

# STATES OF JERSEY



## **REVIEW OF THE GOVERNMENT PLAN: 2021-2024 (S.R.10/2020) – JOINT RESPONSE OF THE MINISTERS FOR SOCIAL SECURITY AND HEALTH AND SOCIAL SERVICES**

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**Presented to the States on 12th January 2021  
by the Minister for Social Security**

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**STATES GREFFE**

**REVIEW OF THE GOVERNMENT PLAN: 2021-2024 (S.R.10/2020) – JOINT  
RESPONSE OF THE MINISTERS FOR SOCIAL SECURITY AND HEALTH  
AND SOCIAL SERVICES**

<b>Ministerial Response to:</b>	S.R.10/2021
<b>Ministerial Response required by:</b>	8th January 2021
<b>Review title:</b>	Review of the Government Plan: 2021-2024
<b>Scrutiny Panel:</b>	Health and Social Security Scrutiny Panel

**FINDINGS**

	<b>Findings</b>	<b>Comments</b>	<b>Lead Responder</b>
1	It has been proposed that the States Grant is not paid in 2021, 2022 and 2023, to allow an additional estimated £235 million to be allocated to urgent financial pressures. The funds will pay for costs relating to Covid-19, help to make up for lower tax revenue and support ongoing public service costs and investments in strategic priorities.	Noted. See finding 2 – the 2021 GP formal decision only relates to the 2021 States Grant.	Social Security
2	For the purposes of this Government Plan, the Minister for Social Security is only proposing a change to the Social Security Law to remove the States Grant for 2021. Further changes to the value of the Grant will be proposed during 2021, following agreement on the outcome of a review of the sustainability of the Social Security Scheme.	Noted	Social Security
3	If the Government Plan is adopted as proposed, and the draft Regulations are subsequently approved by the States Assembly, the estimated balance of the both the Social Security Fund and the Social Security (Reserve) Fund at the end of 2024 would total £1,800 million.	Noted. This estimate is based on figures available at the time of the publication of the Government Plan.	Social Security
4	It is anticipated that the opening value of the Health Insurance Fund in 2021 will be £10 million less than its equity balance in 2019, as a result of the transfer of £5.3 million to support emergency Covid-19 work and a forecast deficit in 2020.	Noted. This estimate is based on figures available at the time of the publication of the Government Plan.	Social Security
5	There is a commitment in this year’s Government Plan to design and implement a sustainable funding model for primary care costs in 2021 for approval by the 2022-2025 Government Plan. This work will be	Noted	Social Security

	informed by a review of the Health Insurance Fund, it's structure and use, which is due to take place early next year.		
6	It is envisaged that the development of additional support in the community and an emphasis on preventative activities, as a result of the new Jersey Care Model, should reduce the anticipated increase in Long-Term Care costs.	Noted	Social Security
7	All aspects of the project "Preventable Diseases" have been deferred to 2021 to help mitigate efficiency programme challenges in 2020. None of the funding that was allocated to this project for 2020 has been spent or is due to be spent this year.	Deferral of programmes in 2021 was due to COVID disrupting preventative activity. The funding was split across HCS/CYPES/SPPP. HCS allocated in year funding to develop diabetes services. It is anticipated that the programme will be renewed in 2021.	HCS
8	£102,000 was allocated to the project "Adult Safeguarding Improvement Plan" for 2020. Of that total amount, it has been forecast that only £40,000 will be spent by the end of 2020 due to a deferral of the recruitment of a new post.	Noted	HCS
9	Of the £3.2 million that was allocated to the "Mental Health" project for 2020, only £1.7 million would have been spent by the end of 2020.	Recruitment is in progress of the remaining posts which will be completed by mid-2021.	HCS
10	The recruitment of new staff to support individuals with complex trauma has been delayed due to Covid-19. It is intended that the recruitment of new staff with the necessary skills will address the existing backlog of people with complex trauma who are currently waiting for specialist psychological interventions.	Recruitment is in progress of the remaining posts which will be completed by mid-2021.	HCS
11	£612,000 will have been spent on digital changes across the Health and Community Services Department by the end of 2020 in response to the Covid-19 pandemic.	Correct	COO
12	The funding requested under the "Health P.82 Reinstate 2019 project" is not transformation funding for the Jersey Care Model but rather the ongoing revenue impact of previous transformation programmes that will support existing services.	Correct	HCS

13	The funding allocations for the “Maintaining Health and Community Care Standards” project have reduced significantly over the next 4 years due to financial pressures arising from the Covid-19 pandemic.	Agreed. However, significant other growth funding has been allocated to ensure health and community care standards are maintained.	HCS
14	The funding requested for the “Regulation of Care” project in 2021-2024 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 and is simply a continuation of what was approved in last year’s Government Plan.	Noted	HCS
15	In 2019 the Government Plan 2020-2023 requested £155,000 to fund the “Diffuse Mesothelioma Scheme” project in 2021. However, this year the Minister for Social Security is requesting a reduced amount for 2021 and thereafter of £100,000. The reduction in budget is due to a lower demand for the scheme than previously anticipated.	Noted	Social Security
16	The ‘Financial Independence in Old Age’ project was deferred in order to reprioritise officer time to other urgent pandemic related policy work. A new timeframe for this project has yet to be agreed and will be considered as part of the next Government Plan submission.	Noted	Social Security
17	Appendix 4 of the Government Plan identifies £50,000 in the revised 2021 budget for the ‘Financial Independence in Old Age’ project. However, these funds have been identified as a saving within the Government Plan and there is no longer a budget for this project in 2021.	Noted	Social Security
18	The Panel cannot support the request for any further funding for the “Financial Independence in Old Age” project until the outcome of the investigation is known, and proposals of a way forward are brought to the States Assembly.	Noted	Social Security
19	The increase in funding requested in this year’s Government Plan for the ‘Food Costs Bonus’ project reflects the States Assembly approval of the Draft Community Costs Bonus (Jersey) Regulations on 9th September 2020. The draft Regulations proposed an increase to the value of the bonus following an amendment to last year’s Government Plan by the Corporate Services	Noted	Social Security

	Panel.		
20	The funds requested within the Government Plan for the “Single Parent Component” are simple a continuation of what was agreed within the previous Government Plan.	Noted	Social Security
21	Following initial planning of the “Care Needs at Home” project, investigations with individual families had to be postponed due to the pandemic, and this project has now been deferred until 2021.	Noted	Social Security
22	£400,000 worth of funds that had been allocated to the “Care Needs at Home” project for 2021 have been identified as efficiencies	Noted	Social Security
23	Whilst the Panel is content with the proposals that were contained within the business case for the “Care Needs at Home” Project last year, until we understand the outcome of the pilot scheme, that how now has been deferred until 2021, we are unable to conclude whether the resources allocated for 2022-2024 are appropriate.	Noted	Social Security
24	Only £88,000 of the £351,000 that was allocated to the ‘Disability Strategy and Community Support’ project in 2020 will be spent by the end of this year.	Noted	Social Security
25	Last year the Panel was advised that the transfer from Orchard House to Clinique Pinel was due to be completed by the end of 2020. The relocation is now not due to be complete until January 2022.	There have been delays caused by disruption to site access by contractors due to COVID and knock on impacts.	HCS
26	There has been no spend to date against the £3.9m that was allocated to the “Mental Health Improvements” project last year as the project is still spending against the original £2m allocation due to the stage of the ‘Mental Health Improvements’ project.	The project is at the end of the phase which was allocated the £2m and will shortly move into the next phase of funding.	HCS
27	The “Health Service Improvements” project was revised due to the impact of the pandemic and, as a result, 39 projects were identified for 2020. All of the 39 projects are due to be completed by the end of the year to the value of £5 million.	Noted	HCS
28	Of the £250,000 that was allocated for 2020 to undertake a feasibility study under the ‘Learning Difficulties’ project, £150,000 has been deferred to 2021. The pre-feasibility work is due to be completed by the end of this year and we have been assured that it can be delivered within the £100,000.	Noted	HCS

29	The Panel supports the request for additional funds in 2021-2024 to provide alternative accommodation for individuals with severe learning difficulties. However, until the outcome of the feasibility study is known, we are unable to confirm whether we agree that the future funding allocations for this project are sufficient.	Noted	HCS
30	As a result of the Panel's amendment to P.114/2020 – 'Jersey Care Model', it will have an opportunity to review the progress of the delivery of the Jersey Care Model on a monthly basis and closely monitor the spend allocated to the "Jersey Care Model" project in 2021 and subsequent years.	Noted	HCS
31	The funding allocated to the project "Air Ambulance Service" is for additional costs incurred following a change in contract in 2020 after the original provider of the fixed wing Air Ambulance service withdrew from the market.	Noted	HCS
32	The Minister for Health and Social Services is satisfied that despite being unable to procure a new supplier for the same costs as the previous, the Government is receiving value for money on the "Air Ambulance Service" project.	Noted	HCS
33	The £5.47m funding requested for 2021 will allow the Government of Jersey to be in a position to purchase a vaccine for Covid-19, should one pass clinical trials and become available for distribution to Islanders.	Vaccination started in December 2020	HCS
34	The Covid-19 vaccine and administrating costs of £5.47m was calculated on the assumption of a population of 106,340 and will therefore enable the same number of vaccines to be purchased.	Noted	HCS
35	It is forecast that, at the end of 2020, £11,946,368 would have been spent on the Nightingale Hospital.	Noted	HCS
36	Additional funds of £8.38m have been requested in 2021 under the "Covid-19: Nightingale Wing" project to keep the facility for the period January to March 2021 to be ready for a possible resurgence of Covid-19 activity on the Island. Furthermore, this Programme asks for additional funding in 2021 for extended building and plant hire, stripping out the building at the end of March, removal of equipment, buildings and associated plant and remediation of the field at Millbrook.	Noted	HCS

37	Should the Nightingale Hospital be required beyond 2021, the business case would need be reviewed, revised and submitted for consideration. HCS would also need to seek approval for any necessary extension from the landowners of the Nightingale Hospital site.	Noted	HCS
38	Due to the uncertainty of the “Nightingale Ward” project and the extent, and length of time, in which the facility will be required, the Panel is unable to confirm whether the level of funding is appropriate or sufficient.	Noted	HCS
39	The requested additional investment of £338,000 under the project ‘PPE Warehousing Solution’ will be used to fund alternative warehousing and logistics arrangements. Of the total amount, £225,000 will be spent on lease costs for warehousing and £113,000 will be spend on staff and logistics costs.	Correct	HCS
40	The funding request for the “Convid-19 – Income Support Costs” project is based upon the Customer and Local Services Department’s forecast benefits spend for 2021, which utilises data provided by the Fiscal Policy Panel and projects numbers of individuals activity seeking work.	Noted	Social Security
41	Forecasts from the Fiscal Policy Panel suggest that the number of people who are unemployed will reduce gradually over the next 4 years, hence the reduction in funding allocated to the “Income Support Costs” from 2021 onwards.	Noted	Social Security
42	A number of projects (previous and new) in the Government Plan appear to request funding for similar areas of work; namely the “Digital Health and Care Strategy”, the “Digital Care Strategy (Major Project)” and the “Jersey Care Model – Digital Systems”. It was advised that whilst the funding is split for Government Plan purposes, operationally the HCS digital strategy project will be delivered as one programme.	Noted, see response to recommendations.	COO
43	The funding allocated to the “Our Hospital (phase two)” project will be primarily used to pay for the services provided by the delivery partner, commercial and technical experts, and cost consultants.	Noted	HCS
44	The funds requested for phase two of the Our Hospital Project will last up until Spring next year, at which time the Minister for Treasury and Resources will have brought forward a	Noted	HCS

	financing package detailing how much the project will cost and how the Government proposes to pay for it.		
45	The funding allocation for the “In Patients/Support Services Refurbishments” project has been limited to two years at this time. Whilst the Minister for Health and Social Services wants to ensure best standards within the current hospital, he does not want to spend money unnecessarily if a new hospital is to be in place by 2026.	Agreed	HCS
46	In 2020, the Minister for Health and Social Services was asked to make £9 million worth of efficiencies. Due to the impact of Covid-19, HCS was only able to deliver £5 million worth of efficiencies this year. Of the £5 million worth of efficiencies made, £3.5 million have been realised through the offset of 2020 growth and £1.5 million resulted from direct efficiency savings across all business units following a budget review.	Noted	HCS
47	In total, the Minister for Health and Social Services has been asked to make £5,227,000 worth of efficiencies in 2021. £5 million is due to be made through the implementation of proposals from a Zero-Based Budgeting exercise and £227,000 through recurring reductions in the non-staff budget.	Noted	HCS
48	In total, the Minister for Social Security has been asked to make £442,000 worth of efficiencies in 2021. £400,000 is due to be made from deferring the implementation of the care needs at home project by one year and £61,000 will be made through regularly reviewing and improving customer services. Furthermore, £19,000 is due to be deducted from the Minister’s budget and paid to Justice and Home Affairs to support Health and Safety Inspectorate resources.	Noted	Social Security
49	Without further details and a breakdown of the funding being requested for the “Digital Care Strategy (Major Project)” in 2021, the Panel is unable to confirm whether it is content with the amount of funds that being requested.	Provided below.	COO



## RECOMMENDATIONS

	<b>Recommendations</b>	<b>To</b>	<b>Accept/ Reject</b>	<b>Comments</b>	<b>Target date of action/ completion</b>
1	The Minister for Social Security must keep the Panel informed of any progress made in respect of a new funding model for primary care and the review of the Health Insurance Fund and to allow the Panel sufficient time to scrutinise the outcomes of both pieces of work, if required.	MSS	Accept	The Minister will keep the Panel informed of the work to be undertaken in the first half of 2021 to develop a model for sustainable health funding. This work will be undertaken jointly with the T&R and HSS Ministers.	July 2021
2	Recommendation 2: The Minister for Health and Social Services must ensure that recruitment of new staff to support individuals with complex trauma recommences as soon as possible to help address the current backlog of cases.	MH SS	Accept	Active Recruitment is now underway having been delayed due to the Covid crisis.  2x FTE Psychology Assistants Both posts successfully recruited- start dates early 2021  4x FTE Psychologists Interviews arranged for 10th December 2020  1x FTE Consultant Clinical Psychologist (Forensic) No applicants to initial recruitment drive. Plan to both re-advertise and also examine alternative development role  4x FTE Community Practitioners JD development underway. Expected recruitment to start Jan 2021  2x Counsellor Posts Re-evaluating budget given cost changes. Expected revised recruitment to start Jan 2021	May 2021
3	The Minister for Social Security must provide the Panel with a report detailing the outcome of the scoping work that	MSS	Accept	The scoping work was interrupted by Covid in 2020. When there are resources available to review the work that has been completed, a report will be prepared and submitted	December 2021 (subject to resources)

	<b>Recommendations</b>	<b>To</b>	<b>Accept/ Reject</b>	<b>Comments</b>	<b>Target date of action/ completion</b>
	was undertaken at the end of 2019 in respect of the “Financial Independence in Old Age” project.			to the Panel.	
4	The Minister for Social Security must ensure that the pilot scheme for the “Care Needs at Home” project recommences as soon as considered appropriate and the current situation allows.	MSS	Accept	This project requires home visits to clients who have long term care needs and may be shielding under covid precautions. As soon as the health situation allows, this project will recommence.	Will depend on covid restrictions.
5	The Minister for Social Security must provide the Panel with regular updates as to how the “Care Needs at Home” Project is progressing throughout 2021 and the outcome of the pilot scheme as soon as it has been completed.	MSS	Accept	The Minister will keep the Panel informed of the work as soon as it is able to restart.	Will depend on covid restrictions.
6	Recommendation 6: The Minister for Health and Social Services should update the Panel on a quarterly basis on the relocation of Orchard House to Clinique Pinel and any further delays to the current timeframe.	MH SS	Accept	The works to enable the relocation of Orchard House to Clinique Pinel commenced on 21 <sup>st</sup> September 2020, with a 71 week contract period. Contractors have made good progress on the elements of the building works that relate to new build works. The contractors gave an early warning of potential delay for the Rosewood element of the works, due to a short delay in releasing the space at CP and Rosewood for the internal works to commence there. This is now complete and the ground floor at Clinique Pinel and the necessary floor space at Rosewood is now available to the contractors. The phasing of the works across both buildings however means that this does not impact on the overarching completion goal of 31 <sup>st</sup> January 2022	Calendar reminders have been set to give quarterly updates to scrutiny.
7	Recommendation 7: The Minister for Health and Social Services must provide the Panel with the outcome of the	MH SS	Accept	A feasibility study for a replacement of Aviemore facility is currently being worked on with an end of year (2020) completion date proposed. HCS will share the document when	January 2021

	<b>Recommendations</b>	<b>To</b>	<b>Accept/ Reject</b>	<b>Comments</b>	<b>Target date of action/ completion</b>
	feasibility work in respect of the “Learning Difficulties” project, as soon as it is complete, and detailed plans for alternative accommodation.			completed.	
8	Recommendation 8: The Minister for Health and Social Services should provide the Panel with monthly updates on the planned spend on the Nightingale Hospital as the pandemic situation progresses.	MH SS	Accept	HCS finance will provide monthly reports on the revenue spend re the Nightingale.	Monthly from month end Jan 21 (available in early feb)
9	Recommendation 9: The Minister for Health and Social Services must provide the Panel with further clarity as to how much in total is due to be spent on each key objective of the HCS Digital Strategy Project in 2021.	MH SS	Accept	In 2021, the total expenditure on each key objective of the HCS Digital Strategy Project is planned as follows:  £3,400k on replacing the General Hospital’s patient core record and information systems; £360K on Child Immunisation digital service improvements; £250K on the scanning and digitising of clinical documents; £785K on integrated health services across all health & social care settings; £90K on Information Governance and Legal; £875K on Clinical IT infrastructure, networks, and digital platforms; £305K on patient data quality including provision for digital identity and consent; £68K on Business Intelligence and information reporting; £690K on Support and Resources  Total = £6,823k	Dec 2020  Note that the COO is responsible for the Digital Programme.
10	Recommendation 10: The Minister for Health and Social Services must provide the Panel with quarterly updates on the	MH SS	Accept	Quarterly updates on progress and spend to date will be provided. Reporting dates to be agreed to align with financial reporting schedules.	Quarterly from month end Mar 2021

	<b>Recommendations</b>	<b>To</b>	<b>Accept/ Reject</b>	<b>Comments</b>	<b>Target date of action/ completion</b>
	progress of the HCS Digital Strategy Project, including the spend to date.				Note that the COO is responsible for the Digital Programme.
11	Recommendation 11: The Minister for Health and Social Services must provide the Panel with a detailed breakdown of the funding requested for the “Digital Care Strategy (Major Project)” in 2021, before the debate of the Government Plan 2021-2024.	MH SS	Accept	As noted in finding 42 of the scrutiny report, the funding is split for Government Plan purposes, however, operationally the HCS digital strategy project will be delivered as one programme. The following details therefore provide the breakdown of planned expenditure for 2021 across the “Digital Health and Care Strategy”, the “Digital Care Strategy (Major Project)” and the “Jersey Care Model – Digital Systems”.  See note #1 below with details.	Quarterly from month end Mar 2021  Note that the COO is responsible for the Digital Programme.

## CONCLUSION

The Minister for Social Security and the Minister for Health and Social Services thank the Panel for its careful consideration of the Government Plan proposals and accept all of the Panel’s recommendations. Some of the proposed actions may be delayed while Covid restrictions remain in force.

Note #1 - Recommendation 11:

Break-down of planned expenditure for 2021 across the “Digital Health and Care Strategy”, the “Digital Care Strategy (Major Project)” and the “Jersey Care Model – Digital Systems”:

<b>Capital</b>		<b>£1,000's</b>
<b>JCM</b>	Integrated Health & Care Services	£250
<b>JCM</b>	Screening Management (Migration to EMIS, integration)	£250
<b>JCM</b>	Hosting (Managed Services - Infrastructure as a service)	£270
<b>JCM</b>	Patient Demographics & Data Quality	£40
<b>JCM</b>	IT Infrastructure - Networks	£5

<b>JCM</b>	Patient Consent Management	£25
<b>JCM</b>	Patient Discharges – Digitally enabled	£50
<b>JCM</b>	Patient Bookings, Appointments, Cancellations	£25
<b>JCM</b>	Patient Referrals – Digital Enabled	£50
<b>JCM</b>	Primary Care Patient Summary Care Record for Acute care	£25
<b>JCM</b>	Telecare (Social Care monitoring)	£150
<b>JCM</b>	Telemedicine & Patient Facing Apps	£100
<b>JCM</b>	Data extraction from Core Record Systems - Development	£50
<b>JCM</b>	Subscription Model / Notifications	£30
<b>JCM</b>	Patient Identity Management	£15
<b>Major Project</b>	Scanning and Digitisation of Clinical notes	£250
<b>Major Project</b>	Hospital Core Patient record and information system	£2,600
<b>Major Project</b>	Core Programme Team (Delivery Management)	£350
<b>Major Project</b>	Legacy system replacement / Upgrade programme	£200
<b>Total - JCM</b>		<b>£1,335</b>
<b>Total - Major Project</b>		<b>£3,400</b>

The revenue is a mixture of CSP2-1-05 and GP20- CSP2-3-01. The Digital Health and Care Strategy has its own revenue line (GP20- CSP2-3-01) for £700k in 2021, the balance is in the Jersey Care Model CSP2-1-05 line.

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