



# Health and Care Partnership Group

3rd Quarterly Meeting

‘a platform where opportunities to join up health and community care can be explored as we seek to increase the health and wellbeing outcomes for all Islanders’

# HCS update

## Ministerial Priorities:

### Standards, Quality and Safety

- Improving services and ensuring they are well-governed, safe and person-centred

### Policy and Strategy Development

- Ensuring different parts of our health and care system work together more effectively

### Service development

- Supporting improvements in the health and wellbeing of children and adults

# Update

## Public Engagement

- Service-user led mental health strategy, suicide prevention strategy
- Reviewing fees – assisted reproduction services, contraception and termination of pregnancy

## Improving Public Health

- Recommendations on how to protect Islanders from infectious disease and environmental threats
- Developing a plan to improve health in short and long-term

## Legislation

- Supporting the development of a new public health law
- Continuing the development of proposed assisted dying law
- Scope potential for safeguarding law

# Connect Me, Connecting Our Communities

Social Recovery

20<sup>th</sup> October 2022



# Background

- Social Recovery Project
- Funding over 2 years
- Focus on using sport, heritage, culture and arts to improve participation, physical and mental health
- Phase 1 – Micro Grants – over 40 Grants up to £5k awarded
- Very eclectic mix of grants – some of which we will see today
- Phase 2 Community Compass - to build on the work delivered through the mini grants awarded, to make connections and provide support across the community, building on existing resources
- Phase 2 Larger Grants to be awarded in 2023 based on evaluation of current Grants and emerging needs, aligned to the development of our Health System

# Project Bounce

## Goals

- Create a Women's Only basketball league for Women aged 13+
- To have 66 Women registered and increase participation
- To create a fun and inclusive environment for all players and supporters

## Achievements

- 68 women have registered
- Games started on the 20<sup>th</sup> September
- Majority of players are new to the sport
- Attendance at Island Games training has increased



# Project Bounce

## Feedback

- Players rate the League as an average 8.7 out of 10
- When asked on a scale of 1-10, with 10 being the best, how welcoming the Women's league is, the average score was 8.5 out of 10
- The JBBA, Jersey Basketball Association, is in the process of organising a Christmas Social which all women's league players will be invited to attend
- Further anonymous feedback will be sought on the week commencing 24 October following the next block of games/training



# Age Concern Jersey

- Encourage lonelier older men to interact with others
- Asked what would encourage them to join Age Concern
- Snooker, darts, model making and design technology available
- Arrange specialist to attend and present workshops
- Will be open to all members regardless of gender





# taking part *Making Art*



# MYSTL

## Mixed Youth Summer Touch League



# Mixed Youth Summer Touch League

- Creating a **meaningful** and **sustainable** initiative
  - Bibs, balls, shirts, cones, pitches
  - Trophies and medals
  - Ref and organisation equipment - air horn, megaphone, pergola
  - Water bottles, tournament flags
- Our '22 trial has given us "proof of concept" and MYSTL will become a permanent initiative
- Potential for an additional U9-11 age group
- Older players now feeding in to JTA adult squads and competition
- JTA investigating entering a Jersey squad in the Youth Euros and Youth World Cup

# Feedback

1. What did your child enjoy most about playing Touch this summer?  
learning to communicate with different age groups and abilities

2. What do you think were the main benefits of MYSTL?

gave stamina and fitness

3. What would your child have been doing with their time during the summer on Wednesday evenings if they hadn't joined in with MYSTL?

laying in bed playing Nintendo switch games

4. Has your child continued playing Touch or Rugby and will they play in MYSTL next summer?

yes to both - have joined the Sunday morning sessions

5. Please ask your child to give a brief comment about playing Touch this summer in their own words.....

it was fun, and enjoyed playing with different people and different ages to my normal rugby team.

at HOME   
SUPERHEROES  
POWERED BY

**MARVEL**

# SUPERHEROES

## SUMMER STREET PARTY



# NUMBERS AND KM COVERED

In total **430 people** signed up:

- 340 people who class themselves to have a disability of any kind
- 90 sidekicks



## Teams final total:

Dylan: 3216km

Mia: 2701km

Matt: 2115km

Shamina: 2095km

TOTAL KM: 10,127



# Next Steps:





Health and  
Community Services

Gouvernement d'Jèrri

# Primary care strategy

## Sustainable health and care funding

Ruth Johnson Associate Director, Health Policy

20 October 2022

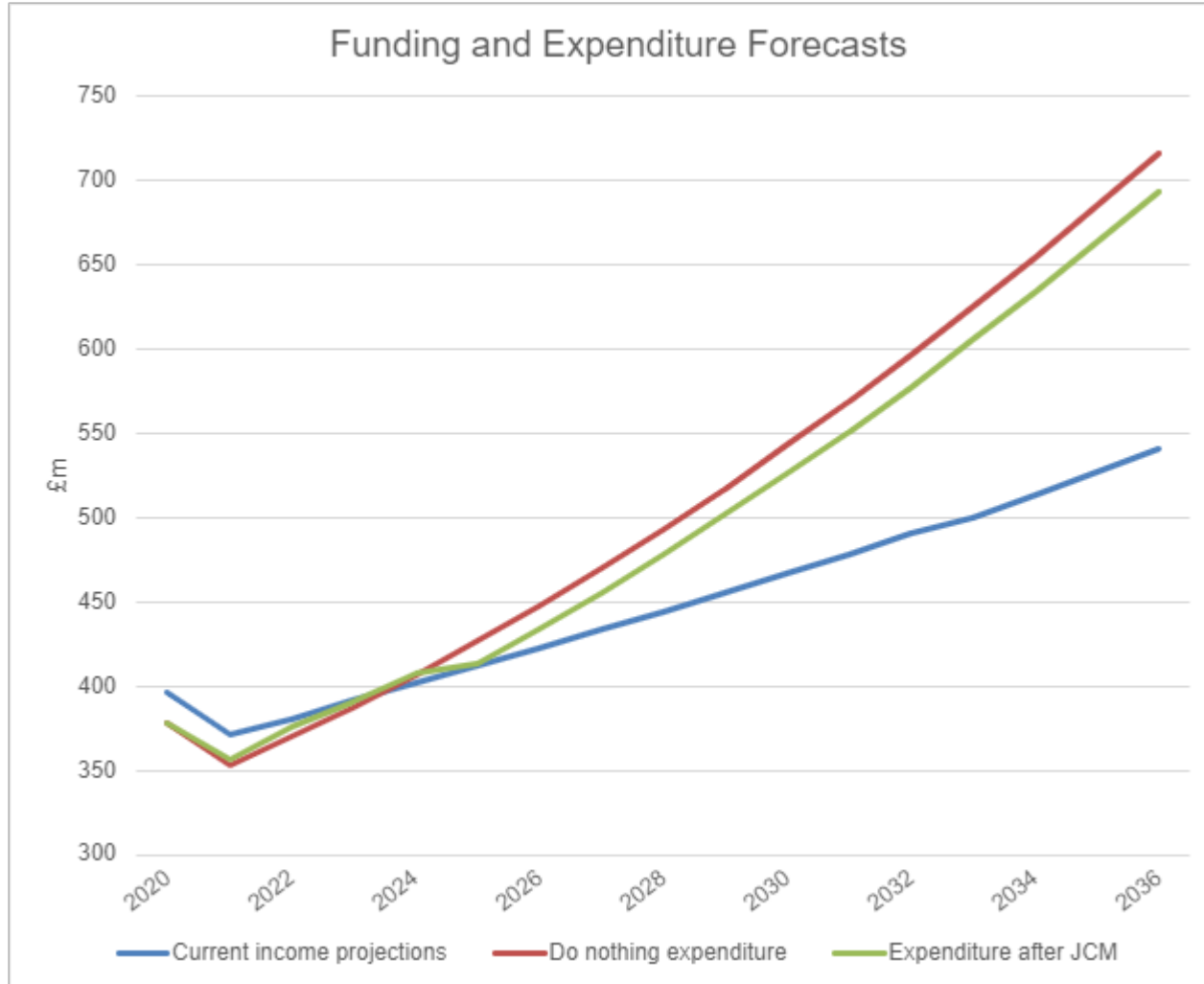


# 2023 Ministerial plans



- Minister's priorities and legislative programme for 2023
- Purpose
  - provide clear focus for action
  - aid Assembly in holding Minister to account for delivery (plus public and stakeholders)
- Overview
  - advance quality of care (well governed, safe, person centred)
  - ensure different parts of the system work effectively together
  - support improvements to health and wellbeing
  - public engagement
  - improving public health
  - legislation development
- sustainable health funding and primary care strategy

# Sustainable health and care funding



Annual cost of the health and care system including HCS, HIF & LTC benefits, and patient contributions (GP subsidised payment) by **2036** is estimated to be **£715.8m**. **Does not include all expenditure (e.g: patient expenditure on dressings)**

Aim is to **reduce** this by £22.8m down to **£693m**.

But still need to cover gap between projected income (blue) and costs (red / green)

# Sustainable health and care funding



Government Plan 2022: “a new system of health funding to be “*operational by 2025*”

Work underway to understand, for the purpose of informed, political decision making:

- total current and future costs of Jersey’s of health and care provision
- benefits of different funding models and their impact on citizens, services and population health

## Options

- mandated insurance: social insurance or private
- tax / hypothecated tax
- user pays
- combination of above

## Issues

- fairness of funding system (low income; frequent users)
- incentivising prevention
- contracting models

### First phase engagement: Q4 2022

- public attitudes to health and care funding (survey)

### Second phase engagement: Q3 2023

- options for funding
- options for contracting

# Primary care strategy



System must change if the pressures we can see today - finance, population, workforce and health improvement - are to be addressed in the coming years.

Central themes to be addressed:

- Governance – how our primary care system works, enabling patients and workforce to have a stronger voice in the Jersey system
- Models of care – how we can integrate clinical and non-clinical support to patients and communities
- Funding – how we address inequalities and how we incentivise innovation, collaboration, and improvement

Engagement process current being determined



Health and  
Community Services

Gouvernement d'Jèrri



# Questions to answer



1. Which multi-disciplinary teams or partnerships are working well **with** or **within** primary care? Please provide examples.
2. How significant is cost as a barrier when accessing health and care services. How could access be improved? *Barriers could include: financial, physical, opening times, resourcing.*
3. How could patient charging arrangements be changed to reduce health inequalities?

# Questions to answer



1. Which multi-disciplinary teams or partnerships are working well **with** or **within** primary care? Please provide examples.
2. How significant is cost as a barrier when accessing health and care services. How could access be improved?  
*Barriers could include: financial, physical, opening times, resourcing.*
3. How could patient charging arrangements be changed to reduce health inequalities?



**A PALLIATIVE AND END OF LIFE CARE STRATEGY  
FOR ADULTS IN JERSEY  
2022 – 2025**

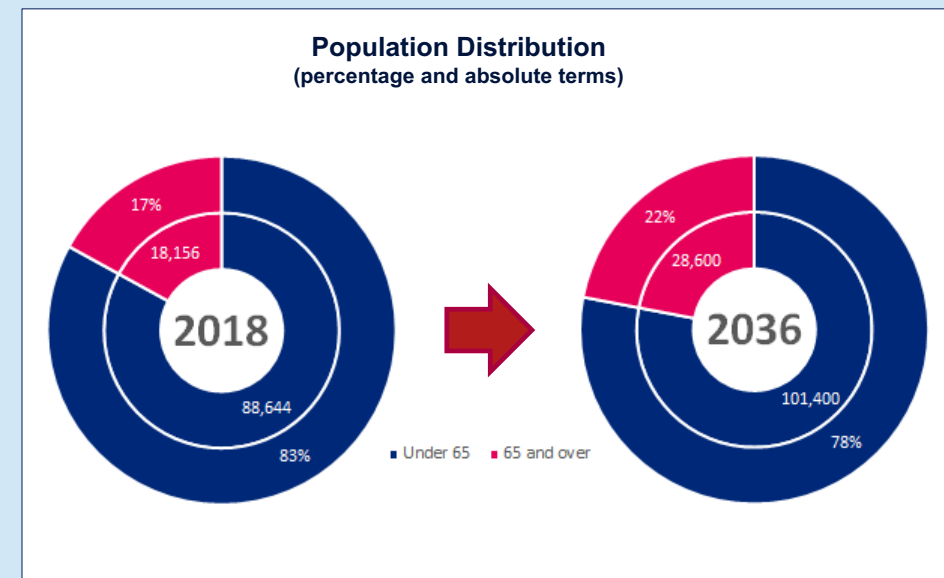
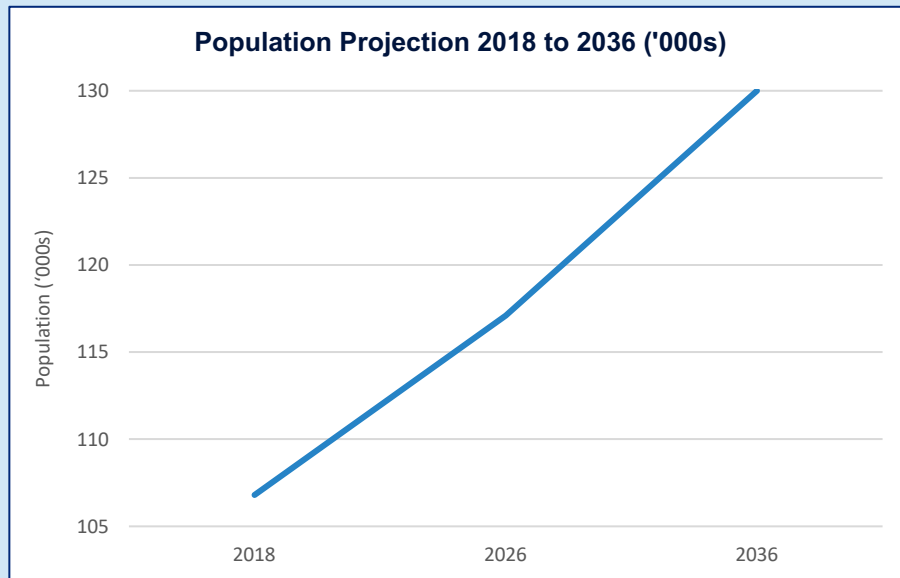


## BACKGROUND

- **↑ population**
- **↑ ageing demographic**
- **↑ costs for health and social care**
- **Patient choice**
- **Future Hospital / improved health and care services**
- **Assisted Dying**

# INCREASING POPULATION, AGEING, COSTS

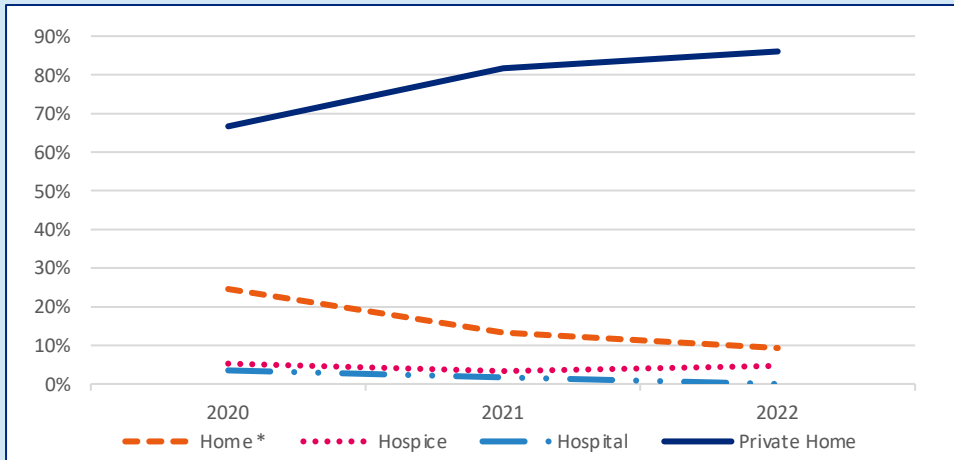
- 2018 to 2036 population increase by 22%
- By 2036, 1 in 5 people (22%) will be 65 or over
- **Increasing Demand** ➔ **Increasing Costs**



Government of Jersey "Jersey Care Model for Health and Community Services" (2019)

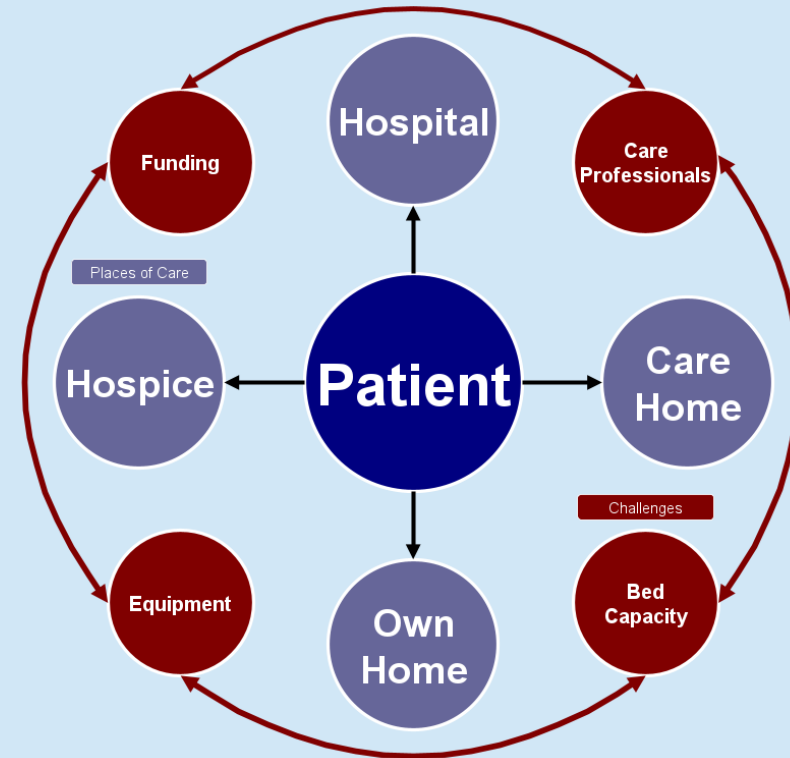
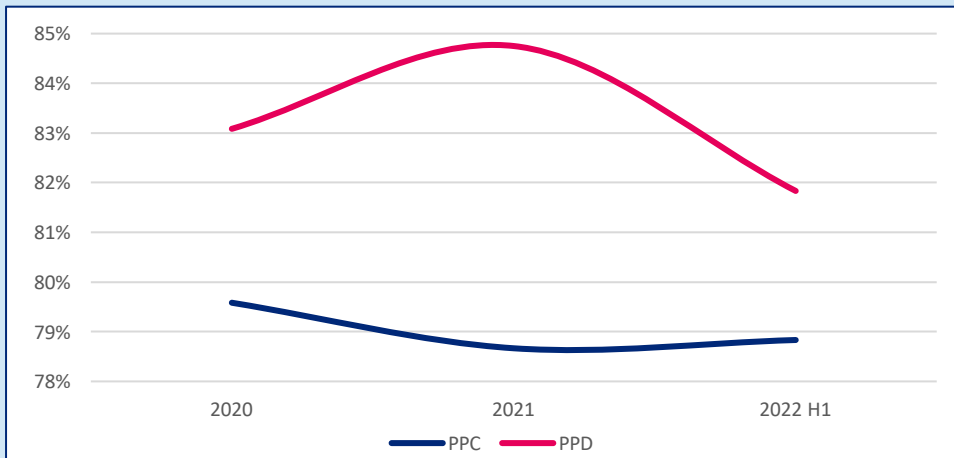
# PATIENT CHOICE

Locations selected by JHC patients as their Preferred Place of Care (PPC)

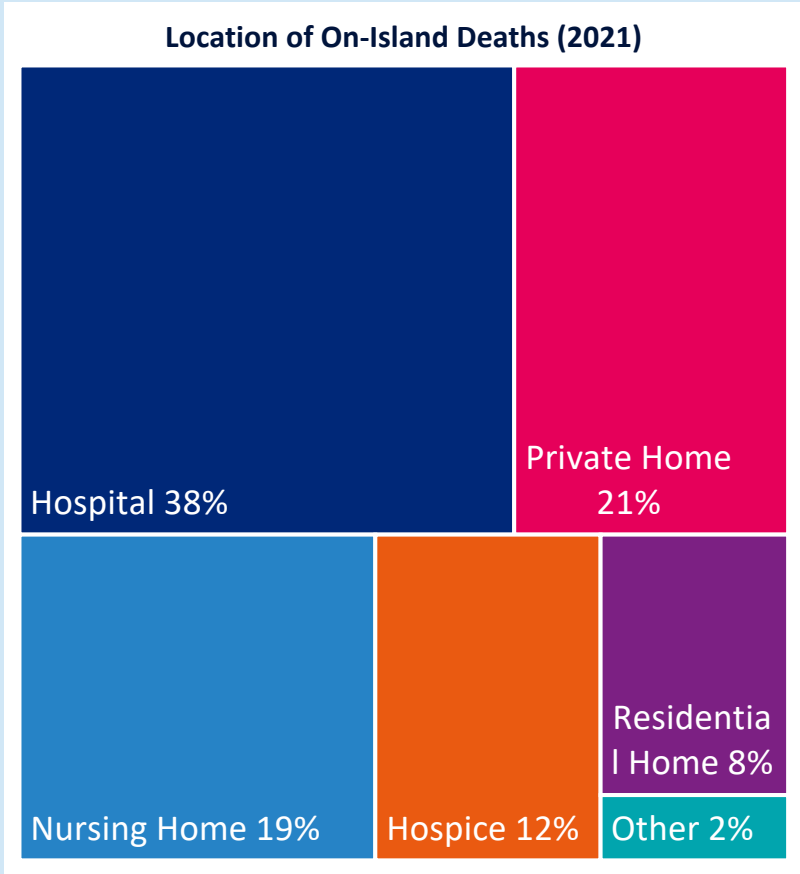
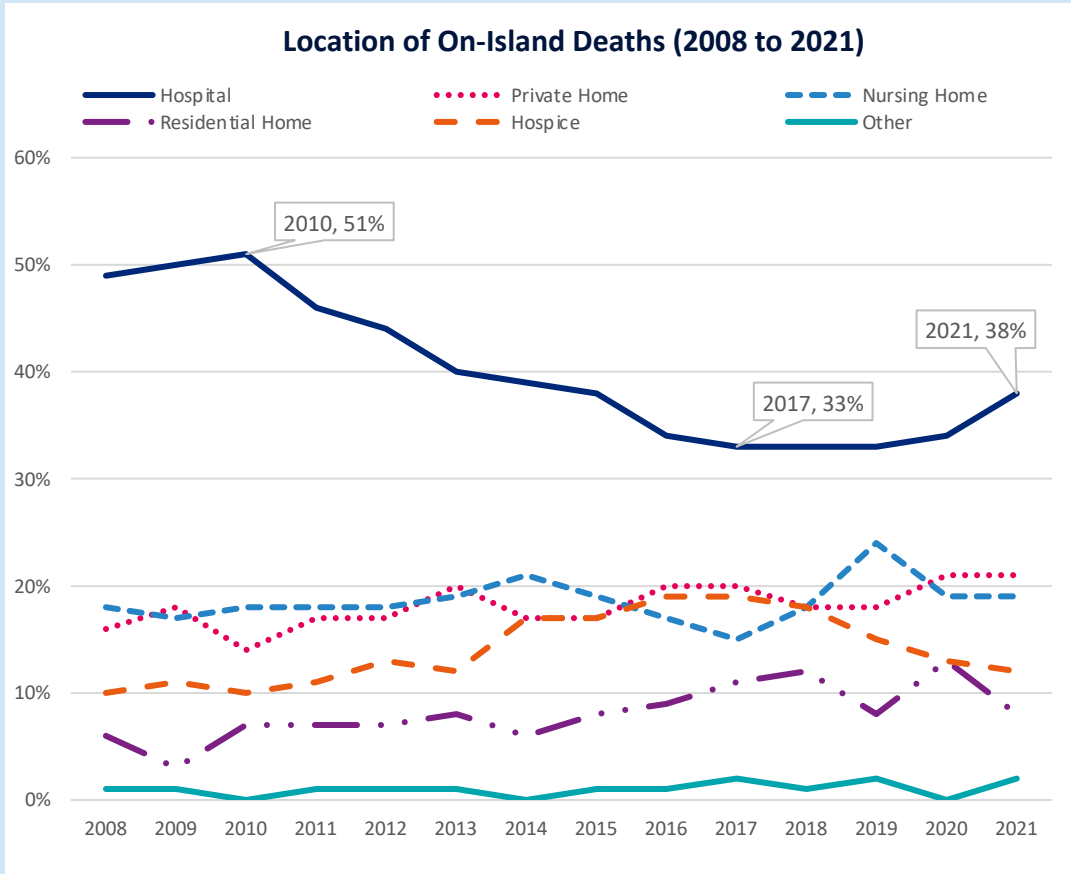


\* Home includes Care, Nursing and Residential Homes

Extent to which JHC patients achieved their Preferred Place of Care (PPC) and Preferred Place of Death (PPD)



# IMPROVED FUTURE HEALTH AND CARE SERVICES



# ASSISTED DYING

- **Timeline:**
  - **November 2021 – approved “in principle” by the States Assembly**
  - **March to April 2022 – public engagement**
  - **September to November 2022 – public consultation on detail**
  - **November 2023 – States Assembly debate draft legislation**
- **Essential we invest in robust palliative care services to safeguard patients and ensure REAL choice**

**“Most contributions signalled the need for continued improvements and funding for all end-of-life care services, both those provided by government and by other organisations. It was very clear that people believe that assisted dying should be a ‘real choice’, one that is made by a person who wants some control over the end of their life, as opposed to a ‘false choice’, one that is made by a person who believes they will not receive the care they need.”**

**“Some expressed a fear that the introduction of assisted dying would lead to a decline in the funding or quality of other services. ‘Fund and support living, before you fund and support dying’. “**

***Government of Jersey “Assisted Dying in Jersey Public engagement summary report” (2022)***

# END OF LIFE CARE PARTNERSHIP GROUP



## OUR VISION

*‘All islanders with a life limiting illness will have access and informed choice to the right care, by the right person, at the right time and in the right place’*

*Jersey End of Life Care Partnership 2021*

**“We have one chance to get it right.”**

# SIX AMBITIONS FOR PALLIATIVE & EOL CARE

**01 Each person is seen as an individual**

**02 Each person gets fair access to care**

**03 Maximising comfort and wellbeing**

**04 Care is coordinated**

**05 All staff are prepared to care**

**06 Each community is prepared to help**



## PRIORITIES

- ↑ 24/7 community care at end of life
- ↓ unplanned admissions in last 90 days of life
- ↑ patients dying in preferred place
- ↑ patient and carer satisfaction
- ↑ education of workforce across Jersey
- ↑ percentage of patients with advance care plan
- ↑ communication between professionals

# PROFESSIONAL AND PUBLIC SUPPORT

**Specialists**

**Generalists**

**Carers**

**Volunteers**

## FINAL THOUGHTS



### DAME CICELY SAUNDERS

“YOU MATTER BECAUSE  
YOU ARE YOU, AND YOU  
MATTER TO THE END OF  
YOUR LIFE. WE WILL DO  
ALL WE CAN NOT ONLY TO  
HELP YOU DIE PEACEFULLY,  
BUT ALSO TO LIVE UNTIL  
YOU DIE.”

# Thanks and close

- Next meeting: Thursday 2<sup>nd</sup> February
- Are there any topics that you would like to discuss in the future? If so, please email [H.Welsh@health.gov.je](mailto:H.Welsh@health.gov.je)
- Thank you

