<sup>10</sup>.

Staff Group	Funded posts	Actual staff in post	Currently vacant
Allied Health Professionals	240	218	22
Civil Servants	239	190	50
Manual Workers	347	307	40
Medical Staffing	167	160	8
Nursing & Midwifery	680	606	74
<b>Total</b>	<b>1,673</b>	<b>1,481</b>	<b>194</b>

The Panel followed up its concern with the Minister and was advised:

*“HCS is continuing to appoint to key vacancies as highlighted. Our intention is to appoint to our vacancies with substantive staff rather than continue reliance on agency and locum staff.”*<sup>11</sup>

## Key Findings



### FINDING 5.4

The Efficiency Plan 2020 states that £1.77m worth of efficiencies will be made through ‘commercial operations’ and £3.67m through ‘operational excellence’. It also indicates that £750,000 worth of cross-cutting operations are attributed to the Health and Community Services Department.

<sup>9</sup> Transcript, Public Hearing with Minister for Health and Social Services, p44

<sup>10</sup> [Written Question to the Minister for Health and Social Services, 10<sup>th</sup> September 2019](#)

<sup>11</sup> Email correspondence, 31st October 2019

**FINDING 5.5**

The Health and Community Services Department is due to make £9m worth of efficiencies in 2020. However, only £6.1m worth of efficiencies in respect of HCS are described within the Efficiencies Plan 2020-23. It is unclear to the Panel how the remaining £2.8m worth of efficiencies will be achieved.

**FINDING 5.6**

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.

**Recommendations****RECOMMENDATION 5.1**

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.

**RECOMMENDATION 5.2**

The Minister for Health and Social Services should provide the Panel with an updated table every quarter noting the number of funded posts, actual staff in post and vacant posts within the hospital.

**Customer and Local Services**

Further information provided in the [Efficiencies Plan 2020-23](#) informs us that the Customer and Local Services Department (CLS) is due to make £2.2 million worth of efficiencies in 2020. The Efficiencies Plan 2020-23 states that £1 million will be made through the development of the Target Operating Model (£0.7m) and "reductions in non-staff budgets" (£0.3m). A further £0.94 million will be saved by reducing tax funded benefit payments and £0.04 million by bringing some of their services into one location.<sup>12</sup>

The Target Operating Model is aimed at achieving the re-organisation of staffing and it is anticipated phase 1 and phase 2 of the re-organisation will achieve savings of approximately £0.7 million. However, it is stressed in the Efficiencies Plan that the realisation of the savings from phase 2 will only be confirmed once budgets are transferred to CLS from the Chief Operating Office and the Treasury and Exchequer. In regard to reductions in non-staff spend, the Plan states that reductions have been made possible through the continuous improvement programme in the Department and changes to the delivery of training for unemployed candidates and staff.

When the Panel queried what impact the proposed efficiencies would have on the current workforce within CLS it was advised:

*"Through the 2 target operating model changes, I think both of which we have discussed in previous scrutiny panel meetings, there is an overall staff reduction of the 2*

<sup>12</sup> Efficiencies Plan 2020-23, p29

*combined...phase 1 about 9.4 FTEs (Full time Equivalentents) and the second phase is under consultation at the moment but that will result in a net reduction of about 3 FTEs.”<sup>13</sup>*

It was not clear within the Efficiencies Plan how the remaining £0.2 million would be made, since the central efficiency programmes did not contain a breakdown as to the exact amount each department was expected to save. It was not until the Draft Departmental Operational Business Plans was published on 23rd October that the Panel had sight of this information. Within this document it was confirmed that the remaining £0.2 million of efficiencies (from the total £2.2m) would come from various central programmes; £0.1m from Modern & Efficient Workforce, £0.02 from efficient organisational structures and £0.1m from contract efficiencies.

As a result of only first having sight of the Efficiencies Plan 2020-23 on 17th October and the Draft Departmental Operational Business Plans on 31st October, the Panel was unable to undertake appropriate and sufficient scrutiny of the proposed efficiencies programme. For this reason, the Panel fully supports the amendment brought forward by the Government Plan Review Panel to delay the approval of the efficiencies programme to allow for further scrutiny to be undertaken.

### **Key Findings**



#### **FINDING 5.7**

The Customer and Local Services Department is committed to making, in total, £2.2 million worth of efficiencies in 2020, £1m 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.

## **5.6 Social Security Fund and Social Security (Reserve) Fund**

### **Social Security Fund**

The main purpose of the Social Security Fund (SSF) is to provide old age pensions. It also pays maternity, incapacity and other benefits.

At the time of publication of the Medium-Term Financial Plan (MTFP) in 2015 the ratio of working age people to pensioners was 4-1 and was predicted to fall to 3-1 by 2032. The actual number of pensioners was predicted to double from 14,000 to 28,000 by 2035.

The SSF receives contributions from employers, employees and general tax revenues and historically surpluses have been transferred to the Social Security Reserve Fund. As a result of reducing levels of surpluses, in 2012 the UK Government Actuary identified the Fund would “break even” in 2016 with expenditure outstripping income and the reserves would be exhausted by 2046. However, two subsequent actuarial reviews have been undertaken since then, one in 2015 and one in 2017. The 2017 review indicated a significantly higher projected Fund balance than at the 2015 review. It also concluded that, whilst the Fund was in surplus,

<sup>13</sup> Transcript, Public Hearing with the Minister for Social Security, 26th September 2019

it was estimated to reduce to just three months' worth of Fund expenditure by 2023 and become negative by 2027.<sup>14</sup>

The Government Plan asks the States Assembly to approve the estimated income and expenditure of the Social Security Fund for 2020 as set out in [Appendix 2 – Summary Table 8\(i\) \(below\)](#)

**Table 8(i)**

<b>Social Security Fund</b>	<b>2020 (£000)</b>
Estimated Opening balance 1/1/2020	95,700
Existing Contributions income	209,800
Proposed Changes to Contributions rates	3,350
Grant to Social Security Fund	65,300
Existing Benefits and other expenditure	(269,800)
New Benefits proposed	(3,000)
<b>Estimated Closing balance</b>	<b>101,350</b>

The Government Plan seeks to reinstate the States Grant to the Social Security Fund to its full value of £93,100 by 2023 (an increase of £28 million). It also proposes further ring-fenced revenue-raising proposals, where the revenue raised is paid directly into the Long-Term Care Fund and Social Security Fund, rather than into general tax revenues. In respect of the Social Security Fund, the Plan proposes an increase of 0.5% in the employer and Class 2 Social Security contributions paid in respect of those earnings in excess of £53,304 up to the new income cap of £250,000. It is suggested that the changes to the employer and class 2 contributions would bring in additional contributions of £3.35 million per annum and would help fund a range of family-friendly benefits from the SSF.<sup>15</sup>

With regard to the proposal to reinstate the States Grant over the years 2020 to 2022, the Panel is aware that in March this year, the Chief Minister expressed his preference to reinstate the grant in full in 2020. At a Quarterly Hearing with the Corporate Services Panel on 25th March, he stated:

*“In the current M.T.F.P. (Medium Term Financial Plan), the grant that is paid into the Social Security Fund was frozen for the period of this plan. That will be unfrozen at the end of this year and therefore the liability on that will go up by £15 million a year to approximately £80 million. There is always one solution, which is to kick the can further down the road and freeze it again. That is not my preferred option because I do not think it is a long-term solution and that would therefore mean you would just have a look and see what can be done to resolve that.”<sup>16</sup>*

When we queried this matter with the Minister for Social Security she told us that, whilst the Council of Ministers had different opinions, in the end it was agreed that restoring it to its full

<sup>14</sup> [R.31/2019](#)

<sup>15</sup> P.71/2019, Government Plan 2020-2023

<sup>16</sup> Transcript, Public Hearing with the Chief Minister, 25th March 2019

value over the next three years had the best outcome. It was explained that the staged reinstatement of the States Grant would release a total of £50million to invest in the agreed priorities set out in the Government Plan to fund some of the services that are significantly underfunded, whilst still ensuring the sustainability of the fund in the long-term.<sup>17</sup>

Furthermore, an Officer from SPPP assured the Panel that the Minister would be proposing changes to the Social Security (Jersey) Law 1974 for the States Assembly to approve alongside the Government Plan which would introduce a legal requirement to reinstate the States Grant in full by 2023:

*“What will be passed in the Government Plan this year is a number of law changes. You talked about long-term care, so there will be a law change that will put the rate up in law and at the same time there will also be law changes around the grant. The grant will be written into law that is a fixed amount of money for next year and the year after, then it will go up by a few million, which is halfway to where it should be and then in the last year of this term it will hit its full formula rate, so that is in the law. The can has kicked down the road only for one or 2 years and there is a very specific legal requirement that it will be the full amount of money in 2023. It is not saying we have just got the money, we are also going to agree the law changes to put it back to where it should have been. There has been a small number of years where it has been a bit lower than it was normally, but it will go back in this year, legally back to where it should be. That maintains its sustainability going forward.”<sup>18</sup>*

The Draft Social Security (Amendment of Law No.11) (Jersey) Regulations 201- was lodged by the Minister for Social Security on 14th October 2019. The Draft Regulations will facilitate the proposed changes to the Social Security Fund and the Long-Term Care Fund contained within the Government Plan. The Panel received a briefing from the Strategic Policy, Performance and Population Department on the draft Regulations on Monday 21st October.

### Key Findings



#### FINDING 5.8

The Government Plan proposes to reinstate the States Grant to its full value by 2023, rather than reinstating it in full in 2020.



#### FINDING 5.9

The States Assembly will be asked to agree amendments to the Social 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.

### Social Security (Reserve) Fund

The Social Security (Reserve) Fund holds the balances built up in the Social Security Fund and is a key to the Government managing the impact of an ageing population on future pension costs. The Government Plan states that consideration is being given to changing the

<sup>17</sup> Transcript, Public Hearing with the Minister for Social Security, 26th September 2019

<sup>18</sup> Transcript, Public Hearing with the Minister for Social Security, 26th September 2019, p6

investment strategy of the Reserve Fund “to allow it to invest in local infrastructure, providing greater benefit to the Island while still providing a good return to the fund.”<sup>19</sup>

The Panel raised a number of questions with the Social Security Minister about the consideration of changing the investment strategy of the fund. The Minister advised that, whilst she does not have control of the investment strategy of the reserve fund, she sought advice from Treasury colleagues (as the investment strategy of the Reserve Fund is the responsibility of the Treasury and Resources Minister) in order to facilitate answers to the Panel’s questions. The Panel received the following responses:

- What is the rationale for the proposed change to the investment strategy of the Reserve Fund?

*Investment in local infrastructure could complement the existing asset classes held in the Fund’s portfolio, increasing diversification and offering an appropriate risk adjusted return. Any investment would need to be considered on its own merits and in line with the long-term strategic objectives of the Fund. As well as providing opportunities for the Fund, local infrastructure investment may offer additional benefits through supporting the delivery of improved facilities for the public of the island.*

- Can you inform us how much is proposed to be invested and in precisely what form the investment would take?

*This has yet to be determined, but as stated above any investment amount would need to be considered on merit and with reference to the long-term strategic objective of the fund.*

- What assurances can you give that this is a sound investment and will not cause a problem in the future?

*All investments are assessed by the independent Treasury Advisory Panel, both in terms of the absolute level of risk and return but also its contribution to the overall portfolio. Any investment would be expected to contribute to the long-term strategic objectives of the Fund.*<sup>20</sup>

## Key Findings



### FINDING 5.10

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.

<sup>19</sup> P.71/2019, Government Plan 2020-2023, p179

<sup>20</sup> Letter, Minister for Social Security, 25th September 2019

## Recommendations



### RECOMMENDATION 5.3

In advance of any changes 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.

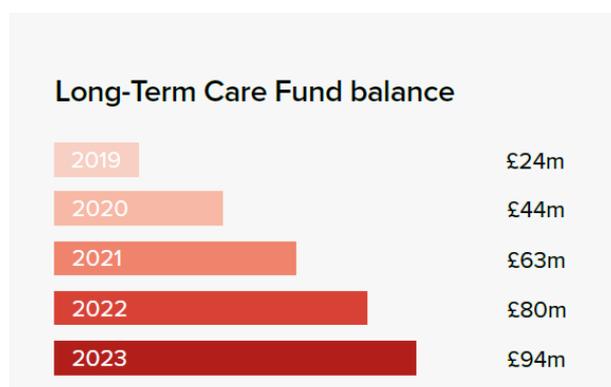
## 5.7 Long-Term Care Fund

The Long-Term Care Fund (LTCF) was established in 2013 to fund a long-term care scheme from tax payers. The Scheme provides that claimants having assets of £419,000 (including cash of over £25,000) or more will pay the first £56,130 (for an individual) or £84,195 (for a couple) of the care costs. Any person over 18 years of age can claim.

As with the Social Security Fund, it was identified in the 2017-2019 MTFP that the ageing population would increase demand upon the Scheme. The contribution rate of 0.5% in 2015 increased to 1% in 2016 and was predicted to rise to 3% by the 2040s.

An Actuarial review completed at the end of 2017 found that the LTCF would reduce to provide just 3 months' worth of expenditure by 2023 and become negative by 2027. It also predicted that the contributions would require "break even" contributions of 1.5% by 2028 and up to 2.5% by end of 2043. The projections are noted to be uncertain.

The Government Plan seeks to increase the balance of the LTCF from the current 2019 balance of £24m to £94m by 2023 (See below)<sup>21</sup>.



To achieve this, the Government Plan has proposed a 1% increase (to 2%) in the headline rate of Long-Term Care contributions from 2020, together with an increase in the income cap from £176,232 to £250,000. It is claimed that these changes will increase the income into the fund by approximately £22 million a year and will place the LTCF on a sustainable basis for the next 25 years.<sup>22</sup> The Panel has previously received a briefing on the proposed changes to the long-term care fund so was not surprised to see them appear in the Government Plan.

<sup>21</sup> P.71/2019, Government Plan 2020-2023, p120

<sup>22</sup> P.71/2019, Government Plan 2020-2023

The Government Plan asks the States Assembly to approve the estimated income and expenditure of the Long-Term Care Funds for 2020 as set out in [Appendix 2 – Summary Table 8\(iii\) \(below\)](#)

**Table 8(iii)**

<b>Long-Term Care Fund</b>	<b>2020 (£000)</b>
Estimated Opening balance 1/1/2020	23,700
Return on investments	400
Existing Long-Term Care charge	22,200
Proposed changes to Long-Term Care Charge	23,700
Grant to Long-Term Care Fund	29,900
Benefits and other expenditure	(55,500)
<b>Estimated Closing balance</b>	<b>44,400</b>

The Panel acknowledges that in March 2019, the Fiscal Policy Panel (FPP) released their report on the Government Plan 2020-2023, in which they recommended:

*“...that the early part of the forthcoming Government Plan period is an appropriate time to plan an increase in the long-term care contribution, while the economy is running above trend. Consideration should also be given to whether a larger increase could be appropriate to provide additional flexibility regarding future increases in the rate.”<sup>23</sup>*

In a Public Hearing in September, the Panel queried what evidence the Social Security Minister had, apart from the FPP’s recommendation to “consider” a larger increase, which supported increasing the contribution rate by 1% rather than the original 0.5 per cent. The Minister advised the Panel that the Council of Ministers had a good discussion “around the table” and agreed that by increasing the contribution by 1% would mean that the fund would remain secure for many years into the future. The Assistant Minister also added:

*“...one of the things that long-term care was about, we were determined to make sure that we were not going to push this off trying to make sure that it was a sustainable fund to the next Council of Ministers. We wanted to deal with that now and make the decision now. The reason to bring it early was also that the people that are paying into it now, the people that are going to take it early now, so the people that are going to need it the soonest, will have contributed into the fund as well.”<sup>24</sup>*

The Minister also explained to the Panel that, despite concerns that an 1% increase will have a considerable impact on individuals, most people will pay less than this as a percentage of their total income. According to the Government Plan, most people currently pay far less than 1% of their income into the Long-Term Care Fund each year, due to the availability of allowances and reliefs. The impacts of the proposals on a range of tax payers is shown in the below table<sup>25</sup>

<sup>23</sup> FPP Report on 2020-2023 Government Plan

<sup>24</sup> Transcript, Public Hearing with the Minister for Social Security, 26th September 2019

<sup>25</sup> P.71/2019, p176

Household type	Income level	Income	Long-Term Care contribution increase	
		£/year	£/year	%
Single	Median earnings	23,000	91	0.40%
Single	1.5 x median earnings	35,000	237	0.70%
Single	minimum income for 20% tax rate	69,000	668	1.00%
Single, one child, £200,000 mortgage	median	31,000	0	0.00%
Single, one child, £200,000 mortgage	1.5 x median earnings	47,000	124	0.30%
Single, one child, £200,000 mortgage	minimum income for 20% tax rate	160,000	1,556	1.00%
Married couple	median	52,000	260	0.5%
Married couple	1.5 x median earnings	78,000	590	0.8%
Married couple	(minimum income for 20% tax rate)	137,000	1,337	1.0%
Married, £300,000 mortgage	median	52,000	123	0.20%
Married, £300,000 mortgage	1.5 x median earnings	78,000	453	0.60%
Married, £300,000 mortgage	(minimum income for 20% tax rate)	184,000	1,946	1.10%

Table 37 – Impact of Long-Term Care charge by household type

The Panel also asked the Minister in the Public Hearing whether any consideration had been given to staggering the increase of the contribution rate over the 4 years of the Government Plan. We were told that consideration had been given to this, but that the Council of Ministers had decided that it was best to introduce the total increase in 2020. We were further advised that if the headline rate and income cap were increased in 2020, then the fund would not have to be looked at again for another 20-odd years.<sup>26</sup>

Regulation 5 of the Draft Social Security (Amendment of Law No.11) (Jersey) Regulations 201- raises the contribution percentage rate for the Long-Term Care contributions to 2% from 1st January 2020.

### Key Findings



#### FINDING 5.11

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.



#### FINDING 5.12

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.

<sup>26</sup> Transcript, Public Hearing with the Minister for Social Security, 26th September 2019

## 5.8 Actions, Programs and Capital Projects Reviewed

Actions			
Action	CSP reference	Page number	Scrutiny RAG Status
Develop a Health and Wellbeing Policy Framework	N/A	26	
Provide Appropriate Accommodation	N/A	26	
Additional Revenue Programs			
Program	CSP reference	Page number	Scrutiny RAG Status
Preventable Diseases	CSP2-1-02	27	
Adult Safeguarding	CSP2-2-01	29	
Mental Health	CSP 2-2-02	30	
Mental Health Legislation	CSP 2-2-02	30	
Digital Health and Care Strategy	CSP 2-3-01	37	
Health P.82 Reinstate 2019	CSP 2-3-02	41	
Maintaining Health and Community Care Standards	CSP 2-3-03	42	
Regulation of Care – Income Deferred	CSP 2-3-04	44	
Diffuse Mesothelioma Scheme	CSP 4-1-01	45	
Financial Independence in Old Age	CSP 4-1-01	46	
Food Costs Bonus	CSP 4-1-04	48	
Single Parent Component P.113/2017	CSP 4-1-05	50	
Support for Home Care and Carers	CSP 4-3-01	52	
Disability Strategy and Community Support	CSP 4-3-02	54	
Capital Expenditure Projects			
Capital Project	CSP reference	Page number	Scrutiny RAG Status
Mental Health Improvements		57	

<b>Health Services Improvements</b>		60	
<b>Learning Difficulties</b>		63	
<b>Our Hospital</b>		66	

## 5.9 Reports on Specific Actions and Business Cases

### Actions not linked to a business Case

#### Develop a Health and Wellbeing Framework

Develop a Health and Wellbeing Framework	
Minister(s)	Scrutiny RAG Status
Minister for Health and Social Services	

#### Summary Report

- The Government Plan explains that the aim of the Framework is to connect and coordinate actions across the Government and its partners that will support all islanders to live healthier, fulfilling, longer lives - from the Active Jersey schemes and active travel, to accessing arts, culture, heritage and education, to developing early help and preventative health services, and embedding sustainable wellbeing in what we do as the Government of Jersey.
- The Panel was advised that the reason this action is not linked to a project seeking additional revenue expenditure is because it can be delivered by the existing departmental budget.
- During a Public Hearing with the Minister for Health and Services in September, when discussing the “preventable diseases” project, the Panel was advised that the health and wellbeing policy framework was currently under development. We were also told that the Framework would link together policies such as; smoking cessation, alcohol policy and the food and nutrition strategy.

#### Key Findings



#### FINDING 5.13

The action “Develop a Health and Wellbeing Framework” will be delivered within existing departmental budgets.

#### Provide Appropriate Accommodation

Provide Appropriate Accommodation	
Minister(s)	Scrutiny RAG Status
Minister for Health and Social Services	

#### Summary Report

- The action contained within the Government Plan is to provide appropriate accommodation for people within Learning Disability Services, in order that individuals avoid significant risk of harm.

- The Panel was advised that the reason this action is not linked to a project seeking additional revenue expenditure (i.e. a business case) is because it is instead linked to a capital project.

### Key Findings



#### FINDING 5.14

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.

## Business Cases for Additional Revenue Expenditure

### Preventable Diseases

Preventable Diseases			
CSP2-1-02 – Supporting Islanders to live healthier, active, longer lives			
Link to Government Plan Action(s)	Link to Common Theme(s)	Minister(s)	Scrutiny RAG Status
<ul style="list-style-type: none"> <li>Deliver a range of preventative and proactive schemes focused on inspiring an ‘Active Jersey’</li> <li>Support the reduction in preventable disease</li> </ul>	<ul style="list-style-type: none"> <li>Preparing for more Islanders living longer</li> </ul>	Minister for Health and Social Services	

### Summary Report

The Minister for Health and Social Services has requested the following funds in respect of preventable diseases:

#### Additional Investment Required (£000)

2020	2021	2022	2023
300	1,200	2,500	2,800

According to the summary business case contained in R.91, the aim of Reducing Preventable Disease (RPD) portfolio is to reduce the burden of preventable disease and, avoidable early death in Jersey’s population. In doing so, HCS will be aiming to achieve the Government of Jersey’s Common Strategic Priority to ‘Improve Islanders wellbeing and mental and physical health.’ The RPD portfolio sets out an array of funded programmes which will complement a wider piece of work that is being undertaken by the Public Health Team. The business case also explains that there is a need to shift away from reliance on public messaging campaigns and health promotion, because of little impact on behaviour, to an approach addressing wider detriments of health. The Panel was told that this shift would be reflected in the work undertaken under this project.

During a Public Hearing with the Minister for Health and Social Services, the Panel asked whether it was the intention of the Department to amend any existing policies to ensure the aspirations of RPD could be achieved, we were advised:

*“We are currently progressing a health and wellbeing policy framework that will link all those policies: smoking cessation, alcohol policy, food and nutrition strategy. All of those need to be linked in an overall strategy that links them altogether.”<sup>27</sup>*

The Assistant Minister for HSS advised the Panel that he was due to consider a first draft of this framework later in the day and the hope was to have it finalised and published by Christmas.

In a written question to the Minister, the Panel queried the substantial increase of requested investment for this project from £300,000 in 2020 to £1,200,000 in 2021 and again to £2,500,000 in 2022. We were advised that in 2020, £0.1m would be spent on health promotion and £0.2m on meals for primary schools. A two-year pilot scheme in two schools is planned to be rolled out more widely with £200,000 beginning the roll-out. In 2021, primary school meals will be rolled out further and new programmes in Strategic, Policy, Performance and Population (SPPP) will be introduced. For example, Healthy Start and Food Dudes, which will provide access to fruit and vegetables for low income groups, and a whole school Cooking and Growing programme. In 2022, the SPPP programmes will be rolled out further, breakfast clubs and family weight management will begin, and the smoking cessation work will increase. In 2023, the family weight management would get a broader roll out.

The Assistant Minister for HSS also explained that it would take time to build some of these programmes and rather than throwing money at it on day one, the Department had to be clever with what they spent and wise with how they spend it. HCS felt that the wise thing to do in this instance was to get the programmes into place and then funding would follow – hence why the budget in years 2,3 and 4 increase quite considerably.

During the Public Hearing, the Panel asked for further information regarding smoking cessation and how the Department intends to spend the requested £579,000 in 2021, 2022 and 2023. The Director General of Health and Community Services told the Panel:

*“Part of the work that we are doing is we are working collaboratively alongside other government departments, particularly CYPES (Children, Young People, Education and Skills), around how we can get smoking cessation and smoking prevention message into schools. We are also looking as part of the work we are doing with the Jersey Care Model at harnessing community efforts that we have across the parishes so that we start to get a more educative process happening out within groups that are touching people every day and are able to speak to them quite informally.”<sup>28</sup>*

The Group Medical Director also added:

*“It is not just schools. It is smoking avoidance. Smoking cessation is also directed at adult smoking, those adults who are unfortunately addicted to cigarettes and nicotine. We have a new care prevention for families and primary care, which we need to give our primary care colleagues, both paramedics and G.P.s, funding for the outcome of the measures so they can convince and assist their patients to stop smoking. A lot of funding*

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<sup>27</sup> Transcript, Public Hearing with the Minister for Health and Social Services, 17th September 2019, p5

<sup>28</sup> Transcript, Public Hearing with the Minister for Health and Social Services, 17th September 2019, p5

*will go into the community where it is best served rather than being used to pay for colleagues in the hospital, secondary care, to deal with the complications.”<sup>29</sup>*

## Key Findings



### FINDING 5.15

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.



### FINDING 5.16

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.

## Adult Safeguarding Improvement Plan

Adult Safeguarding Improvement Plan			
CSP2-2-01 – Supporting Islanders to live healthier, active, longer lives			
Link to Government Plan Action(s)	Link to Common Theme(s)	Minister(s)	Scrutiny RAG Status
<ul style="list-style-type: none"> <li>Improving Islanders’ wellbeing and mental and physical health</li> </ul>	<ul style="list-style-type: none"> <li>Nurturing a diverse and inclusive society</li> </ul>	Chief Minister	

## Summary Report

The Chief Minister has requested the following funds in respect of the Adult Safeguarding Improvement Plan:

### Additional Investment Required (£000)

2020	2021	2022	2023
102	102	102	102

The Safeguarding Adults Partnership Board is responsible for co-ordinating work locally, safeguarding and promoting the welfare of adults in Jersey and monitoring and challenging the effectiveness of Jersey’s safeguarding arrangements. The Board meets 6 days per month and is led by an independent Chair. The work is undertaken by 2 trainers and 1 policy staff, with a part time manager and administrators.

According to the business case, two reviews were undertaken in 2018 by independent advisers and in consultation with service providers and the Safeguarding Adults Partnership Board. The reviews identified some good practice but identified 40 recommendations relating

<sup>29</sup> Transcript, Public Hearing with the Minister for Health and Social Services, 17th September 2019, p6

to delivery personalisation through an outcomes-based approach and improving inter-agency working, processes and culture.

The Board has stated that the extra work required to co-produce and implement the adult safeguarding improvement plan ('Making Safeguarding Personal'<sup>30</sup>) requires additional resources, which was agreed by the Council of Ministers.

The business case therefore requests additional investment for 1 FTE Manager and 1 FTE Administrator for one year.

### Key Findings



#### FINDING 5.17

The £102,000 funding requested for the Adult Safeguarding Improvement Plan in 2020 would provide funding for two additional FTEs who are needed to co-produce and implement the Plan.

### Mental Health and Mental Health Legislation

Mental Health CSP2-2-02 – Improve the quality of and access to mental health services			
Link to Government Plan Action(s)	Link to Common Theme(s)	Minister(s)	Scrutiny RAG Status
<ul style="list-style-type: none"> <li>Improve access to mental health services</li> </ul>	<ul style="list-style-type: none"> <li>Nurturing a diverse and inclusive society</li> </ul>	Minister for Health and Social Services	

### Summary Report

The Minister for Health and Social Services has requested the following funds in respect of mental health:

#### Additional Investment Required (£000)

2020	2021	2022	2023
3,200	4,800	4,100	4,200

The Department is also requesting the following funds for mental health legislation:

2020	2021	2022	2023
629	634	653	672

The business case in R.91 states that the above requested funds are required to deliver HCS's plan to:

<sup>30</sup> 'Making Safeguarding Personal' is a personalised approach that enables safeguarding to be done with, not to, people.

- Improve access to 24/7 mental health services, aid recovery, and provide safer and more effective care closer to home
- Improve the quality and therapeutic value of the care environment through work on the mental health estate
- Keep Islanders mentally healthy and physically well by co-producing and developing services, initiatives and educational and promotional activities that are recovery oriented and improve well-being
- Improve access to advocacy and upholding human rights
- Develop our workforce for the future in response to innovation and new models of care
- Optimise technology as an alternative option supporting the therapeutic process
- Work in partnership with a range of stakeholders to deliver value-based care and support.

In order to better understand how the Health and Community Services intended to spend the additional investment of £3.2m in 2020, the Panel requested a breakdown of the funds along with a timeline for each of the 6 initiatives identified within the business case. Below the Panel will summarise the information provided, however if you wish to view the full response from the Minister please click [here](#):

### **1. CAMHS - £0.4m**

HCS seeks to secure resources to facilitate the transfer of CAMHS services from health and community services to CYPES (Children, Young People, Education and Skills); clarify and improve operational accountability and reasonability for delivery of the CAMHS pathway and commence a programme of redesign work to shape a future service model for CAMHS and relevant pathways of care and support.

Phase 1 to commence **Q4 2019**:

- a) Securing recruitment to vacant team manager post;
- b) Undertaking a review of complex cases;
- c) Completing a full analysis of the service;
- d) An additional CAMHS Consultant post is needed to address the needs of 19-25-year olds.

Phase 2 to commence **Jan 2020**:

- a) Completion of a business case to secure support to assist with service design. It is anticipated that this will be in the region of £50k.

### **2. Crisis Support - £1.1m in 2020**

We were advised that, following confirmation of funding, immediate recruitment would begin of a consultant psychiatrist with expertise in crisis intervention and two full-time equivalent staff (FTEs) grade psychiatrists. Following those appointments, a multi-disciplinary team including alcohol and drugs and physical health care services will be appointed. It is anticipated that the crisis support services will be in place by **Q3 2020**.

### **3. Listening Lounge - £95k in 2019 & £0.3m in 2020**

On 31st July 2019 the Mental Health Improvement Board decided to allocate existing funds to initiate a two-year pilot. This is due to begin in terms of venue refurbishment in November 2019.

#### 4. Complex Trauma - £0.8m in 2020

The costs are for a forensic consultant, clinical psychologists, sexual health/domestic violence counsellors, assistant psychologists and non-pay (training). It is estimated the pathway as a whole will be operational by the **end of Q3 in 2020**.

#### 5. Mental Health Legislation - £0.6m in 2020

The funds would be put towards an immediate team recruitment of 8 FTEs to ensure that the Department can meet the statutory obligations under the Mental Health (Jersey) Law and the Capacity and Self-Determination (Jersey) Law. The Department has envisaged that the recruitment process will take approximately 6 months so will be finalised in **Q2 2020**.

#### 6. Mental Health Strategy - £0.6m in 2020

Further development of the Mental Health Strategy aligned to the New Jersey Care Model is required in 2020. This will include expanding upon the Community and Voluntary sector role and opportunity going forward so that Mental Health partners are clear as to future long-term strategic plans and can have certainty regarding their roles and functions within the future care model. This will **commence in Q1 2020**.

#### Investment in existing staff and recruitment of high-quality workforce

In March 2019, the Panel undertook a review of mental health services ([S.R.4/2019 'Assessment of Mental Health Services'](#)). One of the Panel's recommendations was for the Government to focus on investing in existing staff by giving them access to appropriate training. During a Public Hearing with the Minister, the Panel queried whether the request for additional funds in the Government Plan included any consideration of investment in existing staff. The Group Managing Director highlighted the crisis prevention service as one area where the extra investment was needed to train existing and new staff. Speaking about crisis prevention he told the Panel:

*"It is a completely different specification to the current psychiatric liaison service. Those psychiatrists and psychiatric liaison nurses have to work in a different way and will need a lot of training, support, education and professional development to help them to do that, and they will need a revised on-call arrangement as well."*<sup>31</sup>

It was also noted that investment in a new mental health leadership team under Dr Garcia (Medical Director of Mental Health) had already been made in 2019 and that this would not be funded within the Government Plan. The team included a dedicated improvement lead, a dedicated lead nurse, a dedicated lead social worker and a dedicated lead allied health professional.

The Panel raised concerns during the Public Hearing with the Minister for Health and Social Services about the importance of recruiting the right staff to be able to undertake all the initiatives that HCS intend to implement with the Government Plan funding. In a written submission we received from Adult Mental Health Services, we heard that the service was currently under significant strain because of staff shortages. Although, recent recruitment drives had been successful, and the service was working on developing collaboration with partners in the third and private sector. The Panel is very much in agreement with Adult Mental

<sup>31</sup> Transcript, Public Hearing with the Minister for Health and Social Services, 17th September 2019, p7

Health Services when they say that “sustainability and successful implementation is dependent on successful recruitment and retention of a high-quality workforce.”<sup>32</sup>

### Housing mental health professionals

The Panel also questioned the Minister as to whether any of the requested funds within the Government Plan would be used to assist in housing mental health professionals. The Panel was advised that this work was being led by Andium Homes, the Housing Department and Jersey Property Holdings and that a scheme, which included 45 properties (predominately one-bedroom apartments) was due to be completed by the end of this year.<sup>33</sup>

The Panel has previously raised concerns about ensuring that Jersey attracts the best people to work in mental health by, among other things, improving access to housing. In the Hearing, Deputy Pamplin raised this concern with the Minister:

#### **Deputy K.G. Pamplin**

*“In that instance if you are fundamentally wanting somebody exceptional in mental health, they would be saying “we need this person, we want this person, they come with their family; one bedroom is not going to do it Minister.” Therefore, as Minister would you then go to the Minister for Housing and Andium Homes and say “I have got a bit of money and we really want this person”?*

#### **The Minister and Health and Social Services**

*“We would do everything we can to find a way, because if this person is key to enhancing our services and fill a much a much-needed gap then we want to get them in and we will find a way”.*

#### **Director General, Health and Community Services**

*We have a relocation package that we are able to flex if needs be, which is an upfront payment that we can give to people but also helping them to find accommodation that suits their needs. I am confident that we would be able to make that happen.”*

The Minister further advised that if this situation was to arise the Department would be able to fund it out of its existing budget.

### Crisis Response Team

From further information we requested from the Department on mental health, we understand that £5.4m, of the total £16.3m requested for mental health (2020-2023), would be used to fund the crisis response team of 14 FTEs. In the Public Hearing, the Group Managing Director confirmed that all the FTEs are identified as new posts and will most likely be a blend of off-island and on-island professionals.

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<sup>32</sup> [Written Submission, Adult Mental Health Services, 15th October 2019](#)

<sup>33</sup> Transcript, Public Hearing with the Minister for Health and Social Services, 17th September 2019, p8

In the mental health business case it states that *“it is anticipated that the implementation of the crisis response service will generate additional efficiency opportunities<sup>34</sup>.”* When the Panel queried what these efficiencies were, we were told:

*“There are two expected real benefits in terms of efficiency. The first is around prevention of admissions into our in-patient unit, into Orchard House and what will be Clinique Pinel. The second is that if we start to manage crisis prevention and we are stopping getting to an escalated position then we would expect that to impact on our prevalence of off-island activity, which is really expensive.”<sup>35</sup>*

The Panel is extremely supportive of the use of funds to establish a crisis team and acknowledge the need to be able to swiftly respond to people who are at risk of admission to hospital for matters relating to their mental health. However, the Panel is concerned about recruiting the right people to the various posts to ensure the crisis intervention service is as effective as it can be. The Panel enquired about this issue at the Public Hearing and was advised by the Director General of Health and Community Services:

*“I think what we are trying to offer here is a real wraparound mental health provision within Jersey. With the listening lounge, with the crisis support, particularly with the complex trauma, we are investing in staff that do provide that and not just for our patients that present with mental health illness but across the board for patients that come into our care that we are touching. We hope that that the mental health campus approach that we are taking will encourage staff to apply and come here to Jersey.”<sup>36</sup>*

The Assistant Minister (Senator Pallet) advised the Panel that he had absolute confidence that HCS will find the right people to staff the crisis team and that they will put the right packages of care together to support people in crisis in Jersey.

### Talking Therapies and Listening Lounge

During the Panel’s review of mental health services, we found that the majority of respondents who use mental health services had to wait to access those services, for what the majority of them considered an unacceptable time. Accordingly, the Panel was keen to find out whether any of the requested funds in the Government Plan would be used to address the important issue of waiting times. During the Public Hearing, it was acknowledged by the Minister and his Officers that the current waiting lists for Jersey Talking Therapies (JTT) were too long. The Panel was told that Dr Garcia, Medical Director of Mental Health, was due to undertake a review of JTT to find out the reasons for the long waiting lists and to understand how resources could be moved around to deliver the service differently. The Assistant Minister, Senator Pallet, confirmed that there was funding within the Government Plan to undertake that work<sup>37</sup>.

The Minister also spoke of the listening lounge as a service that will be available to people to receive help when they need it as opposed to just sitting on a waiting list. The listening lounge will form part of an overall model of service to improve 24/7 access to mental health support. It will be a designated place where people can make a call to or ‘drop in’ or be referred to talk to someone about issues impacting on their mental health and wellbeing. HCS has requested £1.6m over the 4-year period in respect of the listening lounge. In further information we

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<sup>34</sup> R.91/2019, p26

<sup>35</sup> Transcript, Public Hearing with the Minister for Health and Social Services, 17th September 2019, p11

<sup>36</sup> Transcript, Public Hearing with the Minister for Health and Social Services, 17th September 2019, p12

<sup>37</sup> Transcript, Public Hearing with the Minister for Health and Social Services, 17th September 2019, p13

requested from the Department on this subject, we were told that the listening lounge would initially be a 2-year pilot project and the requested funds in the Government Plan were required to support its implementation, to appoint a project team and to staff the facility.

However, the Group Managing Director did advise the Panel that the plan was to review the listening lounge after 3 months of it being up and running:

*“Our view of what the listening lounge is offering is an element of some of the pathway that you would expect to go into Jersey Talking Therapies. So we need to see what that impact is and that is why we are at the moment going to do a 3 month review on the activity for the listening lounge because it could be quite big and if it is then we would have to repurpose how we would support that initiative.”<sup>38</sup>*

At the time of Public Hearing, a location for the listening lounge had been identified but the Department was not willing to share the information, as the contract had yet to be signed. However, we were told that the lounge would be situated in a town centre location and that the announcement as to the exact premises would be made very shortly.

Following the Hearing, the Panel learnt that the listening lounge would be based at Charles House in Charles Street in St Helier town centre. Furthermore, L.I.N.C, a specialist mental health and wellbeing provider in Jersey has signed a contract with Health and Community Services to launch the facility which will provide Islanders with free help. The facility will be staffed by clinicians who will oversee the day-to-day running of the service, while peer support staff will bring additional insights through their lived experience of mental health difficulties.<sup>39</sup>

The Panel notes that the venue refurbishment is due to begin in November 2019.

### Third sector – involvement and funding

In discussing mental health more generally, the Assistant Minister also spoke about his hope for better collaboration between the Government and third sector organisations and the support that such organisations may be providing in terms of staffing mental health-based facilities going forward. The Assistant Minister did acknowledge however that, whilst closer relationships were being built with third sector partners, such as Mind, Samaritans, Recovery College, the Department needed to find a better way to fund them and support them if they were going to provide the assistance that was needed.

During the discussions relating to the listening lounge, the Assistant Minister spoke again about the involvement of the third sector. The Panel was told that multi-agency meetings were taking place within HCS to agree the collaborative provision of services by third sector partners. Furthermore, the third sector would be funded from committed funding to that sector and service level agreements with all third sector partners were currently being developed.<sup>40</sup>

In a [written submission](#) to the Panel, Mind Jersey recognised the importance of a joined-up approach in delivering the Mental Health Strategy. It commented:

*“Whilst the Government of Jersey, and Health and Community Services in particular, has prime responsibility for delivering this strategy neither can do it alone nor in isolation. A*

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<sup>38</sup> Transcript, Public Hearing with the Minister for Health and Social Services, 17th September 2019, p14

<sup>39</sup> Bailiwick Express, October 2019

<sup>40</sup> Transcript, Public Hearing with the Minister for Health and Social Services, 17th September 2019, p18

*new spirit of partnership and co-operation is required, and Mind Jersey is committed to work constructively with the statutory services, and other partners, to implement many of these priorities.”<sup>41</sup>*

Within the submission, Mind Jersey also expressed its hope that investment in some of the community sector’s existing services (peer support, those for families and carers as well as those in support of children and young people), as well as new ones, would finally be forthcoming. When we asked the Minister for Health and Social Services in written correspondence how he intended to fund and support the third sector in a better way (as stated by the Assistant Minister), he responded:

*“Money will follow activity. There will be a commissioning framework that will ensure that activity is moved and funded appropriately and safely. We will need to use the HIF [Health Insurance Fund] differently in order to fund double running in the first instance, but long term the monies will be from within the current envelope as we will not necessarily be delivering more activity just delivering it in a different location or via a different provider.”<sup>42</sup>*

### Sufficient funds?

The Minister advised the Panel that he was confident that, if the additional investment is approved, there will be sufficient funds to ensure that all the work in respect of mental health can be delivered. The Group Finance Director assured the Panel that at the start of 2019, £22.5m was already invested in services which were delivering mental health activities.<sup>43</sup>

### **Key Findings**



#### **FINDING 5.18**

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.



#### **FINDING 5.19**

At the start of 2019, £22.5 million was already invested in services which are delivering mental health activity.



#### **FINDING 5.20**

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.



#### **FINDING 5.21**

The listening lounge will initially be a 2-year pilot project and the requested funds within the Government Plan (£0.3m in 2020) are required to support its implementation, to appoint a project team and to staff the facility.

<sup>41</sup> Written Submission, Mind Jersey, 26th September 2019

<sup>42</sup> Letter, Minister for Health and Social Services, 14th October 2019

<sup>43</sup> Transcript, Public Hearing with the Minister for Health and Social Services, 17th September 2019

**FINDING 5.22**

The Adult Mental Health Service is currently under significant strain because of staff shortages.

**FINDING 5.23**

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.

**Recommendations****RECOMMENDATION 5.4**

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.

**Digital Health and Care Strategy**

Digital Health and Care Strategy			
CSP2-3-01 – Put patients, family and carers at the heart of Jersey’s health and care system			
Link to Government Plan Action(s)	Link to Common Theme(s)	Minister(s)	Scrutiny RAG Status
<ul style="list-style-type: none"> <li>Implement the digital care programme</li> </ul>	<ul style="list-style-type: none"> <li>No Links</li> </ul>	Minister for Health and Social Services	

**Summary Report**

The Minister for Health and Social Services has requested the following funds in respect of Digital Health and Care Strategy:

## Additional Investment Required (£000)

2020	2021	2022	2023
0	700	800	800

According to the business case, the money requested for HCS under the digital health and care strategy is to fund projects that have already been agreed and are currently ‘in flight’. In a written question to the Minister in September, the Panel sought further clarity as to what these projects were and the timeline in which they were due to be completed. The Minister’s response provided the following information:

- EPrescribe or EMPA is scheduled to go live February 2020. Clinical trials begin November 2019 and, subject to successful trials, on track to go live in February.

- Primary Care Integration as an integration platform is complete and is due to be signed off in September.
- GP Order Communications – Radiology: is currently in clinical trials and should formally go live 1st November 2019.
- GP Order Communications – Pathology: Q1 2020 is the target go live date but again is subject to clinical trials.

The [business case](#) for this particular project provides a summary of HCS’s digital programme and HCS’s Digital Health and Care Strategy. The Programme and Strategy aim to; replace legacy systems which are incapable of capturing and sharing information and reduce paper-based processes; and improve information flow between health care organisations and service users. The objective is to meet the aspirations of ‘One HCS’ initiative through a Digital Health and Care Strategy that will establish an integrated care record upon which a care coordination function will be supported.

In light of the above, the Panel had a number of concerns. Firstly, why the Department had not requested any additional funding in 2020 and, secondly, why the amount of funds requested in 2021, 2022 and 2023 seem insignificant in comparison to the work that is required to meet the objectives of the Digital Health and Care Strategy.

The Panel wrote to the Minister asking for clarity regarding the first point and was advised:

*“As part of the preparation of the Government Plan, the importance of digital health care was recognised. The related funding for this will come from one of three sources to align depending upon timing of implementation of the plans which are being worked up – from slippage in the HCS capital programme should this materialise and be available, from slippage likewise in the overall programme, and from the overall investment in information technology set out in the government plan as it is worked up in greater detail.”<sup>44</sup>*

The Panel addressed the latter point with the Minister at a public hearing in September. We were told that there was a “*huge budget*” for digital and innovation within the Chief Operating Office (COO), which was working across all government departments to deliver the digital strategy. Although funds would be used to deliver the Digital Health and Care Strategy, the money would not flow through HCS’s budget, hence the lack of requested funds in 2020. According to the Director General, one of the reasons why the budget is being held centrally is so that Departments do not purchase systems in isolation:

*“We are going to do a big purchase over the next few years of an electronic patient record, but if we buy that just for health...because we are looking to move Health Island-wide and because we are looking to link more closely with CRS [Customer Records Systems] around how we can interact across those departmental boundaries, the COO is holding on to that so they can ensure we buy a system that enables us to talk to each other. What we have been guilty of in health in particular is adding multiple systems that do not talk to each other...Having health centrally will hopefully enable us to spend the money wisely.”<sup>45</sup>*

With regards to the Digital Health and Care Strategy, the Panel is most concerned about the development of digital patient records. When we questioned the Minister about this specific matter he told us that he had been assured that there were funds within the Government Plan

<sup>44</sup> [Letter, Minister for Health and Social Services, 16th September 2019](#)

<sup>45</sup> Transcript, Public Hearing with the Minister for Health and Social Services, 17th September 2019, p27

to deliver this project. We were further advised that a 3-year contract had been signed with the Department's current provider to understand the process needed to get to the point in which digital records would be available. In order to digitalise the records, HCS needs to have a system that works alongside that digitalisation and also needs to be able to ensure that providers outside of the Government can access that record. The Director General confirmed the timeline for this work:

*"We are pushing ahead as quickly as we can to get that achieved over the next 3 years. Having that contract termination in 3 years forces us to do this. I would expect electronic patient records in 3 years and digitalisation within the next 2 years."*<sup>46</sup>

It is our understanding that a total of £87,537,000 will be spent on IT-related revenue projects under the 'Modernising Government' priority and of this, £66,668,000 will be spent by the Chief Operating Office. Given the size of the proposed investment for IT projects and the work that these will entail, the Panel is concerned that HCS's priorities and requirements may get lost in the overall programme. At the Hearing with the Minister for Health and Social Services, the Group Finance Director tried to reassure the Panel that this would not happen:

*"We are working with them [Chief Operating Office], we are discussing with them to make sure HCS's requirements are at the forefront of that money. There is a considerable investment in that area. We will make sure HCS is fully protected and fully part of that process. What it needs, we will make sure it gets through that field."*<sup>47</sup>

Following the hearing with the Minister for Health and Social Services, we received information that contradicted the advice we had previously been provided – that the budget for investment in digital health and, specifically for the development of digital patient records, was being held centrally by the Chief Operating Office (COO) and was included in the Government Plan. For instance, at a [Public Hearing](#) between the Corporate Services Panel and the Assistant Chief Minister on 17th September, it was advised that the funding for electronic patient records was not included in the Government Plan and would in fact be funded through the hospital project.

As a result of the conflicting evidence Scrutiny had received on the digital patient records system and due to the projects ambiguous funding position, we felt the need to seek further clarity from the Department. In an additional response from the Minister for Health and Social Services we were advised that, whilst the funding was originally proposed by the COO, it was removed as the Government Plan developed. The reason being that the creation of electronic patient records was recognised as a key project for the Health and Community Services Department. Furthermore, we were told that *"the solution will of course be a technological solution and developed and delivered by the COO, however, the early stages of discovering what that solution needs to provide will be clinically led."*<sup>48</sup> We were also advised that the primary and other work will draw on the Health Services Improvements (including vital IT investment) head of expenditure and the revenue Technology Transformation Programme Expression of Interest. It was also anticipated that the technical solution would form part of the 'Our Hospital' project funding requirement once a decision was made about what the preferred solution was.

In the Public Hearing between the Corporate Services Panel and the Assistant Chief Minister, it was estimated that the capital funding for this work would be in the region of £30 million. In addition, it was advised that the revenue implications of running the technology, once

<sup>46</sup> Transcript, Public Hearing with the Minister for Health and Social Services, 17th September 2019, p38

<sup>47</sup> Transcript, Public Hearing with the Minister for Health and Social Services, 17th September 2019, p26

<sup>48</sup> Letter, Minister for Health and Social Services, 14th October 2019

delivered, would cost an estimated £7.2 million. This figure has been included in the Government Plan within the Technology Transformation Programme Expression of Interest for 2022 and 2023.

There has been much ambiguity in respect of the funding for the Digital Health and Care Strategy. The Panel is discontented with the lack of clarity provided within the Government Plan as to how this significant piece of work will be delivered and by who. We are also concerned that currently there is no clear line of funding for the development of the digital patient records system. Given the already ambitious work programme and associated funding for the 'Our Hospital' project, we are uncertain that £30 million will be readily available to deliver a new digital patient record system.

The Panel is further concerned with the fact that the primary work for the digital patient records will draw on the funds that have been requested under the "Health Service Improvements" project. However, we will discuss this in more detail later in our report when we consider the Health Service Improvements project.

### **Key Findings**



#### **FINDING 5.24**

There is a lack of clarity within the Government Plan as to how the Digital Health and Care Strategy will be delivered.



#### **FINDING 5.25**

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.



#### **FINDING 5.26**

It is the intention of the Health and Community Services Department to be digital in two years and to have the electronic patient records system in place in three years.

### **Recommendations**



#### **RECOMMENDATION 5.5**

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.

**Health P.82 Reinstate 2019**

Health P.82 reinstate 2019 new and recurring CSP2-3-02 – Put patients, family and carers at the heart of Jersey’s health and care system			
Link to Government Plan Action(s)	Link to Common Theme(s)	Minister(s)	Scrutiny RAG Status
<ul style="list-style-type: none"> <li>Deliver the initial stages of the Jersey Care Model</li> <li>Deliver Care Closer to Home</li> </ul>	<ul style="list-style-type: none"> <li>Nurturing a diverse and inclusive society</li> </ul>	Minister for Health and Social Services	

**Summary Report**

The Minister for Health and Social Services has requested the following funds in respect of the Health P.82 reinstate 2019 project:

## Additional Investment Required (£000)

2020	2021	2022	2023
3,597	3,597	3,597	3,597

In 2012, the States of Jersey decided to fund a ten-year health and social care transformation programme. The programme identified a ‘New Way Forward for Health and Social Care’ and was to be funded over the course of three successive Medium-Term Financial Plans (MTFPs), from 2013 to 2023. These assumptions have been built into the Long-Term Revenue Plan (LTRP) and would require the States to withdraw from the commitments made to the transformation programme.

The new HCS Management Executive has endorsed the principles of P.82 and the transformation plan and it is “*assumed*” that the sums indicated within the MTFP and LTRPs are available to continue this work.

In 2019, the transformation allocation of £2.7million was deferred in order to fund the liquid waste fund (which was not approved by the Sates Assembly). The business case states that it is “*assumed*” that the £2.7 million will be available to HCS in 2020 along with the recurring impact of the 2019 schemes (£0.9m) making a total of £3.6 million to be restored to the baseline budget in total.<sup>49</sup>

The Panel was concerned that it is only “*assumed*” that funds would be made available to HCS at this stage and that the business case did not seem to provide any assurance that conversations regarding the movement of the money had taken place. However, when questioned about this matter at a Hearing, the Group Finance Director assured the Panel:

*“Discussions have taken place. We have...basically the monies were...previously management had an arrangement that for 2019 the monies would be used to fund something else. Discussions have taken place. We are expecting those to come back*

<sup>49</sup> R.91/2019, p39

*and will be approved through the Government Plan, obviously subject to the Assembly's actual approval.*<sup>50</sup>

## Key Findings



### FINDING 5.27

The Government Plan is seeking £3.6 million to be restored to the Health and Community Services 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’.

## Maintaining Health and Community Care Standards

Maintaining Health and Community Care Standards CSP2-3-03 – Put patients, family and carers at the heart of Jersey's health and care system			
Link to Government Plan Action(s)	Link to Common Theme(s)	Minister(s)	Scrutiny RAG Status
<ul style="list-style-type: none"> <li>• Deliver new models of primary care</li> <li>• Deliver an acute floor in the General Hospital for unscheduled or emergency care</li> <li>• Implement the digital care programme</li> </ul>	<ul style="list-style-type: none"> <li>• Exploring and using the opportunities offered by digital</li> </ul>	Minister for Health and Social Services	

## Summary Report

The Minister for Health and Social Services has requested the following funds for maintaining health and community care standards:

### Additional Investment Required (£000)

2020	2021	2022	2023
4,179	11,464	15,907	21,513

The business case contained in R.91 for this project did not provide much information as to how the additional requested investment would be spent. What it does tell us is that in the period 2020-2023, HCS plans to continue to transform and modernise and also to ensure that the existing services are funded sustainability in respect of changing demographic and the requirement to maintain standards in line with other jurisdictions. The plan proposes transformation priorities that HCS are able to deliver within existing budgets but also

<sup>50</sup> Transcript, Public Hearing with the Minister for Health and Social Services, 17th September 2019, p30

developments that require additional funding. It also states that the plan *“identifies some potential funding sources which relieve pressure on central contingencies, including a well-developed efficiency programme to contribute to funding the transformation initiatives.”*<sup>51</sup>

The Panel requested the full business case from HCS on this project, so we were able to have a better understanding of the rationale behind the request for additional funding. Within the business case it was stated that the 4 main drivers of cost which supported the need for funding were:

- Healthcare inflation
- Changing health and social care standards
- Increasing (non-demographic) demand
- New treatments and ways of working

The project assumes and relies on the continuation of a 2% annual growth funding to recognise the above standards pressures. The Green Paper for ‘Caring for each other, caring for ourselves’ described the potential impact of ceasing current policy of 2% funding. According to work undertaken by KPMG, this option would:

- Restrict care in Jersey;
- Reduce the number of people who are eligible to receive care; and
- Raise the criteria for treatment, care and support.

In a written question to the Minister for Health and Social Services, the Panel requested a breakdown of how the funding would be spent. It was advised that in 2020, the potential material calls on the £4,179m were:

- The impact of demographic changes – particularly the increasing need for domiciliary care (**£0.5m**)
- Medical advances and drug development – new patent drugs emerging which will come with cost pressures particularly cancer drugs (**£1.2m**)
- Cost of meeting professional standards – each professional regulatory body sets minimum standards for case such as staffing levels for safety, regulatory requirements for infection control etc. (**£0.4m**)
- Expansion of community services to provide 24/7 care (**£0.4m**)
- Use of off-island services where there is increasing cost of tariff, need as population grows older (**£0.77m**)
- Cost of insurance and medical litigation (**£0.2m**)
- Non-pay inflation costs – which are likely to include energy, consumables and Brexit (**£0.5m Revenue cost of equipment and £0.2m IT investment**)<sup>52</sup>

During a public hearing, the Group Finance Director did inform the Panel, however, that the figures provided above were indicative in relation to what the Department might spend on each development. They are not precise figures.

The Panel understands that the funding increases each year to allow for annual pressures faced by HCS, which is an estimated £5m per annum. We therefore asked the Minister to clarify why there is a greater influx of funding between 2020 and 2021 (from £4.2m to £11.5m). In further correspondence from the Minister, we were advised:

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<sup>51</sup> R.91/2019, p40

<sup>52</sup> [Letter, Minister for Health and Social Services, 16th September 2019](#)

*“On this occasion, in order to assist the Government budget setting for 2020, it was agreed that HCS would receive £1m less and manage any consequential pressures in that year with the funds being put back into HCS in 2021 – hence the larger increase between 2020 and 2021 than between the other years.”<sup>53</sup>*

### Key Findings



#### FINDING 5.28

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.



#### FINDING 5.29

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.

### Regulation of Care (Income Deferred)

Regulation of Care – Income deferred CSP2-3-04 – Put patients, family and carers at the heart of Jersey’s health and care system			
Link to Government Plan Action(s)	Link to Common Theme(s)	Minister(s)	Scrutiny RAG Status
➤ No Links	➤ No Links	Chief Minister	

### Summary Report

The Chief Minister has requested the following funds for the Regulation of Care:

#### Additional Investment Required (£000)

2020	2021	2022	2023
200	200	200	200

Within R.91/2019 there is limited explanation as to the request for a further £200,000 every year for the next 4 years. From the information provided we know that this funding relates to an MTFP addition (2017-2019) and that £200,000 user pays income was included from 2018 for regulation of carers under the Regulation of Care Law. We are also aware that the funding within the MTFP did not allow for the increased costs of regulation and, subsequently, the funds requested in the Government Plan are to cover the shortfall.

The Panel did request the full business case for this project but was advised that, due to the fact that the request was a remedy for a lack of income, a business case was not produced.

<sup>53</sup> [Letter, Minister for Health and Social Services, 16th September 2019](#)

In January 2019, in a written question to the Minister for Treasury and Resources, Deputy Higgins asked the Minister to explain why anticipated fee income from the regulation of care did not materialise in 2018, which has consequently resulted in her approval to provide £200,000 in funding to support implementation of Regulation of Care Legislation. The Minister provided the following response:

*“Additional income of £200,000 from the new regulation of care legislation was projected and budgeted for in 2018, assuming an accelerated introduction of the legislation and a widening of the fee regime. The legislation has, however, remained on schedule for introduction in 2019. Accordingly, the funding now approved is not to fund the new Law, but instead to fund the shortfall from the non-receipt of income budgeted to be received in 2018.”<sup>54</sup>*

## Key Findings



### FINDING 5.30

A full business case was not produced for the “Regulation of Care” project as 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.

## Diffuse Mesothelioma Scheme

Diffuse Mesothelioma Scheme			
CSP4-1-01 – Reduce Income Inequality and Improve the Standard of Living			
Link to Government Plan Action(s)	Link to Common Theme(s)	Minister(s)	Scrutiny RAG Status
<ul style="list-style-type: none"> <li>Permanently fund the Diffuse Mesothelioma Payment Scheme</li> </ul>	<ul style="list-style-type: none"> <li>No Links</li> </ul>	Minister for Social Security	

## Summary Report

The Minister for Social Security has requested the following funds for the diffuse mesothelioma scheme:

### Additional Investment Required (£000)

2020	2021	2022	2023
150	155	159	164

In 2018, the States Assembly agreed ([P.124/2018](#)) to provide one-off payments to individuals (or their dependents) with diffuse mesothelioma, a disease associated with historic exposure to asbestos fibres. The scheme is due to be introduced in October 2019 but will require permanent funding from 2020 onwards.

The Panel received a briefing on the proposed scheme and draft Regulations relating to the scheme on 3rd June 2019 and at that time was content with the information it received from the Minister for Social Security. At the briefing it was noted that the Departmental Officers expected there to be 4 to 5 claims a year to this scheme and each claim would be dealt with

<sup>54</sup> Written Question to the Minister for Treasury and Resources, 15th January 2019

on a case to case basis. It was further noted that there would be a small team dedicated to dealing with the compensation scheme and its claimants to ensure an efficient process.

The Officers advised the Panel that anyone living with the condition would be able to apply for compensation from 1st October and any relative of a patient who had died from the illness since October 2018 would also be able to make a claim. Furthermore, a patient suffering from the condition would have to make a claim in the 12-month period following their diagnosis. The Panel asked the Officers whether they anticipated a large increase in people being diagnosed with the condition following the establishment of the compensation scheme. The Officers advised the Panel that due to this being a historic problem they did not foresee any significant increase, and, in fact, they would expect claims to remain at 5 a year for the next few years and a potential decline in numbers after 10 years.

The scheme will provide a one-off lump-sum compensation payment to eligible sufferers of diffuse mesothelioma; and will also provide a mechanism for a 'dependent' of a deceased sufferer to claim for a lower amount of compensation within set time-limits. The amount of the lump-sum payment for people living with the condition will be based on their age at the time of their diagnosis. The amounts range between £92,259 for an individual aged 37 and under to £14,334 for an individual aged 77 and over. The business case for this project, states that it has been estimated that the scheme will cost £150,000 per annum. Furthermore, the administration of this scheme will be managed within Customer and Local Service's existing resources.

### Key Findings



#### FINDING 5.31

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.



#### FINDING 5.32

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.

### Financial Independence in Old Age

Financial Independence in Old Age CSP4-1-02 – Income Inequality and Improve the Standard of Living - by improving social inclusion			
Link to Government Plan Action(s)	Link to Common Theme(s)	Minister(s)	Scrutiny RAG Status
<ul style="list-style-type: none"> <li>Develop proposals to improve financial independence in old age</li> </ul>	<ul style="list-style-type: none"> <li>Preparing for more Islanders living longer</li> </ul>	Minister for Social Security	

### Summary Report

The Minister for Social Security has requested the following funds in respect of financial independence in Old Age:

## Additional Investment Required (£000)

2020	2021	2022	2023
150	200	200	200

According to the business case, in 2020 the Social Security Minister and her Officers will be investigating ways which the Government could help people maintain their financial independence as they get older, as one of the elements of the wider Social Security Review. The work will include investigating a workplace pension scheme which would give every worker access to a second pension on top of their Social Security pension. They will also be looking at other ways *“to encourage savings and make the best use of the increasing numbers of older workers in our economy.”*<sup>55</sup>

The business case makes specific mention of investigating the possibility of an “opt out” workplace pension scheme. If this was to be introduced in the future, new legislation would need to be development which would require all employers to offer a workplace pension, with employees being entered into the scheme by default, but with the option to opt out.

The Panel asked for a breakdown of the proposed allocation of £150,000 for 2020 and £200,000 for 2021, 2022 and 2023. We were advised that the proposed funding in 2020 was for expert advice to identify options, an approach and actions to increase retirement savings and income in retirement. The help would also include expert advice on pension schemes, research, analysis, engagement with stakeholders and project management. The Minister further advised that the proposed allocation of funding for 2021 depended on the decisions that were taken in 2020.

At a Public Hearing on 26th September, the Panel queried whether the Department had already identified an expert advisor to assist with the work described in the project. An Officer of SPPP told the Panel:

*“We are at tender at the minute for somebody to help with the initial parts of it, which will probably be a short piece of work, a piece of skeleton work on basically international options that would make sense in Jersey. That will be coming through hopefully at the end of this year to set up the much bigger piece of work for next year, which is what we are planning in the Government Plan.”*

The Assistant Minister for Social Security added:

*“We have to make sure we get the money in the Government Plan before we try and spend it, so it has to be agreed first through the Assembly to make sure we have got the money before we go and try and identify somebody.”*<sup>56</sup>

The Panel also wanted to know more about the timeline in which the work would be completed. At the hearing we were told that the initial scoping work, that would use existing funds, would be completed by the end of the year. That work would scope a number of options for the Minister to consider and the Minister would decide early next year which option she wished to take forward. It was advised that, once that decision had been made, the Department would

<sup>55</sup> R.91/2019, P75

<sup>56</sup> Transcript, Minister for Social Security, 26th September 2019, p7

be in a better position to produce a clear timetable. The Minister, however, indicated that the legislation, which would need to accompany the final decision, may not be in place until the beginning of the next Assembly.<sup>57</sup>

Another area the Panel was interested in was how the Minister had envisaged temporary and zero-hour employees participating in a workplace or private pension scheme. We were told that further consideration of this matter needed to take place during the consultation process, which would be carried out once an option had been decided on.

The Panel supports the request for additional funds in 2020, which will allow for research to be carried out in order to determine the best options for improving financial independence in old age. However, until we know the outcome of the investigation and the subsequent proposals the Minister decides upon, we are unable to confirm at this stage whether we would agree with the continued funding over the following 3 years for this project. The Panel will keep abreast of any developments in this area and we will ask the Minister to update us as this work progresses.

### Key Findings



#### FINDING 5.33

The £150,000 funding requested for 2020 would pay for expert advice to 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.



#### FINDING 5.34

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.

### Food Costs Bonus

Food Costs Bonus			
CSP4-1-04 – Income Inequality and Improve the Standard of Living			
Link to Government Plan Action(s)	Link to Common Theme(s)	Minister(s)	Scrutiny RAG Status
<ul style="list-style-type: none"> <li>Maintain the Food Costs Bonus</li> </ul>	<ul style="list-style-type: none"> <li>No Links</li> </ul>	Minister for Social Security	

### Summary Report

The Minister for Social Security has requested the following funds in respect of the food costs bonus:

Additional Investment Required (£000)

<sup>57</sup> Transcript, Minister for Social Security, 26th September 2019, p8

2020	2021	2022	2023
299	308	317	327

According to the business case provided in R.91/2019, the Food Costs Bonus (FCB) is an annual benefit provided to households with 5 years Jersey residence, where the household does not receive income support and does not pay income tax. Only one Food Cost Bonus may be claimed per household and applications are accepted from October each year. The benefit was formally named as the GST (Food Costs) Bonus and its original intention was to compensate households with the cost of GST in food items where those families did not benefit from the increase in tax allowances that accompanied the introduction of GST and they did not qualify for the additional support provided through the income support scheme. However, since its introduction, the bonus value has increased substantially to reflect both the cost of GST on food items and some contribution towards overall food costs.<sup>58</sup>

The triennial regulations that are currently in place for the Bonus expire at the end of 2019. The business case for this project therefore proposes a further extension of the Bonus at its current value. The Department for Customer and Local Services has estimated the overall cost of the bonus at £300,000 per annum.

The Panel are generally satisfied with the proposal for additional funding of the food costs bonus. However, there were several questions the Panel wished to ask in respect of this particular project. In written correspondence the Panel received the following responses from the Minister for Social Security:

- Why does the allocated money increase over 4 years?**  
The increase is driven by the estimate of the increase in the number of expected claimants.
- How many people are receiving the Food Costs Bonus?**  
Food costs bonus is a one-off payment rather than a continuous benefit. It is available on an annual basis for those that continuously qualify. We paid 1059 claims in 2018. Applications for 2019 will open in October.
- How can people find out about this scheme and whether they would qualify?**  
Information about the Food Costs Bonus and qualifying criteria is available on the gov.je website, or customers can contact the Customer and Local Services department directly.
- Does the scheme target an identifiable need?**  
The current Food Cost Bonus Scheme was originally set up as the GST Bonus Scheme. Its aim was to provide an annual lump sum to households who did not receive income support and had incomes below that at which they had an income tax liability. This group was identified at the time that GST was first introduced as bearing the full cost of the new tax without any mitigation through income support or income tax allowances. Income support was increased when GST was introduced, and income tax allowances were raised. The original value of the bonus was set based on the GST that would be payable on food items for an average household in the second quintile (i.e. households sitting a little below the average).

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<sup>58</sup> R.91/2019, P.76

- **What would happen if GST was to increase?**

When GST increased from 3% to 5% in 2011, the GST bonus was increased in line with this rise. A political decision would need to be taken if any future increase would also be reflected in this scheme. Please note that the scheme currently compensates for not just the average cost of GST on food items but also provides an element to compensate for the cost of food itself.

- **Do you foresee this benefit continuing in the long term or is there a risk it could fall away when considered against wider issues?**

At present, the bonus is paid for through triennial regulations which expire every three years. The Council of Minister intends to renew the current regulations next year to cover 2020, 2021 and 2022. Further political decisions will be needed after 2022 to determine the long-term future of the scheme.

### Key Findings



#### FINDING 5.35

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.

### Single Parent Component P.113/2017

Single Parent Component CSP4-1-05 – Income Inequality and Improve the Standard of Living			
Link to Government Plan Action(s)	Link to Common Theme(s)	Minister(s)	Scrutiny RAG Status
<ul style="list-style-type: none"> <li>• Reintroduce permanent funding for the single-parent component of Income Support</li> </ul>	<ul style="list-style-type: none"> <li>• No Links</li> </ul>	Minister for Social Security	

### Summary Report

The Minister for Social Security has requested the following funds in respect of the single parent component:

#### Additional Investment Required (£000)

2020	2021	2022	2023
2,531	2,539	2,530	2,524

The Minister for Social Security has requested additional investment in order to maintain the single-parent component of income support on a permanent basis. In 2017, the previous

States Assembly agreed to reinstate the single parent component as a result of a Proposition ([P.113/2017](#)) that was presented by the previous Health and Social Security Scrutiny Panel. Following that decision, the Minister for Social Security brought draft Regulations ([P.28/2018](#)) to the States Assembly, which provided for a single parent component valued at £40.39 per week from 1st June 2018. According to [R.91/2019](#), there are approximately 1,000 single parents currently receiving this benefit.

With regards to this business case, the Panel only had one query about the amount that was being requested. By our calculations, £2.1 million, of the allocated £2.5 million in 2020, would fund the single parent component of income support (based on 1000 single parents receiving £40.39 per week). We therefore sought clarity from the Minister for Social Security and her Officers in a recent Public Hearing as to how the remaining funds would be spent. The Director General informed the Panel:

*“Yes, if I can interject and clarify, we often talk about 1,000 single parents, for example, it does go up and down as the Minister quite rightly suggests. We would have worked out based on the current number of single parents claiming income support earlier this year and, as we do with our benefits, we forecast ahead and we would have calculated basically on that number how much it would cost. Just flicking back to P.113/2017 we were talking about 1,300 single parent households. So that gives you an indication. Whatever the number was, and I can clarify the number for the panel if you would like, what number that was based upon, but we would use the real number, forecast ahead, to calculate what the 2020 amount would be.”<sup>59</sup>*

Following the Hearing, we received confirmation that the below figures were used to determine the additional investment required:

Year	Claims at December	Weekly Rate	Total Annual Spend
2020	1204	£40.39	£2,531,045

Notwithstanding the Panel’s uncertainty as to the reasons why these figures were not included in the business case for this project, we are content with the explanation provided by the Department.

### Key Findings



#### FINDING 5.36

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.



#### FINDING 5.37

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.

<sup>59</sup> Transcript, Minister for Social Security, 26th September 2019, p11

## Support for Home Care and Carers

Support for Home Care and Carers			
CSP4-3-01 – Improve Islanders’ wellbeing and mental and physical health – by putting patients’ families and cares at the heart of Jersey’s health and care system			
Link to Government Plan Action(s)	Link to Common Theme(s)	Minister(s)	Scrutiny RAG Status
<ul style="list-style-type: none"> <li>Support disabled adults living at home and their informal carers</li> </ul>	<ul style="list-style-type: none"> <li>Preparing for more Islanders living longer</li> </ul>	Minister for Social Security	

### Summary Report

The Minister for Social Security has requested the following funds in respect of support for home care and carers:

#### Additional Investment Required (£000)

2020	2021	2022	2023
150	620	620	620

The requested additional investment will be used to develop proposals to support disabled adults living at home and their informal carers. In an ageing population, the number of islanders living with a long-term condition and who require help on a daily basis continues to increase. In written correspondence to the Minister, the Panel asked for a breakdown of the proposed allocation of £150,000 funding for 2020 and £620,000 for 2021, 2022 and 2023 and an explanation of how those figures had been arrived at. We were advised that the funds in 2020 had been identified as sufficient to support a pilot project to provide additional financial support to a small number of lower income families. It is intended that the money will help with extra domestic costs associated with having a family member with care needs living at home. There is also an allocation for administration resource to support the provision of personal budgets for a selected group of claimants. Experience gained in 2020 will be used to inform a wider scheme available from 2021, hence the substantial increase in requested funding for the following 3 years. It was also advised that from 2021 there is a budget allocated to providing additional support for carers.

With regards to the above, in a Public Hearing on 26th September 2019, an Officer of SPPP informed us:

*“Yes, the 2020 budget is just a reasonable amount of money to support a pilot scheme. Because it is a pilot scheme we cannot give you chapter and verse as to how the money is going to be spent because that is what we will do during 2020. We will see where the need lies and work out to assess people in a fair way. We put a large amount of money in from 2021 onwards on the assumption that during 2020 we will get enough evidence to fully support what the big scheme will be. So the 2021 figure is an estimate at this point. That will not be the right amount of money when we come to it but it is a reasonable place to start from.”<sup>60</sup>*

<sup>60</sup> Transcript, Minister for Social Security, 26th September 2019, p12

The Panel sought further clarity as to how the money would assist disabled adults and their informal carers. We were told:

*“This pilot project is aimed at domiciliary care, so care provided in a household by family members, and we are looking principally at the extra domestic cost. So the costs that are not due directly to care, so your care package should be fully funded through the long-term care scheme and your basic living costs should be funded through income support if you need that help. We are looking at the extra costs that might accrue because of your disability, which are not about caring. So that could be energy costs, that could be dietary needs, that could be using things up more quickly, clothing being worn out more quickly because of your disability. It is those kind of extra things which are not catered for anywhere else. That is what this pilot is about mainly.”*

From further information the Panel asked for, we found that of the £620,000 requested for the years 2021-2023, £500,000 is allocated to the actual care package based on a maximum £50 per week for 200 people, with the additional £120,000 for staff costs. When we asked the Minister on what basis these figures had been arrived at, she told us that the amount of £50pw was based on an average amount set against an estimated figure of 200 lower income households who will receive Long Term Care whilst a family member is living in the family home. Furthermore, we were advised that some households would not need any additional money to help towards care in the home, whereas some will need more than the £50 average. The amount will cover a range of extra domestic costs associated with caring for a family member in the home, it does not represent a payment to the carer or a specific amount for every claimant. The Minister added that *“much of the work done in 2020 will be in establishing a fair and sustainable method to identify these additional costs for each individual care package.”*<sup>61</sup>

Again, whilst the Panel are content with the proposals and happy with the rationale behind the request for additional funds, at this stage we are unable to confirm whether the resource allocation for the years 2021-2023 is appropriate until we see the outcome of the pilot scheme and the details of the wider scheme that is to be rolled out.

## Key Findings



### FINDING 5.38

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.



### FINDING 5.39

The funds will cover a range of domestic costs associated with caring for a family member in the home, it will not represent a payment to the carer or a specific amount for every claimant.

<sup>61</sup> Letter, Minister for Social Security, 25th September 2019

**FINDING 5.40**

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.

**FINDING 5.41**

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.

**Disability Strategy and Community Support**

Disability Strategy and Community Support CSP4-3-02 – Income Inequality and Improve the Standard of Living – by improving social inclusion			
Link to Government Plan Action(s)	Link to Common Theme(s)	Minister(s)	Scrutiny RAG Status
<ul style="list-style-type: none"> <li>Deliver the disability strategy, improve community-based services and support diversity</li> </ul>	<ul style="list-style-type: none"> <li>Preparing for more Islanders living longer</li> <li>Nurturing a diverse and inclusive society</li> </ul>	Minister for Social Security	

**Summary Report**

The Minister for Social Security has requested the following funds in respect of the disability strategy and community support:

## Additional Investment Required (£000)

2020	2021	2022	2023
351	571	576	431

As stated by the [business case](#), the extra funding identified in the Government Plan will support the roll out of a wide range of projects from 2020 onwards. In 2020 there is also a plan to build on the existing Closer to Home project which was launched in 2019. Currently, the project delivers a range of community services at Communicare in St Brelade but the intention going forward will be to extend the model to other parishes as well as extending the services provided.<sup>62</sup>

The Panel found that the business case provided limited information about the projects that would be rolled out in 2020, using the additional requested funds. For instance, the documentation states:

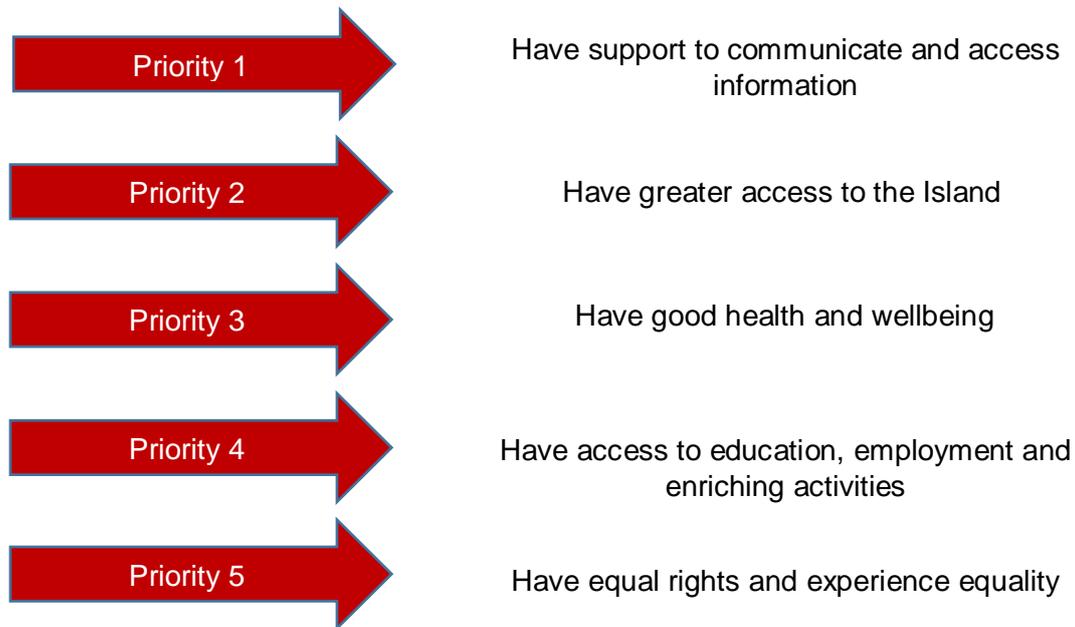
*“Part of the budget allocation in this area will support the provision of additional staff to support and co-ordinate services and develop further policies across the areas. The*

<sup>62</sup> R.91/2019, p83

*remaining budget is allocated to a range of specific projects. For example, a major project in 2020 will recruit a group of disabled volunteers who will be trained so that they can provide advice on the accessibility of buildings.*<sup>63</sup>

The Panel raised this point with the Social Security Minister following the Public Hearing in September and requested further details of the “specific projects”. In the Minister’s [response](#), we were informed that the allocation of project funding for the Disability Strategy would be based on the actions set out in the Strategy document published in 2017 ([‘Disability Strategy for Jersey: Working to ensure that people living with disability enjoy a good quality of life’](#)).

The Strategy, referred to in the Minister’s response, is grouped into five priorities:



Each of the priorities has a number of associated actions. The action plans detailing what needs to be done for each priority can be found in section 2 of the Strategy.

In the Minister’s response she also advised the Panel that the identification of the additional projects was currently under discussion and that a draft list would be discussed with the Disability Strategy Delivery Group at its next meeting in October. It was further advised that the Group included voluntary and service user representatives and the final list of 2020 projects would be confirmed after that meeting. Given the lack of certainty about the projects that would be funded through the additional investment requested, the Panel is unclear as to how the Department arrived at the figures that are included in the Government Plan.

As stated above, the business case indicates that part of the budget allocation for 2020 will support the provision of additional staff. At the Public Hearing in September, the Panel queried the number of additional staff the Minister intended to recruit. An Officer from SPPP advised:

*“In 2020 the proposal is there should be 2 staff members who would be based at C.L.S. who would provide overall co-ordination support to the disability sector. They will sit under the Local Services Director and obviously he is doing a lot of work with community groups*

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<sup>63</sup> R.91/2019, p84

*at the minute so, again, that will be to be determined exactly how those people will work. The first year it is 2 people at C.L.S.”<sup>64</sup>*

In a [written submission](#) the Panel received from Mind Jersey, regarding the content of the Government Plan, it stated that they were “*regrettable*” that within the Plan there was no expressed intent to introduce a Carers’ Law. In the Public Hearing, the Panel questioned the Minister about how the proposals to support home care and carers linked with the Carer’s Law and whether there was any intention to develop the piece of legislation with the additional requested funds. We were told that the disability strategy was very closely linked to the Carers’ Law and that its development “*could*” be considered in 2020 or 2021 but that it would be “*judged alongside other things*”. An Officer from SPPP continued:

*“I cannot tell you exactly where that work will lie now other than on the...it is within our ambition to look at it and see, again, what would be appropriate for Jersey. Carers’ laws do a variety of things. We have already support for carers through our benefit legislation and through our employment legislation, and it might be that what we need is more publicity and more education, information about it. It might be that more statutory recognition would be useful. Those are questions we need to ask ourselves and find out what would be the best for Jersey.”<sup>65</sup>*

## Key Findings



### FINDING 5.42

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.

## Recommendations



### RECOMMENDATION 5.6

The Minister for Social Security 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.

<sup>64</sup> Transcript, Minister for Social Security, 26th September 2019, p14

<sup>65</sup> Transcript, Minister for Social Security, 26th September 2019, p13

## Business Cases for Capital Expenditure

### Mental Health Improvements (Capital)

Mental Health Improvements CSP2-2-02 – Improve the quality of and access to mental health services			
Link to Government Plan Action(s)	Link to Common Theme(s)	Minister(s)	Scrutiny RAG Status
<ul style="list-style-type: none"> <li>Invest in our mental health environment and building infrastructure</li> </ul>	<ul style="list-style-type: none"> <li>Nurturing a diverse and inclusive society</li> </ul>	Minister for Health and Social Services	

### Summary Report

The Health and Community Services Department (HCS) has requested the following funds in respect of improvements to mental health facilities:

#### Additional Investment Required (£000)

2020	2021	2022	2023
3,930	-	-	-

An existing funding allocation of £2 million will supplement this submission.

The business case requests resources:

- For investment in works to “make safe” as far as reasonably practicable Orchard House for the delivery of care to Adults with a Mental Health need who require admission. The need for the relocation of the service provided within Orchard House is primarily driven due to the clinical, operational and environmental risks and the newly implemented mental health Law.
- To prepare Clinique Pinel by undertaking building work to join Cedar Ward and the current Orchard House to be able to deliver high quality safe mental health care. The proposed upgraded environment will accommodate all mental health assessment and treatment beds.
- To prepare Rosewood House to house Beech ward from Clinique Pinel and reduce beds in Maple and Oak wards.

One of the Panel’s recommendations that resulted from its review of mental health services ([S.R.4/2019](#)) was that:

*“The Government should prioritise finding a replacement for Orchard House in the short to medium term. The Government should also improve governance within Orchard House including setting appropriate standards and performance processes to ensure that staff, but especially service users, remain safe. These should be developed and implemented by the end of 2019.”*

The Panel was therefore very pleased to see that additional funding has been requested for the much-needed works to Orchard House to make it safe and the preparation of Clinique Pinel. However, we did query the Minister as to whether the additional funding was sufficient to ensure the project meets all its aims and within the specified timeframe. The Minister told us:

*“Yes, I am often questioned about this and I am assured that as much as possible has been precisely calculated, although of course the contract still has to go out for tender, and the timelines are tight, but they are manageable. I am really looking forward to getting the planning application in for the work we need to do at Clinique Pinel.”<sup>66</sup>*

In June, in response to a written question, the States Assembly was told that the ongoing remedial works at Orchard House would be completed by the end of 2019 and the transfer to Clinique Pinel by the end of 2020. During the Government Plan Hearing, we heard that HCS was still on target to meet these deadlines, providing the contractor meets the timeline requirements. However, it was recognised that there are lots of variables when it comes to delivering a capital programme in Jersey and there is always potential for unforeseen circumstances that could have an impact on deadlines. With regards to the work that would support the transfer of services into Clinique Pinel, the Group Managing Director told the Panel:

*“There is just one caveat in relation to the end of 2020 period. We know that providing the building is in the position we need that we can start to shift the activity and we would see that throughout 2020. The full occupation and the full closure for Orchard House is dependent on the activity. If we found ourselves in a position where we needed the capacity, then that might spill into the first quarter of 2021 or slightly beyond. That is not what we predict, looking at our current occupancy, but that is a risk and we need to outline that that could be something that we experience.”<sup>67</sup>*

When we pressed the Minister about the deadline to carry out the immediate health and safety improvement requirements on Orchard House by the end of 2019, he told the Panel that we could be “rest assured”<sup>68</sup> that the work would be completed by the end of the year. In response to written questions that the Panel sent the Minister on 9th September, it was advised that £2 million had been directed towards the Orchard House project (£0.7 of which is being used for the required upgrade of the existing unit) ahead of Government Plan approval to ensure the timeline is met.<sup>69</sup>

### Place of Safety

In the Panel’s review of mental health services, it found that Jersey did not have an appropriate place of safety for children or adults in a mental health crisis. During the Hearing with the Minister on the Government Plan, the Panel queried how much of the £4 million additional required investment was intended to go towards developing a place of safety. The Group Managing Director advised:

*“It is part of the overall cost of the relocation. It has been factored as part of what will be the intensive care suite in the new area of Clinique Pinel and the place of safety is part of that. I do not have the full breakdown for what that specific bit is. We could ask. It is the full suite expectation that is set within the UK standard, so we can get a costs indication for you. In addition, we will have psychiatric liaison suites at the general hospital as well and these will be hugely helpful.”<sup>70</sup>*

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<sup>66</sup> Transcript, Minister for Health and Social Services, 17th September 2019, p21

<sup>67</sup> Transcript, Minister for Health and Social Services, 17th September 2019, p22

<sup>68</sup> Transcript, Minister for Health and Social Services, 17th September 2019, p22

<sup>69</sup> [Letter, Minister for Health and Social Services, 16th September 2019](#)

<sup>70</sup> Transcript, Minister for Health and Social Services, 17th September 2019, p23

Regarding timelines, we were told that the place of safety suite could be one of the earlier parts that HCS adopts within Clinique Pinel, which means that it could come to fruition in Q3 to Q4 next year. The Group Managing Director revealed that the development of the place of safety was “a 2020 aspiration”.

In [January 2019](#), the Panel was advised that a place of safety was being created within the hospital and the intention was to have it operational by June. When we queried why the Department had not delivered on this objective we were told that the Associate Medical Director did not agree with the proposals to locate the place of safety in the hospital. The proposals were therefore reviewed which led to the change of direction in locating the place of safety at Clinique Pinel. The Panel was assured, however, that the work that had already been undertaken in the area next to the Emergency Department would not be wasted as it would be used to assess patients with slighter lower acuity.

During the Panel’s review of mental health services and since its completion, the Panel has continually recognised the need to establish a place of safety that is suitable for individuals suffering with mental health issues. Whilst we are happy that a new location for the place of safety has been identified and that funds are available within the Government Plan to develop this provision at Clinique Pinel, we have concerns regarding the new timeframe for its completion. The intention previously was to have a suitable place of safety operational by June and now we have been told that the HCS’s aspiration is to have it completed by the end of 2020.

Furthermore, in response to an oral question from Deputy Pamplin during a States sitting on 8th October 2019, the Minister for Health and Social Services expressed his own frustration about the progress that was being made in delivering a place of safety:

*“It is frustrating that it seems to take so long for these building plans to come into operation. I signed a Ministerial Decision 2 Fridays ago, that is about 20 days ago, to submit the plans for the Clinique Pinel to the Planning Department, but I am told that those plans are still being tweaked, or the application is still being tweaked, so the application is still not in. I continue to press on this. I am concerned about the timetable I have been given for the building works and I do want to accelerate it and make sure that we start absolutely as soon as we can, because I recognise the urgency, the Government recognise the urgency, this whole House recognises the urgency, to make proper provision for our acute mental health services. I do not want this to just be the normal flow of letting a tender and then you create a tender document and then you have a meeting to decide who should be awarded the tender and then we have to wait for the contractor to start. I want to be in a position where we can have the tender document ready now and I am asking that question, why that is not possible. I will continue to press and ensure that we can get this facility delivered, as soon as we can.”<sup>71</sup>*

## Key Findings



### FINDING 5.43

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.

<sup>71</sup> Hansard, 8th October 2019

**FINDING 5.44**

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.

**FINDING 5.45**

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.

**Recommendations****RECOMMENDATION 5.7**

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.

**RECOMMENDATION 5.8**

The Minister for Health and Social Services should provide the Health and Social Security Panel with quarterly updates, starting from January 2020, detailing the timetable for the completion of work and highlighting any delays and the contributing reasons.

**Health Service Improvements (including vital IT investment) (Capital)**

Health Services Improvements			
Link to Government Plan Action(s)	Link to Common Theme(s)	Minister(s)	Scrutiny RAG Status
<ul style="list-style-type: none"> <li>Support a programme of upgrade work to the existing General Hospital</li> </ul>	<ul style="list-style-type: none"> <li>No Links</li> </ul>	Minister for Health and Social Services	

**Summary Report**

The Health and Community Services Department (HCS) has requested the following funds in respect of improvements to health services:

## Additional Investment Required (£000)

2020	2021	2022	2023
5,000	5,000	5,000	5,000

As a result of the decision not to progress the Future Hospital project, the existing facilities within the current hospital will have to remain operational for a longer period than what was originally anticipated. The Business Case states that the funding allocation of £5m per annum

for 4 years will enable a programme of priorities upgrade works that are necessary to keep the current hospital operating in a compliant manner that ensures patient safety and protects service delivery until a new hospital is delivered.<sup>72</sup>

As mentioned in the Government Plan, a Six Facet Survey, undertaken in early 2019, identified the need for £40m worth of work to the current hospital over the next four years. Another survey undertaken on the non-general and acute estates identified work costing a further £9m in the period of the Government Plan. However, despite this, the Panel notes that only £5m per annum for the next 4 years has been requested in the Government Plan.

In a written question to the Minister for Health and Social Services, we asked whether he was confident that the level of all forms of funding and resourcing allocated to improving health services is sufficient to meet the objectives of the project's stated aims. The Minister responded:

*"I am as confident as I can be but I am not complacent. Ultimately, we have to ensure a safe environment for patients, staff and other stakeholders. This investment in the General Hospital will help us continue to maintain an acceptable quality of service. At the same time, it is important that we progress with the Jersey Care Model and see that current initiatives – particularly mental health – are delivered."*<sup>73</sup>

Despite the Minister's confidence, the Panel still questions whether the requested funds are enough in light of the previous reports that have identified required work costing £49m to the current hospital and non-general and Acute Estates in the next four years. When pressed about this further in a public hearing, the Minister told us that it was necessary to prioritise the work that is essential to keep patients safe and the staff in adequate conditions. He further advised that it would be the case of assessing what is essential work to maintain the hospital in a safe condition and what would be "nice to have".

According to the Director General, HCS has a clear plan around the work that needs to be done and the timeframe that it needs to be done by to ensure that it is delivered safely. The work has been prioritised according to the Department's current risk register around building work. We were told that there are 25 areas on the priority list that are deemed as "catastrophic risks".<sup>74</sup> On 16th September the Quality and Performance Committee, which is chaired by Senator Pallett, concluded that an updated priority list of the areas, that are of the utmost importance and needed immediate attention, was required.

The Director General also pointed out to the Panel that the rationale for the amount requested within the Government Plan for these improvements was not just due to financial restraints. For instance, the Panel was told that HCS would not be able to deliver £40m worth of improvements to health services because it would not be able to access the suppliers and contractors to undertake that work.

The Panel acknowledges the reasons for prioritising work and thus the basis for requesting only £20m over the 4-year period of the Government Plan. However, it is still concerned that there are too many variables to have confidence that the additional investment of £5 million a year is adequate to enable the necessary work to be undertaken in the current hospital. Firstly, the plans are still subject to sourcing contractors and ensuring that they are able to deliver the

<sup>72</sup> R.91/2019, P156

<sup>73</sup> [Letter, Minister for Health and Social Services, 16th September 2019](#)

<sup>74</sup> Transcript, Minister for Health and Social Services, 17th September 2019, p37

work within a decent timeframe. Secondly, the Government of Jersey are yet to agree the plan for a new hospital. Whilst ‘Our Hospital’ project is underway, we are yet to see any proposals and, specifically, the timeline in which a new hospital will be delivered. If it takes longer than anticipated, the current hospital will have to be kept running for a longer period and the list of priorities will continue to grow.

To add to the Panel’s concern, as mentioned earlier in the report, the Health and Social Services Minister has now confirmed that the “discovery work” in respect of developing a digital patient record system will be funded from this project’s head of expenditure<sup>75</sup>. Therefore, in addition to undertaking crucial upgrade works to the current hospital, the additional requested funding of £5 million a year will also be spent on the primary work for delivering digital patient records. It is currently unclear as to how much of the funding will go towards delivering this additional work as no information was included within the summary business case in R.91/2019 or in the full business case that was requested by the Panel.

### **Key Findings**



#### **FINDING 5.46**

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 (£5million per annum) is insufficient to deliver these priorities.

### **Recommendations**



#### **RECOMMENDATION 5.9**

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 apportioned between maintenance work to the current hospital and primary work on the digital patient records system.

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<sup>75</sup> [Letter, Minister for Health and Social Services, 14th October 2019](#)

## Pre-feasibility vote

The Government Plan asks the States Assembly to approve the proposed 2020 capital heads of expenditure ([Summary Table 3\(ii\) of the Proposition](#)). Included under the heads of expenditure, the Government has asked for £11,200,000 for “pre-feasibility votes”.

The Government Plan provides the following explanation for a pre-feasibility vote<sup>76</sup>:

DESCRIPTION OF HEAD OF EXPENDITURE: PRE-FEASIBILITY VOTE
<p>This Head of Expenditure allocates funding for projects that require significant feasibility and planning activities to provide the necessary level of assurance that the proposals represent the best option and are able to be delivered.</p> <p>For most of these projects, capital funding for delivering the individual projects are contained in their respective areas, where further details of the projects can be found.</p> <p>There are some funding allocations for projects that do not have further funding included in this Government Plan, such as the “our Hospital” scheme. The sums included in this Head of Expenditure will allow sufficient work to be progressed to make the case for funding the preferred option for such projects. They are likely to be deemed Major Projects and funding is unlikely to be from the Consolidated Fund as part of the normal Capital Programme</p>

Two of the capital projects that have been assigned to our Panel are identified as pre-feasibility votes; “Learning difficulties” and “Our Hospital”. We will consider these in turn.

### Learning Difficulties (Capital)

Learning Difficulties			
Link to Government Plan Action(s)	Link to Common Theme(s)	Minister(s)	Scrutiny RAG Status
➤ Provide Accommodation for people within Learning Disability Services, in order that individuals avoid significant risk of harm	➤ Nurturing a diverse and inclusive society	Minister for Health and Social Services	

### Summary Report

The Health and Community Services Department (HCS) has requested £250,000 to fund a feasibility study for a long-term solution. Depending on the outcome of the feasibility vote, HCS has asked for additional funds in the years 2021-2023:

<sup>76</sup> R.91/2019, p189

## Additional Investment Required (£000)

2020	2021	2022	2023
-	2,300	2,195	2,350

The capital business case submission addresses accommodation needs for persons with severe learning difficulties who cannot be accommodated in adapted mainstream housing and who require specialist placement. According to the business case, there is a pressing priority to relocate four individuals from Aviemore as the establishment is unsafe and non-compliant with fire regulations, causing significant risk to both service users and staff.

The business case also identifies a lack of accommodation for people with complex needs, limited choice of providers of specialist care, limited choice of “step up” and “step down” accommodation and a need for the provision of “modern” styles of accommodation.

Currently there are five service users that receive care off-island for a total annual cost of £848,000. We are told that if these users were to be brought back to Jersey there is a potential for saving around £250,000 every year.

The Panel notes, that in total, HCS has requested £6.8 million over a 3-year period (2021-2023). However, the business case estimates that the Aviemore solution will cost between £2 million and £2.5 million. In a Public Hearing with the Minister for Health and Social Services on 17th September, the Panel queried these figures. We were advised:

*“I think, initially, we will be engaging on a feasibility study as to exactly how we might provide for these individuals with learning difficulties. There are options. Personally, I do not want to keep those premises; I do not think that would be a good use of funds. I think we would try to secure new premises, but all this should be looked at carefully. Then, depending on what option is eventually chosen, there will be different levels of costs involved, I believe.”<sup>77</sup>*

The Panel sought to find out more information regarding the re-location of the four individuals identified within the business case and alternative provision for Aviemore. The Director General advised us that, whilst the Department had approached multiple providers to seek alternative provision for the four individuals, they had not been successful to date. It was further advised that HCS’s objective was to try and vacate the top floor of Aviemore in the first instance, as it requires more attention and needs more work than the ground floor. Therefore, if alternative provision could be found soon for two of the clients, it would allow this initial work to be carried out. Nonetheless, the difficulty in finding suitable accommodation and carrying out work on Aviemore without disrupting the service users was acknowledged by the Minister and his Officers.

When the Panel enquired about the timeline for the re-provision of Aviemore, we were told that HCS was working through all the options now and would continue to try and find immediate accommodation for 2 individuals in 2019.

The Panel was concerned that despite being told that this work was “at the top of the priority list” and that the Department was looking to re-locate the service users immediately, no money had been requested under this project within the Government Plan for 2020. We sought clarity from HCS who informed us that:

<sup>77</sup> Transcript, Minister for Health and Social Services, 17th September 2019, p40

*“The capital allocation which is set out in the draft Government Plan recognises that the premises requirements of community services will change over the coming years in order to meet the needs of the new Jersey Care Model; to align with the “Our Hospital” proposals and as such during the prioritisation stage priority was given to ensuring that compliance with legal duties was addressed. Community Properties are under the umbrella of Jersey Property services and as such the allocation for capital allocated in draft is associated with all community related properties (excluding Five Oaks) in HCS under the remit of - Discrimination Law, Safeguarding and regulation of care which is under the umbrella of GHE; the sub allocation for HCS is £2m for the years 2020-2023 and £1.2m for 2023.”<sup>78</sup>*

The Panel was also told that, with regard to Aviemore, the work had now been commissioned and would be a first call against the allocated money (£2m for 2020-23) stated above. It was further advised that an associated care plan has been developed to ensure that the disruption is managed carefully.

As mentioned above, HCS has requested £250,000 in a pre-feasibility vote to fund the feasibility study for a long-term solution. During the Public Hearing in September, the Panel asked what the feasibility study would involve, if approved by the States Assembly:

**Director General, Health and Community Services:**

*“It is about understanding the needs. We do not meet the needs on the Island and for us we need to understand exactly what they are, and we need to understand what that therapeutic environment would look like. Ideally, when we talk about it as a team and when we talk about it with physicians, it is a purpose-built unit for L.D. (learning difficulties) and is fully supported and embraced within the community. It is within a community setting but is purpose-built accommodation. That is the intention and that is around the feasibility work that we need to do around that. The mistake we have made at Aviemore is that we just did it.”<sup>79</sup>*

**The Minister for Health and Social Services:**

*“We bought at one stage a residential house and put people into it with very specific needs, which the premises could not accommodate.”*

**Key Findings**



**FINDING 5.47**

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.



**FINDING 5.48**

The Health and Community Services Department is currently working with a number of provider organisations to seek alternative accommodation for the Aviemore residents.

<sup>78</sup> Email Correspondence, Health and Social Services Community Department, 31st October 2019

<sup>79</sup> Transcript, Minister for Health and Social Services, 17th September 2019, p42

**FINDING 5.49**

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.

**Our Hospital**

Our Hospital			
Link to Government Plan Action(s)	Link to Common Theme(s)	Minister(s)	Scrutiny RAG Status
➤ No Links	➤ No Links	Minister for Health and Social Services	

**Summary Report**

The Health and Community Services Department (HCS) has requested £5 million in 2020 and £1.6 million in 2021 to fund a feasibility study. Apart from these figures included in the table in [Appendix 3 of R.91/2019](#), the Government Plan contains no further information on the pre-feasibility study and no mention of the 'Our Hospital' project.

In the full business case, which the Panel requested from the Department, it stated that the money allocated to the hospital project in the Government Plan was the continuation of funding requested by the project team to develop an Outline Business Case (OBC). The funding will be held by Treasury & Exchequer and drawn down as required to enable tighter controls. It also advised that the OBC would provide further detail on what the hospital project outputs and outcomes would be, therefore no further detail could be provided in the Government Plan.

**Key Findings****FINDING 5.50**

The money allocated to the hospital project in the Government Plan (£5m in 2020 and £1.6m 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.

## 5.10 Final Panel Comments

Since the Government Plan (R.91/2019 and P.71/2019) was lodged on 23rd July 2019 the Panel has reviewed the various actions, projects and capital projects that were allocated to it by the Government Plan Review Panel. The Panel has had to undertake its review within a short timeframe and, whilst this has been challenging, we have endeavoured to undertake a thorough and in-depth analysis of the projects. This work has allowed us to determine whether the investment sought for each project was both appropriate and sufficient.

The Panel had a number of overarching concerns in respect of the lack of information that was included in the Government Plan. Firstly, the Panel was dissatisfied that, unlike the Medium-Term Financial Plan where the information was included in an annex, the Government Plan lacked any detail regarding the breakdown of departmental budgets. Secondly, there was limited information in the business cases contained within R.91/2019 that requested further additional investment. As a result, the Panel had to request full business cases in order to undertake an adequate analysis.

Overall the Panel is satisfied with the majority of projects and capital projects it reviewed with regard to the rationale for the request for additional funds and the breakdown of how the funds would be allocated. However, the Panel also holds a number of concerns following its evidence gathering, which will be summarised below.

### Mental Health



The Panel has designated this action amber due to concerns over delivery of the ambitious programme that the Government Plan proposes. Whilst we are confident that the level of resources is sufficient to enable the project to meet its stated aims, the success of its implementation is dependent on the successful recruitment and retention of high-quality staff. Improved collaboration with third and private sector partners is also essential to ensuring the objectives set out in the Government can be achieved. The Panel will be asking the Health and Social Services Minister to provide quarterly updates detailing successful recruitment into the mental health service and evidence of improved collaboration with third and private sector partners.

### Digital Health and Care Strategy



The Panel has designated this business case amber due to ambiguity as to how the Digital Health and Care Strategy, and specifically, the digital patients' records system will be funded and by which Department. The Panel will be requesting clarity from the Minister for Health and Social Services ahead of the Government Plan debate on this matter.

### Financial Independence in Old Age



The Panel has considered the rationale for all 4 years of funding requested within the Government Plan for this project. 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. We have therefore designated this business case amber until further information can be provided.

### Support for Home Care and Carers



In 2020, £150,000 has been requested to deliver a pilot scheme under this project. We are content with the proposals and satisfied with the rationale behind this request. However, until we understand the outcome of the pilot scheme we are unable to conclude whether the resources allocated for 2012-2023 are appropriate, hence why we have assigned this business case amber.

### Disability Strategy and Community Support



The Panel has designated this business case amber due to ambiguity which remains around what projects will receive funding in 2020. The Panel will be asking the Minister for a list of projects ahead of the Government Plan debate.

### Mental Health Improvements (Capital)



The Panel has designated this business case amber due to concerns regarding the timetable for the delivery of work and, specifically, the provision of a place of safety. The Minister for Health and Social Services has also expressed his frustration about the progress that has been made in delivering a place of safety. The Panel will be requesting quarterly updates from the Minister for Health and Social Services detailing the timetable for the completion of work and highlighting any delays and the contributing reasons.

### Health Service Improvements (Capital)



The Panel has designated this business case amber due to concerns that the requested funding for 2020-2023 is not adequate to deliver that its aims. Furthermore, there is ambiguity as to how the identified funds will be apportioned between maintenance work on the current hospital and primary work on digital patients records. The Panel will request further clarity on this matter before the Government Plan debate.

## 5.11 Witnesses and Evidence Gathered

The Panel has compiled this report drawing on a range of evidence. At the launch of the review, the Panel requested all supporting information relating to actions, programs and capital projects from Ministers/Departments. This included, but was not limited to: full business cases, Council of Minister papers, draft Legislation. In addition:

Public hearings were held with the following Ministers:

- Minister for Health and Social Services (x1)
- Minister for Social Security (x1)

Responses to written questions were received from the following Ministers:

- Minister for Health and Social Services (x2)
- Minister for Social Security (x2)
- Chief Minister

Requests for written submissions were sent to 4 stakeholders and responses were received from the following:

- Mind Jersey
- Adult Mental Health Services

To view the submissions, responses to written questions and public hearing transcripts, please visit the [Government Plan Review: Health and Social Services Review Page](#) on the States Assembly website.

## Appendix 1 - Terms of Reference

1. Note that sections/projects of the Government Plan will be allocated to Panels by the Government Plan Review Panel (GPRP) on a 'best fit' basis<sup>80</sup>.
2. Undertake an in-depth review of the allocated sections/projects of the Government Plan 2020, considering:
  - Whether funded projects meet the Ongoing Initiatives, Common Themes and, ultimately, Common Strategic Priorities?
  - Ensuring that the projects and amendments to be lodged are consistent with the requirements of the Public Finances (Jersey) Law 2019.
  - The level of resourcing, of all forms, allocated to projects and whether this is sufficient to enable the project to meet its stated aims.
  - If project resource allocation is appropriate in relation to overall departmental budgets?
  - Whether funded projects align with Departmental objectives? [NB: if and where they exist]
  - Whether or not there are clear lines of accountability for each project?
  - The ongoing sustainability of projects.
3. Provide the GPRP with a report and any amendments by the date agreed.

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<sup>80</sup> Projects will not directly align with Scrutiny Panels and most will involve multiple ministerial portfolios. Rather than split out projects into elements amongst various Panels, each project will be scrutinised in its entirety by a single Panel.



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