Health and Social Services Department
Future 2020 Vision of the Health and Social Services System

The Chief Minister
Policy Council
Sir Charles Frossard House
La Charroterie
St Peter Port

9th March 2011

Dear Sir

Executive Summary

1. The purpose of this report is to set out a framework for future development of the health and social care system in Guernsey and Alderney. The States is requested to support the approach set out in this report. It will require all States Departments to work together. The purpose of the framework is to:
   i. describe the current health and social care system in Guernsey and Alderney and the estimated costs;
   ii. establish the key principles within which States Departments can plan, develop and deliver health and social care services and other related activities in Guernsey and Alderney;
   iii. seek States of Guernsey approval to further develop this framework and the constituent plans to review the services, funding, infrastructure and organisational structure of the health and social care system; and
   iv. set out the main benefits of this approach and the high level plans which will need to be developed to deliver this vision.

2. Health and social care related issues can be currently assessed as costing the economy over £300m per annum including private and third sector provision. States funding meets approximately 60% (£180m) of this assessed cost.

3. The current configuration of the health and social care system in Guernsey and Alderney is a complex mixture of organisations and organisational inter-relationships. This makes quality difficult to assess and creates some inconsistencies in the way services are delivered and funded. In addition the HSSD has a significant estate infrastructure – which is not always suitable for providing modern services. These factors combined, can lead to inefficiencies in the way services are delivered.

4. The ability to understand what drives poor health and poor social circumstances is increasingly complex. Guernsey has a unique health and social care system and understanding where we are compared to other jurisdictions is very difficult to quantify. Historically, information about the health and social care system as a whole in Guernsey and Alderney is limited. One of the key elements of work for developing the future vision will be to ensure that more information is available for all parts of the system, both in terms of cost and quality and that these measures are monitored on an ongoing basis.

5. More research is needed on the impact of preventative measures that could be taken to improve health and social wellbeing. This will enable the States of Guernsey to make more informed and prioritised decisions about funding allocation which will enable investment in evidenced based prevention to realise longer-term benefits.

6. The health element of HSSD's services has traditionally been very focused on ill health and providing treatment and interventions. Healthcare services have been designed to treat symptoms rather than the cause.

7. In order to meet the future needs of the population and move to a more preventative model of health and social care, services will need to be organized in a different way. However, there will always be a need for interventions to be made to treat and care for people who are ill and disabled, to protect the vulnerable and help people in crises.

8. Changes will be required to ensure the most effective use of resources. Resources may need to move from secondary and tertiary services to, or there needs to be additional investment in, primary and preventative services. This cannot be done in the short term and it will not be easy to achieve. It may be necessary for other States' departments and other organisations to help facilitate this in the longer term by doing things differently, and acknowledge their role in supporting a healthy society.

9. This report identifies a number of essential key points. These need to be addressed to support the States in its future prioritisation of resources to meet future needs of the health and social care system. These include:

   Key Point 1 - Further work is required to fully understand the costs of the current health and social care system and alternative projected models.

   Key Point 2 - Further development is required to ensure there is a smooth transition for people moving from services specifically aimed at children and young people, to adult services and that the required services are appropriately provided and funded.

Key Point 3 - Further work is required to advise the States on the balance of investment between preventative, primary, secondary and tertiary services and the effects on different parts of the health and social care system including the HSSD estate.

Key Point 4 - There is a real need to ensure that clinicians from both primary and secondary care are able to contribute to the future shape of services.

Key Point 5 - Future decisions regarding the continuation of contracts with Medical Specialist Group (MSG), Guernsey Physiotherapy Group (GPG) and for Accident and Emergency (A and E) Department need to be made as part of the consideration of options for the future.

Key point 6 – States partnership and joint working with and between the third sector (charities and not for profit non government organisations) needs to be developed and strengthened.

Key Point 7 - The system of regulation for all parts of the health and social care system needs to be reviewed.

Key Point 8 - More research and financial modeling needs to be undertaken on the impact of preventative measures.

Key Point 9 - Disability and Mental Health issues are areas which require specific strategies to be developed to improve service provision and enable people to live as productive and independent lives as possible.

Key Point 10 - Any future strategy for health and social care must align with the States objectives.

Key Point 11 - The States of Guernsey will need to prioritise its resources and decide how much should be invested in supporting the determinants of good health and social wellbeing (education, employment, housing etc). This should be considered against the costs of maintaining the status quo.

Key Point 12 - The health and social care system needs to promote self care and independence and this should be with the support of a social care and prevention model rather than a health care model.

Key Point 13 - A complete review of the direction taken in health and social care is needed to ensure that the impending demographic demand can be met without financially over burdening the working population.

Key Point 14 - In order to provide a more sustainable framework for the provision of health and social care, services must move towards models of care more suited to responding to chronic, long term conditions and disability.

Key Point 15 - We need to know more, and make careful decisions about, what works and what interventions are most effective. We need to know what level of quality of service is being provided and what outcomes we are getting for the investment being made by the public.

Key Point 16 - The solution to the problem is as much about prevention and careful decision making regarding areas of investment as it is about delivering high quality services when needed. The current funding and organisational structure is unlikely to be able to meet future demands in the most efficient and effective way.

Key point 17 - There is considerable potential for increasing the commercial aspects of health care provision which shall be further explored.

Key Point 18 - A process for reviewing and establishing appropriate funding options to support the development and implementation of HSSD's 2020 Vision will be established and led by HSSD in close liaison with Policy Council, Treasury & Resources, Social Security Department and other stakeholder agencies and Departments.

10. Whilst HSSD is striving to cut costs, increase efficiency, improve quality, drive up performance and expand monitoring, it is highly unlikely that these evolutionary initiatives alone will meet the future demands for health and social care. The States will therefore have to make a more radical change in direction to do different things as well as providing the current services in a different way. Maintaining the status quo is therefore not an option.

11. It is essential that there is open debate with all stakeholders on the future model of health and social care in Guernsey and Alderney. This framework sets out the areas of work which are needed to be able to deliver future services against a set of agreed principles, objectives and benefits, which can then be monitored to ensure the targets are hit.

12. In summary the States of Guernsey is asked to support the proposed direction set out in this report. In essence this direction can be described as follows:

Our vision for the future of the health and social care system is to:

- Enable people to live healthy, independent lives.

To deliver this vision our job is to:

- Promote, improve and protect the health and social wellbeing of all.

To achieve this we have to:

- Promote healthy lifestyle choices and social wellbeing.
- Improve services, continuously striving for safety, quality, efficiency and effectiveness.
- Protect and support the community.

13. In conclusion this report does not commit the States to any increase or changes in public expenditure. There will be full consultation and opportunity for debate at each phase of the framework's development, including the overall direction contained in this report. The Department will bring back to the States a series of more detailed reports following a period of consultation on the issues contained in this framework. The HSSD, therefore, requests that this report be considered by the States in accordance with Rule 12(4) of the Rules of Procedure of the States of Deliberation.

Purpose

14. At the 30th June 2010 States meeting the HSSD set out its five point plan as follows:
    i. The need to ensure that spending for 2010 continues to be held to as low a figure as possible while still providing safe and effective services.
    ii. The need to take further action to ensure that this financial position is sustainable into 2011.
    iii. HSSD needs to ensure that it has the appropriate management information to constantly monitor its position.
    iv. HSSD needs to set out what services it currently provides, provide evidence that these services are both necessary and cost effective and forecast what services might be required for the Bailiwick over the next 10 years. There is no doubt that the demand on health and social care expenditure will continue to rise, as it has in every country across the world. A continually improving and more productive way of delivering services can only ever mitigate against these rising costs - it can never reduce them. This problem will only be exacerbated by the demographic time bomb and the reducing ratio of taxpayers to support those in retirement.

v. Guernsey and Alderney need a full and open debate about the future portfolio of services that HSSD provides over this 10 year period, how these services might be configured and how they might be paid for. This is not just an HSSD issue. The States needs to decide from its fiscal policy how much money is available to provide public services and then it needs to decide: "what are our priorities and how do we allocate those resources to Departments on a fair and equitable basis which reflects those priorities."

15. The HSSD is set to achieve the first two points and is making substantial progress on the third point. The purpose of this report is to set out a framework for future development of the health and social care system in Guernsey and Alderney, of which HSSD is only one element. The States is requested to support the approach set out in this report. It will require all States Departments to work together. The purpose of the framework is to:
    i. describe the current health and social care system in Guernsey and Alderney and the estimated costs;
    ii. establish the key principles within which States Departments can plan, develop and deliver health and social care services and other related activities in Guernsey and Alderney;
    iii. seek the States of Guernsey approval to further develop this framework and the constituents plans to review the services, funding, infrastructure and organisational structure of the health and social care system; and
    iv. set out the main benefits of this approach and the high level plans which will need to be developed to deliver this vision.

16. This report is intended as the start of a full consultation process and does not commit the States to any specific increase or changes in public expenditure. There will be opportunity for debate at each phase of the framework's development and the Department will bring back to the States more detailed reports. The HSSD therefore requests that this report be considered by the States in accordance with Rule 12(4) of the Rules of Procedure of the States of Deliberation.

The current system and estimated costs

Guernsey and Alderney's current provision of health and social care

17. There are a number of elements of Guernsey's provision of health and social care services. Many, but not all, of these also apply to Alderney. A separate piece of work will be undertaken to examine Alderney's health and social services.

18. For ease of reading elements of provision have been divided into four groups. The inter-relationship between the categories is complex. In Guernsey and Alderney, many health and social care related goods and services are paid for by the individual directly and others are funded through taxation and contributions to the Social Security Department's Funds. This means that the assessment of the cost of the whole health and social care system is estimated and the costs relating to each group are not easy to determine.

19. The four groups (see appendix 1) are:
    i. **Preventative services**, which largely focus on improving the determinants of health and social wellbeing. About £6m can be identified as directly relating to this area, while the total amount that Islanders spend will be significantly more (for example, gym membership, sports clubs, relevant school curriculum and extra curricula activities, pharmaceutical "over the counter" products and so on).
    ii. **Primary services**, are usually the first point of contact for an individual when they require support or help. Guernsey residents generally pay directly for these services (with the notable exception of social services), although a considerable amount of subsidy is currently provided by States funding (for example diagnostic testing, the health benefit grant and the grant towards the cost of the Ambulance and Rescue service). The identified cost of primary services is approximately £64m, but again the real costs are probably significantly higher than this.
    iii. **Secondary services**, which includes anything that is dealt with after being through the primary system and needing further intervention. These will largely involve accommodation based services such as hospital, residential or nursing home care. The approximate identified cost of these services is £110m, but this will not include everything that people pay for privately. These costs also include elements which could be considered as relating to one of the other three groupings (for example primary diagnostic services delivered by services based at the

PEH).

iv. **Tertiary services**, which tend to be more specialised and complex. Many of these services are not delivered on Guernsey and an off-Island referral is required. This is mainly complex hospital based services, but also includes complex children, mental health and learning disability clients. The cost of these services has been identified as approximately £21m.

20. The total cost of the system as identified here is over £201m. However, there are also significant additional sums where individuals pay for services directly, the figures for which we do not have access to. It would be impossible to accurately quantify those costs at this stage. There is also an economic cost to poor health and low levels of social wellbeing, which has been estimated at £100m for Guernsey and Alderney. (Ref Dame Carol Black's review of the health of Britain's working age population in March 2008).

21. A more detailed analysis of these figures is available in appendix 1.

Key point 1: Further work is required to fully understand the costs of the health and social care system

Organisations that provide health and social care services

22. There are a number of key organisations involved in providing or funding current health and social care services for Guernsey and Alderney. These are:

Organisation	**Funded by**
Health and Social Services (HSSD)	Taxation, SSD and private income
Social Security (SSD)	Taxation and contributions
Housing Department	Taxation, SSD and rents
Home Department	Taxation
The Medical Specialist Group	SSD and private income
Physiotherapists	SSD and private income
St John Ambulance and Rescue Service	HSSD grant, charitable donations and private income
General Practice Partnerships	Private income and SSD
Off-Island hospitals	HSSD and SSD
Off-Island complex need providers	HSSD
Dentists	Private income, SSD and HSSD
Opticians	Private income and SSD
Pharmacies	Private income and SSD
Residential and Nursing Homes	Private Income, taxation and SSD
Charitable organisations	Charitable donations and some State grants (HSSD and SSD)
Other private health services	Mainly private income

Key functions of the organisations

23. The Health and Social Services Department was constituted with effect from 1 May 2004 by Resolution of the States of 31 October 2003 and 12 March 2008 in main replacing the functions of the old Board of Health and Children Board, and taking on St Julian's Hostel from the Public Assistance Authority. The HSSD's current constitution, mandate and membership are contained in appendix 2.

24. The HSSD, with net costs of £107,197,000 in 2009 (Billet d'Etat XII, May 2010), is the States second largest spending department after Social Security.

25. In examining the future care needs of the Islands it is important to understand the current services that HSSD deliver. A broad range of these are listed below.
    i. Hospital based services
    ii. Community based services
    iii. Mental health
    iv. Disability (including learning disabilities)
    v. Public Health
    vi. Health protection
    vii. Health improvement including promotion
    viii. Social care (including respite services)
    ix. Environmental health
    x. Youth justice
    xi. Child protection
    xii. Fostering and adoption
    xiii. Prison health care
    xiv. A range of supporting functions.

26. It is important to highlight that a considerable amount of HSSD's work concerns the provision of social care rather than just health care. This fact is often overlooked, but must be a key consideration for future services.

HSSD key activity and performance data

27. In 2010 there were 14,556 total admissions to the PEH hospital and admissions have been increasing by 2.8% on average for the last six years. The Castel Hospital had 313 admissions in 2010, and this is lower than in previous years which have averaged 370 per annum. Admissions to the KEVII have remained fairly stable at 220 per annum on average.

28. The admissions are different between the longer stay units where the residents are a relatively stable population, to the acute units where there is a high turnover of shorter stay patients. There has been a move for more work to be

carried out as day patient work and the Day Patient Unit numbers reflects the increasing trend.

29. With the joining of the Children Board and the Board of Health to make HSSD in 2004 the responsibility to provide social care for children and adults came under one body. This now enables a cradle to grave service user focus on social care to be developed. However, vulnerable children and adults still have boundaries between some services which can lead to service continuity issues.

Key point 2: Further development of services is required to ensure that the transition years from young person to adult are appropriately provided and funded.

30. HSSD also provides social care and community based nursing care. During 2010 community nursing provided on average per month 411 service users with care during the day time, which was the same average as in 2009. It also provided on average per month services for 36 people at twilight (50 in 2009) and 27 people at night time (22 in 2009). In addition on average 320 (317 in 2009) service users were provided with personal care packages and 206 (210 in 2009) with domestic care support. The Social Work Service provided on average 250 (240 in 2009) service users support and occupational therapy 102 (90 in 2009). Rapid Response on average prevented 33 (32 in 2009) hospital admissions per month.

The following certificates were awarded by the Needs Assessment Panel for Long Term Care		
Type of Certificate	**Number 2010**	**Number 2009**
Hospital Nursing Care	29	46
Nursing Home Care	107	138
Residential Home Care	184	149
Extra Care Housing	18	12
Hospital Respite Care	22	37
Nursing Respite Care	37	59
Residential Respite Care	124	111
Regular Respite Placements	93	106

31. Within the Services for Children and Young People Directorate the average number of looked after children under 18 years of age for 2009 was 67 and for 2010 was 72. In terms of child protection, there was an average of 32 cases on the register for 2009 and 44 for 2010.

32. In addition to the running costs of the health and social care system, assets are tied up in property and estate. The HSSD has a significant property portfolio –

which for insurance purposes has a rebuild value of £254m at March 2010 prices. In addition, the HSSD leases a considerable number of additional properties. Some of these assets are no longer suitable for the delivery of modern health and social care services or are expensive to maintain. A review of the entire infrastructure of the HSSD is required. This will include the relocation of the Castel Hospital to the PEH site by 2015. Over time it may also include the relocation or upgrading of Perruque House and King Edward VII Hospital - and other major sites within HSSD's current portfolio of properties.

33. In summary, the current health element of HSSD services has more focus on ill health and providing treatment and interventions.

34. In order to meet the future needs of the population and move to a more preventative model of health and social care, services will need to change to ensure effective use of resources. Resources may need to move from secondary and tertiary services to primary and preventative services or more investment will be needed. This cannot be done easily or in the short term and it may be necessary for other States departments, businesses and other organisations to help to facilitate this in the longer term by doing things differently.

Key point 3: Further work is required to advise the States on the balance of investment between different parts of the health and social care syste.

Other organisations involved in the health and social care system

35. The provision and shape of medical services is strongly influenced by the States' external contractual partners, the Medical Specialist Group (MSG) - who provide the majority of the consultants working the hospitals in the acute secondary care sector. Primary care doctors, who serve the Islands' primary care needs in a private capacity, also have a major role and influence on services provided by the system.

Key point 4: There is a real need to ensure that clinicians from both primary and secondary care are able to contribute to the future shape of services.

36. In 1995 legislation was introduced to insure people needing specialist treatment, through the universal schemes introduced by the States. Prior to this being introduced, only the care provided by the hospital was free at the point of delivery - with patients being liable for the cost of the treatment provided by the doctor, consultant or physiotherapist. The benefits currently cover all treatment provided by the MSG, other than a small number of exclusions, treatment as an inpatient at the Mignot Memorial Hospital in Alderney and physiotherapy in conjunction with specialist treatment.

37. These benefits are provided through contracts with the MSG, Guernsey Physiotherapy Group (GPG) and Alderney doctors where both the Social Security and the Health and Social Services Departments represent the States jointly. HSSD also has a contract with primary care to provide 24 hour cover for Accident and Emergency in the PEH. The MSG and GPG contracts expire in 2017 and the A&E contract in 2018.

Key point 5: Future decisions regarding the continuation of contracts with MSG, GPG and for A&E need to be made as part of the consideration of options for the future.

38. HSSD is not the only States Department to contribute to Guernsey and Alderney's health and social care system, with significant proportions of the £179,130,000 (Billet d'Etat XII, May 2010) spent by the Social Security Department (SSD) being for health and social care. These funds are raised through a combination of tax and Social Security contributions. Whilst SSD is not itself a provider of health and social care it provides this by:
    i. Directly supporting people in need, through cash payments to the individuals or carers - such as sickness benefit, invalidity benefit, supplementary benefit, attendance allowance, invalid care allowance, etc.
    ii. Financing the specialist health insurance scheme through paying the Medical Specialist Group and the Guernsey Physiotherapy Group contract fees.
    iii. Subsidising the cost to service users of GP and nurse consultations, through £12 and £6 grants and paying for prescription drugs (apart from a prescription charge).

39. Since the introduction of the long-term care insurance scheme funded by the Social Security Department (Billet d'Etat III, 2001), there has been a recognition that some changes to continuing care support are necessary. All of this will be further explored jointly with Social Security Department. Whilst this scheme specifically relates to people living in residential or nursing homes it does not provide help to people who wish to continue to live in their own homes - even if they have the same needs. There is, therefore, a perverse incentive financially to move out of one's own home, even though one might be able to manage to live there longer with additional help and intervention. Many people want to stay in their own homes for as long as possible, but may find it difficult to afford the extra care required.

40. In 2010 there were 232 nursing homes beds and 425 residential care beds provided in the private sector; current costs for these range from £533 per week for a residential bed to over £1,000 per week for a nursing care bed. As the average age of the population increases, there is likely to be increased demand

for more services enabling people to live in their own homes - as well as for more nursing and residential home beds.

41. General practice (GP) medicine is organised in three partnership groups on Guernsey and in two practices on Alderney. There are a number of surgeries spread geographically across Guernsey. An out-of-hours Primary Care Centre is located at the Princess Elizabeth Hospital (PEH), providing a joint out-of-hours service from Guernsey's three primary care practices. A combined primary care organisation provides the doctors for the Accident and Emergency (A and E) Department at the PEH. Alderney doctors will provide treatment in the A and E department at the Mignot Memorial Hospital when they are called in.

42. Payment for general practice is on a “fee per item of service” basis charged to individuals, many of whom offset this cost with insurance. The cost is reduced by a universal grant from the Social Security Department for each doctor and nurse consultation and SSD also provides other financial assistance, in certain circumstances.

43. HSSD make a payment to primary care for A and E doctors in Guernsey, who provide 24 hour 365 day a year cover on site at the Princess Elizabeth Hospital. HSSD also provides other staff, facilities and consumables for Guernsey and Alderney A and E Departments.

44. As there is no on-Island specialist group in Alderney, there is also a contract paid for by SSD to cover medical treatment for inpatients at the Mignot Memorial Hospital.

45. The St John Ambulance and Rescue Service is a Guernsey-based charitable company, which operates the Island's only ambulance service. It operates 24 hours a day, providing accident and emergency cover and paramedic response - as well as a non-emergency patient transport service.

46. The Ambulance and Rescue Service also provides additional facilities which extend the range of care beyond that of road ambulances. These include the Island's cliff rescue team, the inshore rescue boat services, a marine ambulance and a hyperbaric recompression centre. Most of these additional services rely on public donations for their funding. In addition, community schemes are provided, such as training in health and safety related subjects, a treatment room open to the public and the largest centre for home health care equipment in the Channel Islands. They also arrange and co-ordinate emergency off-Island travel.

47. In addition to the professional ambulance service there is a separate voluntary arm which is one of the hundreds of other charitable, not for profit, or non government organisations operating in Guernsey and Alderney. These organisations are collectively referred to as the third sector in this report.

48. The third sector organisations have different purposes and agendas. Some of them will help financially with the costs of items or services. Others provide the services themselves. Many provide a collective voice or lobby group and more provide a combination of information, support, advocacy and services to meet the individual or collective needs of the people they represent. All the organisations in the third sector working in the Islands play important roles in providing the infrastructure needed in the overall health and social care system.

49. It is impossible to quantify the amount of resources the third sector contribute to the health and social care system, but they will be significant and must not be overlooked.

50. States partnerships with these organisations and more collective working with and between them needs to be developed and strengthened to achieve a more joined up approach and in some cases economies of scale.

Key point 6: Partnership and joint working with and between the third sector needs to be developed and strengthened.

51. At the present time there is inconsistency in information about the quality of the services provided within the health and social care system and this needs to be addressed. The States of Guernsey will be asked, as part of the development of future strategy, to consider how it might be able to ensure that all services provided to the population, whether public of private, meet agreed minimum standards and that the authority to practice on Guernsey and Alderney will depend on demonstrating consistent delivery of those standards. New legislation may be required to support this approach.

Key point 7: The system of regulation for all parts of the health and social care system needs to be reviewed.

52. The total health and social care economy, including States, individual, insurance company, charity and other third sector provision, can be assessed as consuming over £300m of resources per annum for Guernsey and Alderney. States funding meets 60% (£180m) of this assessed cost with the remainder met by the individual or the wider economy. The current configuration of the health and social care system in Guernsey and Alderney is a complex mixture of organisations and organisational inter-relationships - which make quality difficult to assess and creates some inconsistencies in the way services are delivered and funded. This, combined with a significant, but not always suitable, estate infrastructure, creates inefficiencies in the way services are delivered.

Key Issues for now and the future

Patterns of health and illness

53. At 31 March 2009 the population of Guernsey was 62,274 (Guernsey Population Bulletin 2009). During the same year there were 329 marriages 162 divorces, 690 live births and 536 deaths of which 256 were male and 280 were female.

54. In considering the strategic vision for Guernsey and Alderney it is important to be clear of the top causes of death for our population, which will help to inform the key targets for health improvement. Figure 1 demonstrates the causes of death during 2005 to 2009 in Guernsey. It can be seen from this figure the top three causes of death over these years are diseases of the circulatory system (heart disease), neoplasm (cancer), and respiratory system (chest).

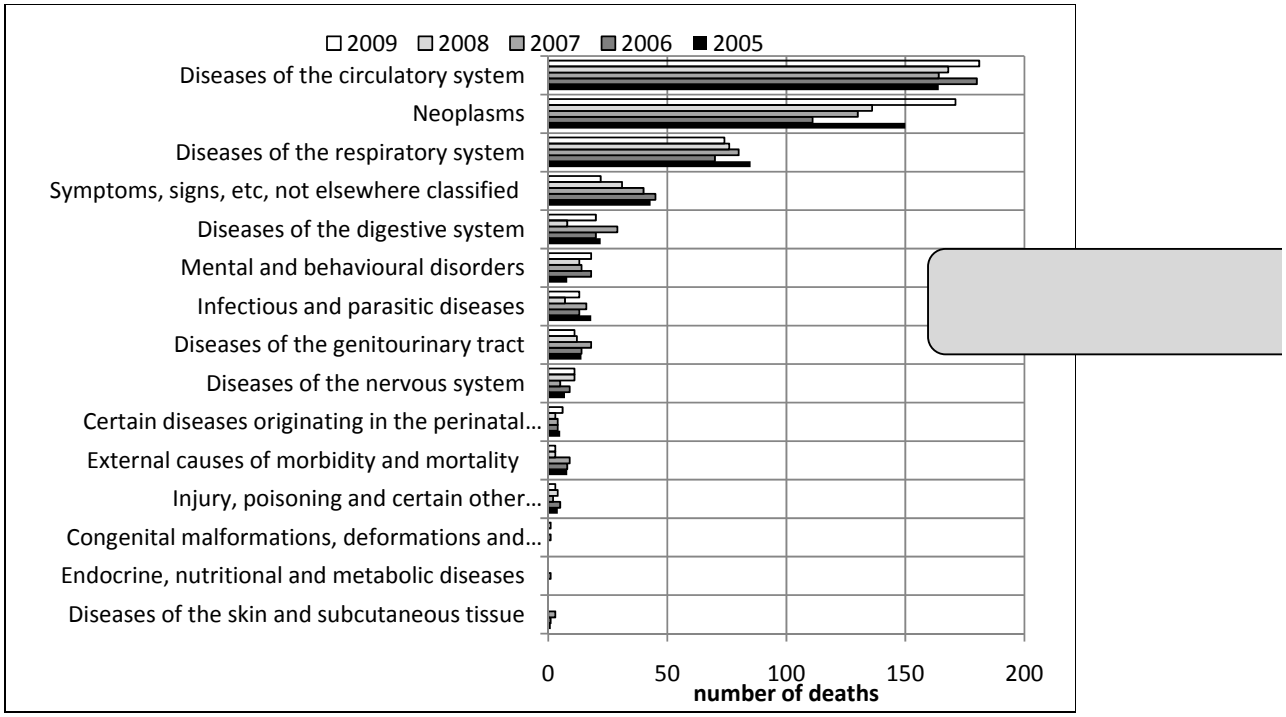


Figure 1. Summary of Causes of Death 2005 to 2009 (Source: MoH Reports)

55. We know from world wide studies that the main causes of poor health are:
    i. Smoking
    ii. High levels of alcohol consumption and abuse
    iii. Lack of physical exercise
    iv. Poor eating habits
    v. High levels of obesity

56. The States of Guernsey has already made some notable progress in tacking these issues. There has already been States approval for strategies relating to:
    i. Anti poverty;
    ii. Drug and alcohol misuse;
    iii. Obesity; and
    iv. Tobacco control.

57. It is very difficult, however, to determine at this stage what the impact of these strategies might have on the longer term need for the provision of health and social care services (as well as other public services like criminal justice which have similar determinants).

58. We also know that the main contributory factors to poor health and low levels of social wellbeing (the determinants) include, amongst other things:
    i. Poor housing;
    ii. Poor educational attainment; and
    iii. Poor employment prospects.

59. A more comprehensive summary of this is illustrated in figure 2.

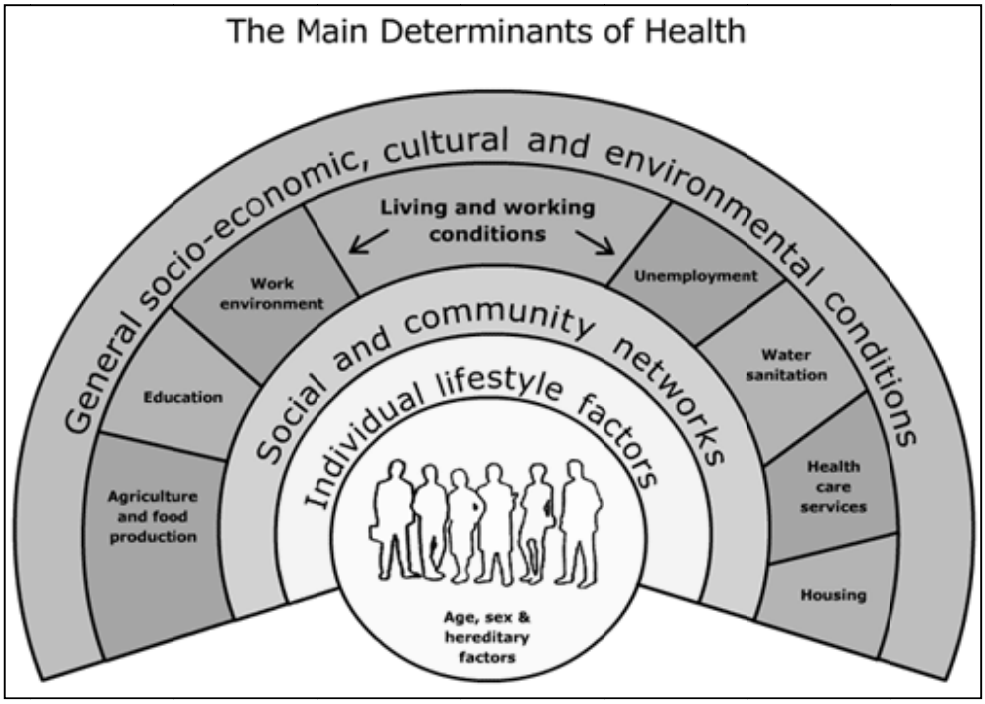


Figure 2. Wider Determinants of Health (Dahlgren and Whitehead, 1991)

60. The cost to society of poor health and poor social circumstances is ever increasing. The estimated annual economic cost of sickness absence and

worklessness associated with working age ill-health are estimated to be over £100 billion in Britain – equivalent to £100m in Guernsey.

61. The ability to understand what drives poor health and poor social circumstances is increasingly complex. Guernsey has a unique health and social care system, and understanding where we are compared to other jurisdictions is very difficult to quantify. Historically, information about the health and social care system as a whole in Guernsey is limited. One of the key elements of work for developing the future vision will be to ensure that more information is available for all parts of the system, both in terms of cost and quality.

Key point 8: More research and financial modeling needs to be undertaken on the impact of preventative measures. This will enable the States of Guernsey to make more informed and prioritised decisions about funding allocations.

62. These issues do not only apply to physical illness. Mental health problems are also a consequence of these key determinants, and huge benefits to the overall economy can be realised if we can improve the mental wellbeing of the population. Early intervention and good early years education are crucial to this agenda. The States of Guernsey has already agreed to fund a new Mental Health Strategy and this will be developed as part of this framework.

63. There is no comprehensive disability register which covers all forms of impairment in Guernsey and few statistics available on disabilities kept by the States of Guernsey. A piece of important work is currently being undertaken to establish the current range of disability services. There is a need to understand what services will be needed in the future, particularly in respect of respite, education, accommodation, employment and support for disabled people. The future vision work will need to encompass the needs of disabled people and ensure that where possible these needs are met.

Key point 9: Disability and Mental Health issues are areas which require specific strategies to be developed to improve service provision and enable people to live as productive and independent lives as possible.

Current States objectives

64. The States Strategic Plan sets out what it aims to achieve and many of the objectives are ones which will have a direct influence on the future health and social wellbeing of the Islands. For example, the Fiscal and Economic Objectives include *"continuing full employment"*, the Social Policy Objectives include *"meet welfare needs and reduce poverty", "Improve housing availability, quality and affordability"* and *,"Maintain a healthy society and safeguard vulnerable people"*.

Key point 10: Any future strategy for health and social care must align with the States objectives.

65. In summary, the main drivers of demand for health and social care services are often linked to the determinants of poor health and poor social wellbeing, such as housing, education and employment. These determinants are heavily influenced by the policies of Government and have to be considered alongside funding decisions for the provision of health and social care services as one often impacts directly on another over time.

Key point 11: The States of Guernsey will need to prioritise its resources and decide how much should be invested in supporting the determinants of good health and social wellbeing (education, employment, housing etc). This should be considered against the costs of maintaining the status quo.

66. Whilst there are a number of important factors that will affect health and social care over the next 10 years one of the most significant is the affect on population and this can be projected. The demographic projections are therefore described in more detail below.

Demographic projections

67. The population of Guernsey has been increasing for many years as shown in Figure 3.

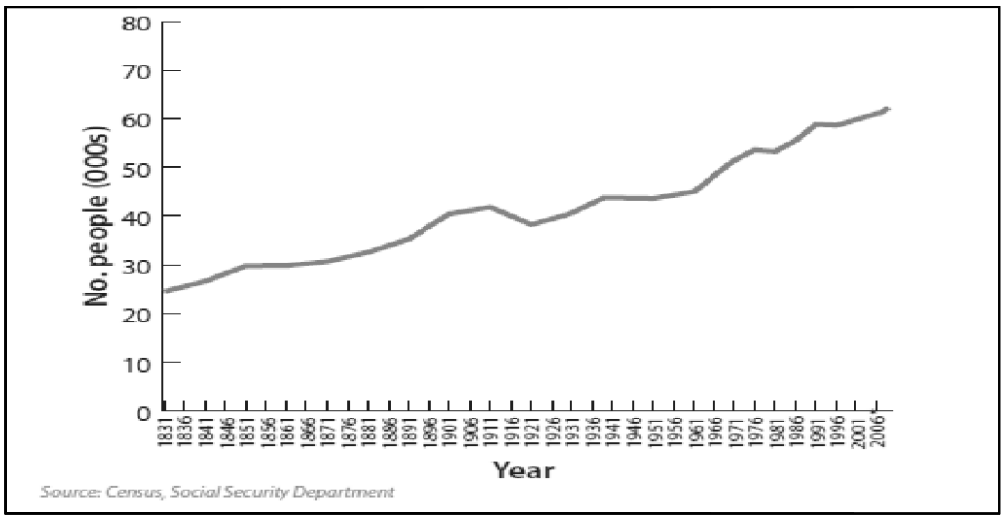


Figure 3 Population of Guernsey Herm and Jethou.

68. However, the total population growth will slow down and is projected to go into decline, by the Government Actuaries Department, by 2040.

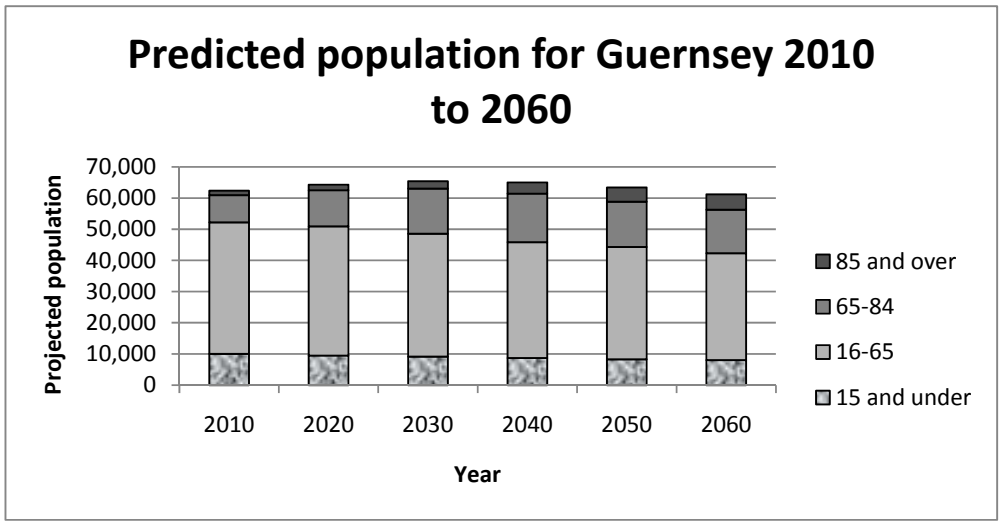


Figure 4. Projected population for Guernsey 2010 to 2060 (Source: Guernsey Population Bulletin 2009)

69. As figure 4 shows, the projected decline in population is the result of a continual reduction in the number of working-aged men and women. At 2040 the number of people between 65 and 84 would reduce as the effects of the "baby boom" generation passed. However, the number of over 85 year olds would continue to increase during this whole period. This means that more services are generally required for the increased total population up to 2030, but need to be targeted for those over 65, with those for the over 85s becoming increasingly in demand as dementia prevalence rates and disability ratios increase exponentially with age.

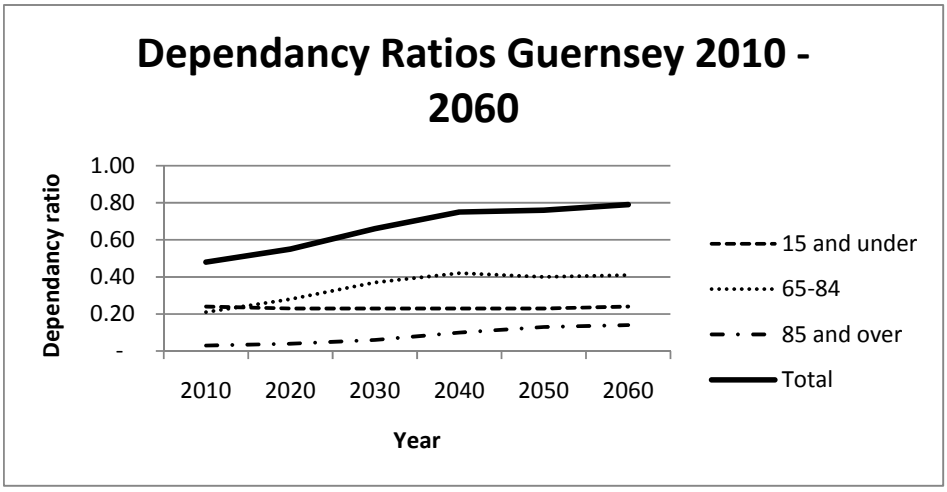


Figure 5 Dependency ratios for Guernsey 2010 to 2060

70. Due to a longer average life span, the proportion of the population over 65 years of age is increasing - which in turn increases the ratio of the retired population and those still at school under the age of 15 years to the working population. This is known as the dependency ratio. This ratio will also be influenced by changes to the school leaving age and the statutory retirement age.

71. As can be seen in figure 5, the total dependency ratio reaches 0.79 - which means that for every 100 people who are of working age, there will be an estimated 79 people who fall into the dependant categories. This is the core problem of providing sustainable services - as the demand increases, the ability to pay for them through general taxation or Social Security contributions reduces.

Key point 12: The health and social care system needs to promote self care and independence and this should be through more of a social care and prevention model than a health care model.

72. Figures from a report on the Long Term Care Fund show not only how the 'over 65' population is projected to increase, but also how the requirement for long term benefit, which is for nursing and residential homes, is likely to increase as there are more people living longer. This will also be indicative of the increases in numbers of people who will require extra care at home.

Year	Population aged 65 and over	Projected number receiving a benefit	Percentage receiving a benefit
2005	10,457	443	4.2%
2010	11,096	586	5.3%
2015	13,060	655	5.0%
2025	15,835	876	5.5%
2035	18,653	1,203	6.4%
2045	18,926	1,511	8.0%
2055	18,769	1,702	9.1%
2065	18,705	1,702	9.1%

Figure 6 . Population aged 65 and over compared with the number receiving one of the Long Term Care Benefits (Billet D'Etat VI 2007)

73. Whilst men in Guernsey do not have as high a life expectancy as women - for example in March 2009, 76.2% of the population who were 90 years old or older were women - the life expectancy in Guernsey is better than many other countries, but can still be improved through personal lifestyle choices. The responsibility for health and wellbeing is ultimately the individual's, but help can be provided on making these choices in relation to smoking, dietary choices, exercise, etc.

74. There could be improvements in life expectancy at 60 – for example Guernsey is currently 1.4 years less than Japan. Having a larger proportion of older people who are mentally, physically and even economically active will be more sustainable than having the same, or even a fewer, number of people who are more dependent on services and will provide individuals with a better quality of life for longer.

75. Overall life expectancy at birth for Guernsey residents for the period 2006-2008 was 81.9 years (79.6 years for males and 84.1 years for females). Life expectancy at 65 years was 18.4 (i.e. live to 83.4) years for males and 21.5 (i.e. live to 86.5) years for females.

76. When the Guernsey life expectancy values for 2006-2008 are compared with values previously calculated for the periods 1995-1997 and 1999-2003, an increase with time is revealed (see figure 7). The line graph in figure 7 shows a general trend of increasing life expectancy for both men and women, with males having experienced a marginally faster rate of increase than females. Between 1995-97 and 2006-08, male life expectancy increased by 3.9 years, or 4.8%. Over the same period, female life expectancy increased by 3.5 years, or 4.4%.

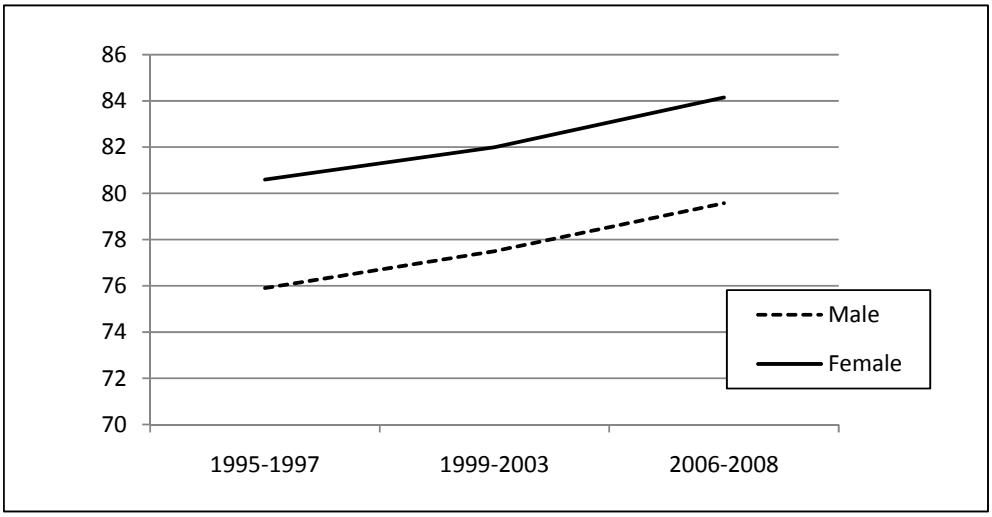


Figure 7. Change in life expectancy for Guernsey males and females over time.

77. All of these demographic factors are putting pressures on services at a time when fewer people in the population will be of working age to provide funds to sustain them.

78. Concern has already been expressed over the sustainability of HSSD's spending. Financial controls will help to keep the department in budget only in the short term.

Key point 13: a complete review of the direction taken in health and social care is needed to ensure that the impending demographic demand can be met without financially over burdening the working population.

79. In summary, future trends and projections indicate that the current model of health and social care is not sustainable. Demand on services, and therefore expenditure, will outstrip the Islands' ability to pay for them if nothing changes. The current system is more suited to acute, episodic responses to disease and impairment.

Key point 14: In order to provide a more sustainable framework for the provision of health and social care, services must move towards models of care more suited to responding to chronic, long term conditions and disability.

80. From the projections, people will be living much longer and more people will need to access greater levels of care and support for longer. Budgets will need to be prioritised and services will need to target areas where the biggest benefits can be achieved.

Key reasons why change is necessary

81. The costs of health and social care, as funded by the States of Guernsey, have increased over the last 5 years by an average of 7.5% per annum, although this trend has been significantly reversed in 2010.

82. In making decisions about the future the States of Guernsey may well be faced with a choice of further investment in health and social care or alternative forms of funding. We also have to be clear about what is funded, because it is effective, and what is not funded.

Key point 15: There is a need to know more, and make careful decisions about, what works and what interventions are most effective. We need to know what level of quality of service is being provided and what outcomes we are getting for the investment being made by the public.

83. Work has already begun on a methodology for prioritising new service developments, with the Oxford Prioritisation Support Unit. This will produce a clear and ethical framework within which the HSSD can make decisions.

84. HSSD, as other Departments, is committed to ensuring that the services it provides are as efficient and cost effective as possible. Considerable progress has been made to return HSSD finances into line with its allocated budget. It is also striving to improve its efficiency through both the Financial Transformation Programme and the benefits realisation of the Electronic Health and Social Care

Record system. There are also infrastructure issues which will, in the longer term and given the appropriate level of capital investment, also release significant efficiency savings. It is highly unlikely that efficiency alone will meet the future demands for health and social care. We will have to do things differently. The status quo is therefore not an option.

85. As well as the impact of health and social care trends - the key determinants of health and the demographic projections - there are a number of other reasons why the health and social care system in Guernsey and Alderney needs a clear strategy for the future.

86. There are a number of fiscal issues. These include:
    i. Reduced income from taxation due to a reducing number of working age people compared to those in retirement. This will have the double effect of increasing the demand, and therefore the cost of health and social care, and at the same time reducing the amount of money raised through taxation and Social Security Contributions to pay for it.
    ii. The rate of health and social care inflation is always greater than the increases in standard inflation. This is mainly due to things like the costs of new drugs, new technologies, new procedures and new equipment, although it is recognised that a large proportion of costs locally are due to staffing costs which increase with wage inflation.
    iii. The current decision to keep the overall amount of money spent on public services frozen and not to increase direct personal taxation.

87. There are a number of social issues. These include:
    i. People living longer –
        a) Guernsey and Alderney have higher life expectancies than the UK average by about 2 years. If there is a reduction in preventable early death from cancer, circulatory disease and respiratory disease, then there will undoubtedly be an increase in the diseases of older age, such as dementia.
        b) Therefore people may require more health or social care for a longer duration than their parents or grandparents.
        c) People with disabilities are living longer, fuller and more independent lives - which requires different types of care than may have been provided historically.
        d) The impact on carers of people living longer, who themselves may become dependent on others.
    ii. Increasing numbers of people suffering from a mental health problem. The estimated cost of mental health problems to the Guernsey economy is £105m (based on "No health without mental health" – UK Government – February 2011).
    iii. The possibility that low earners, who often are the most needy and vulnerable, do not seek primary care services as it is on a "fee for item

of service basis", which may reduce access to healthcare.

iv. The growing level of inequality in health which, to some extent, is related to the increasing division between low earners and high earners.

v. Changing expectations as society changes and technology progresses. Expectations of services will change as people demand more integrated, flexible and personal service tailored to themselves rather than to the staff providing it. Service users should be the core around which services are developed to meet individual needs.

vi. Expectations that children are treated differently and afforded more protection than adults.

vii. Complexities of modern life, with different types of family structures and family economics.

viii. People want simple, straightforward and transparent systems for decision making and service provision that are fairly provided.

88. There are a number of service issues. These include:

i. Emerging gaps in service, such as for autism spectrum disorders, respite care, end of life care and dementia services.

ii. Advances in technology allow people to have procedures or treatments that keep them independent, provide better quality of life or prolong life that were not previously available. New technologies and treatments are continually being developed.

iii. Providing a full range of services on-Island will become more difficult as clinicians are required to become increasingly specialised. This will make some on-island services extremely difficult to maintain and will require closer partnership working with other jurisdictions such as Jersey, the UK and Europe.

iv. Continuously striving to provide the best possible services to the Islands.

v. The need to promote and support independence and reduce the level of dependence on health and social care services.

89. There are a number of organisational issues. These include:

i. Ageing HSSD estate and properties - some of which are not fit for purpose and require rationalisation or upgrading.

ii. The contract with the GPs to provide cover for the Accident and Emergency department is due for renewal in December 2018.

iii. Contracts with the Medical Specialist Group, Guernsey Physiotherapy Group and Alderney doctors are due for renewal in 2017.

90. In summary, the case for change is clear. The current pattern of expenditure is not sustainable. Being more efficient will not be sufficient to contain expenditure within allocated levels. The ageing population and the potential for an overall decline in tax revenue will exaggerate this problem.

Key point 16: The solution to the problem is as much about prevention and careful decision making regarding areas of investment as it is about delivering high quality services when needed. The current funding and organisational structure is unlikely to be able to meet future demands in the most efficient and effective way.

Setting the vision and objectives

91. The HSSD Board believes that to set out a plan of work for taking health and social care for Guernsey and Alderney forward, we have to establish some clear objectives for the future. After consultation with staff and other professional groups, this can be summarised as follows:

What we are trying to achieve	**Enable people to live healthy, independent lives**
What we are here to do	To promote, improve and protect the health and social well being of all
What we need to do	1. **Promote** healthy lifestyle choices and social well being 2. **Improve** services, continuously striving for safety, quality, efficiency and effectiveness 3. **Protect** and support the community

Healthy, independent lives

92. The adoption of a deliberate and carefully worded vision for the Department will provide a strategic direction against which all investment can be measured. This will enable consistent and thoughtful targeting of resources and funding.

93. It is acknowledged that not all people in Guernsey and Alderney will be able to live healthy, independent lives, but adopting this as an aspiration will enable the Department to identify any investment in services and resources needed to achieve a new vision of health and social care.

94. This new vision acknowledges that, historically, early States support services were targeted at the very young, at the very old, at people with learning disabilities and people with mental health problems – generally, people who were already in crisis.

95. The Board of Health, when it diversified from public health matters, concentrated on hospital and institutional care, while the community nursing service served the Island communities. The community nursing service was taken over by the Board of Health around 40 years ago.

96. Commitment to, and involvement in, the provision of social and community services has had a relatively short history in Guernsey and has only been incorporated into the core business of the Health and Social Services Department since the reform of the Machinery of Government in 2004.

97. It is this history which illustrates the current approach to health and social care in Guernsey – the overriding focus of which is on treating disease and responding to crises and is accordingly oriented to hospitals and institutions.

98. We must design a new and enduring health and social care system for Guernsey and Alderney, where hospitals and institutions are not the only real alternatives to family support.

99. It is against this backdrop that the Department has crafted a new direction for the health and social services system - one which will enable and support everyone, irrespective of age or ability, to live as independently as possible and to make choices which support healthy lifestyles.

Outcome of the recent work with key professionals

100. The HSSD has, for the last 18 months been running a project examining the current range of services provided on the Islands and asking the question from a professional perspective of whether services must, should, could or cannot be provided.

101. A number of groups were established and covered the areas of Primary Care, Emergency Care, Medicine, Surgery, Obstetrics, Paediatrics, Mental Health, Critical Care, Oncology, Palliative Care and Diagnostics.

102. The outcome of this work is currently being analysed and will be used to inform the future work plan described in the next section. This creates a solid platform on which to develop the future framework.

103. The themes emerging from these groups in summary conclude that - social care should be assessed and delivered on the basis of need; primary care should be quick and easy to access; a wide range of diagnostic and secondary care services must be available on Island; systems should be in place to deliver as much care to people in their own homes including end of life; and finally recruitment and retention of high quality staff with the ability to work across a range of areas will be the key to a successful service. (See Appendix 3 for more details).

104. All of these emerging themes are consistent with our vision and strategic objectives for the future.

Other future opportunities

105. Guernsey is very well placed to become a centre of excellence for the future development of more private health facilities and rehabilitation provision many people from other jurisdictions may find Guernsey an attractive place to come for treatment of non-government funded procedures and interventions.

Key point 17: There is considerable potential for increasing the commercial aspects of health care provision which shall be further explored.

Identifying the benefits and work needed to achieve the objectives

106. To convert our aspirations into deliverable outcomes, it is important to understand what benefits we are trying to achieve.

Objective 1 – Promote healthy lifestyle choices and social wellbeing

107. The benefits of achieving this objective will include:
    i. Increase in life expectancy.
    ii. Reduction in incidence of cancer, cardiac disease and respiratory disease.
    iii. Reduced sickness levels in employment.
    iv. Early intervention and prevention of Mental Health problems.
    v. Reduced need for expensive secondary and tertiary care services.

108. The plan to achieve these benefits will include:
    i. An overarching health improvement strategy which will continuing to implement strategies already supported by the States of Guernsey for:
        a) Reducing obesity.

b) Reducing the use of tobacco products.
c) Reducing the misuse of drugs and alcohol.

ii. Developing a healthy work place.
iii. Producing the Strategy for Mental Health Services, already funded by the States of Guernsey.
iv. Joint working with the Education Department, the Culture and Leisure Department, the Guernsey Sports Commission and Guernsey Arts Commission on mental and physical health promotion.
v. Joint working with the Commerce and Employment Department on the Skills Strategy.
vi. A health protection strategy.

Objective 2 – Improve services, continuously striving for safety, quality, efficiency and effectiveness

109. The benefits of achieving this objective will include:
i. Maintaining expenditure within agreed allocations.
ii. Delivering a sustainable system.
iii. Delivering an efficient system.
iv. Delivering services to the public that meet recognised standards of quality.
v. Delivering services to the public which demonstrate good value for money.
vi. Using only techniques, medicines and interventions that are proven to work.
vii. Improving health outcomes.

110. The plan to achieve these benefits will include:
i. Developing and supporting the development of strategies and services for the following:
a) Primary Care.
b) Services for people with disabilities and impairments.
c) Cancer.
d) Cardiovascular and Respiratory Disease.
e) Stoke.
f) The wheelchair service.
ii. Measuring what the system does and how well it does it.
iii. Rationalising, upgrading and investing in the estate.
iv. Joint working with Jersey, the UK and Europe.
v. There is also a need to undertake a major piece of work to consider the funding and organisational options for the future. This is covered in more detail in the next section.
vi. Agreeing the range of services delivered to Alderney.
vii. Developing quality standards and a regulatory framework for health and social care services across the public, private and not for profit sectors.

viii. Progressing the integrated approach to the Financial Transformation Programme.
ix. Realising the benefits from the EHSCR implementation.
x. Establishing a clear and transparent prioritisation process for service investment.
xi. Completing the replacement of the Castel Hospital.

Objective 3 – Protect and support the community

111. The benefits of this objective will include:
    i. Enabling people to exercise choice where possible.
    ii. Enabling community organisations to maximise their contribution.
    iii. Increasing the numbers of people living independently or with minimum support.
    iv. Protecting the public.
    v. Protecting vulnerable people.
    vi. Supporting, developing and implementing the Children's plan.
    vii. Supporting those with dementia.
    viii. Developing a end of life care strategy.
    ix. Supporting carers.
    x. Supporting business.

112. The plan to achieve these benefits will include:
    i. Developing strategies and services for the following:
        a) Community social care, including day services, respite services, sitting services, befriending services, and partnerships with the third sector to deliver these.
        b) Intermediate care.
        c) Assistive technology.
        d) Mental Health (referred to in objective 1).
        e) End of life.
    ii. Joint working with the following departments:
        a) Housing Department on the development of supporting living and extra care housing.
        b) Home Department and others on:
            - developing a vulnerable adult's policy.
            - the Criminal Justice Strategy.
            - support to those in prison and on probation.
        c) Policy Council, Home, Education, Housing and Social Security Departments on supporting reduction in domestic abuse.
        d) Social Security Department and Commerce and Employment Department on
            - the Supported Employment Scheme.
            - reducing sickness levels at work.

iii. Joint working with the voluntary and charitable sector to support people in the community.
iv. Supporting the States of Guernsey on Emergency Planning.
v. Planning for potential future pandemics.
vi. Establishing a clear and accountable governance framework and structure.
vii. Implementing new Mental Health Legislation.

The enabling plans to support this work

113. In addition to the work identified above, there will be a need to ensure that our key corporate functions of Finance, Business Intelligence (including IT) and Human Resources develop long term plans to support the delivery of these key pieces of work. This will be done in partnership with the Financial Transformation Programme. We will also be developing a comprehensive communication and public engagement plan so that the public, professional and other interested parties can express their views at the appropriate points in the delivery of this framework. This will commence with seeking views of the public, professionals and services users on the principles and key objectives contained in this framework.

114. With all good strategies, progress and development will be kept under constant review. It will also be important to review this work in line with other States strategies including managing Guernsey population. Following a period of consultation, an update on progress with the framework and an opportunity to confirm the key principles set out in this report will be bought back to the States in 2012.

Funding and Organisational Options

Funding options –resourcing HSSD's 2020 Vision

115. If the health and social care system continues to be funded at current levels, it is unlikely that it will be able to continue to deliver the same range and/or quality of services in the future, even with significant efficiency improvements.

116. A considerable amount of economic and financial modeling will be required to substantiate that assertion. This modeling is also needed to create a clear picture of what Guernsey will need to do in the next few years to ensure that it has an affordable health and social care system.

117. The outcome of the modeling work will lead to a number of scenarios, which the States of Guernsey will need to consider. These scenarios will review alternative methods of funding which may include:

i. a fully tax and/or Statutory Health Insurance (SHI) funded system (including Primary Care);
ii. a partial tax/SHI funded system where secondary care is free;
iii. a partial tax/SHI funded system where acute hospital care is charged (or means tested) but social care, mental health and disability services are free (or means tested);
iv. a fully private insurance based system;
v. a fully insurance based system through the Social Security Department.

Key point 18: A process for reviewing and establishing appropriate funding options to support the development and implementation of HSSD's 2020 Vision will be established and led by HSSD in close liaison with Policy Council, Treasury & Resources, Social Security Department and other stakeholder agencies.

Organisational options – delivering HSSD's 2020 Vision

118. This would consider options for the organisational form of delivery to ensure the most efficient model of service delivery and care and could include:

i. Continuing to organise the health and social care system in the same way, recognising the inefficiencies and inconsistencies this brings with it.
ii. Consider alternative organisational forms ranging through:
    a) a fully employed model where all aspects of health and social care are provided by HSSD or another States Department;
    b) a mixed economy of States employed and independent sector organisations (including the voluntary sector);
    c) a fully devolved model where no States Department employs health and social care staff.

119. It is critical that work begins now on looking at alternative organisational forms, or maintaining the status quo, so that an early decision can be made on the future of the MSG, GPG and A&E contracts.

120. In summary it is very clear that the current model of health and social care cannot be sustained. It is essential that there is open debate with all stakeholders on the future model of health and social care that should be implemented. Some examples demonstrate ways of enabling change to occur but there may be other unexplored solutions. Having identified the options the following road map helps to outline a broad time scale and key activities that will

need to occur to deliver the key elements of this framework and realise the benefits.

Road Map for Delivering the Key Elements

121. If this framework is agreed it will provide a new direction for HSSD to steer change. By having an explicit common vision it will allow HSSD and the States as a whole to prepare its operations and processes for future demands with sustainable funding. As one of the main drivers is the demographic changes, action needs to be taken sooner to enable individuals to take responsibility for their own health as soon as possible to ensure they are fit and active in their retirement.

122. The pathway to the Health and Social Services Department's 2020 Vision will require a range of help and expertise in developing these proposals. Some of this may require consideration of short term funding, but this will follow the States Strategic Planning process.

123. In terms of identifying priorities for areas of investment and disinvestment, the HSSD must comply with the States overall strategies, plans, timetables and controls.

124. The States has recently introduced a new process for prioritisation of new projects using the 5 Case Model, one of the cases being strategic fit. The States debates future funding of projects in September each year and will be assessing business cases using the criteria in the 5 Case Model. The projects going forward for the September submission would need to be sent to the Policy Council for evaluation by April. The HSSD intends to review its own projects in 2011 using the strategy being developed within this report. By reviewing the submissions in this way, feedback can be given to developing the strategy for the 2012 submissions.

125. The HSSD's 2020 Vision strategy is rooted in the States Strategic Plan (SSP) and will deliver against the Department's corporate strategic commitments described within the SSP.

126. There is only a minimal amount of health and social care legislation at the present time. Some of these work streams may well require future legislation, but at this point in time limited new legislation is being prepared.

The HSSD 2020 Vision road map

Plan	Target completion
Objective 1 – Promote Healthy Lifestyle choices and Social Wellbeing	
i. Health improvement strategy which encompasses the strategies already supported by the States of Guernsey for:	
• Reducing obesity – phase I;	Q4 2011
• Reducing obesity – phase II;	Q4 2013
• Reducing the use of tobacco products;	Q4 2012
• Reducing the misuse of drugs and alcohol.	Q4 2014
ii. Developing a healthy work place.	Q4 2014
iii. Producing the Strategy for Mental Health Services.	Q4 2011
iv. Mental and physical health promotion joint working.	Q2 2012
v. Joint working on the Skills Strategy.	Q2 2012
vi. A health protection strategy including:	Q4 2012
• Immunisation and vaccination;	
• Sexual health;	
• Environmental health issues;	
• Screening services.	
Objective 2 – Improve services, continuously striving for safety, quality, efficiency and effectiveness	
i. Developing a strategy for Primary Care services.	Q3 2012
ii. Support the development of the strategy for those with Disabilities.	Q4 2014
iii. Developing a strategy for Cancer.	Q3 2011
iv. Developing a strategy for Cardiovascular and Respiratory Disease.	Q1 2012
v. Developing Stoke services.	Q2 2013
vi. Measuring what the system does and how well it does it.	Q1 2012
vii. Rationalising, upgrading and investing in the estate.	Q4 2015
viii. Joint working with Jersey, the UK and Europe.	Q2 2012
ix. Funding and organisational options for the future.	Q3 2012
x. Agreeing the range of services delivered to Alderney.	Q1 2012
xi. Developing quality standards and a regulatory framework for health and social care services across the public, private and not for profit sectors.	Q1 2013

	Plan	Target
xii.	Progressing the integrated approach to the Financial Transformation Programme.	Q4 2014
xiii.	Realising the benefits from the EHSCR implementation.	Q4 2014
xiv.	Establishing a clear and transparent prioritisation process for service investment.	Q4 2012
xv.	Developing the wheelchair service.	Q4 2011
xvi.	Completing the replacement of the Castel Hospital.	Q1 2015
Objective 3 – Protect and support the community		
i.	A community social care strategy, including day services, respite services, sitting services, befriending services, partnerships with the third sector to deliver.	Q2 2013
ii.	An intermediate care strategy.	Q4 2013
iii.	An assistive technology strategy.	Q4 2013
iv.	Production of the Mental Health Strategy (as mentioned in objective 1).	Q4 2011
v.	Production of an end of life strategy.	Q3 2011
vi.	Joint working with the Housing Department on the development of supporting living and extra care housing.	Q1 2014
vii.	Joint working on developing a vulnerable adult's policy.	Q4 2011
viii.	Joint working on the Criminal Justice Strategy.	Q4 2011
ix.	Joint working on support to those in prison and on probation.	Q2 2012
x.	Joint working on the Supported Employment Scheme.	Q2 2012
xi.	Joint working on reducing sickness levels at work.	Q3 2013
xii.	Joint working to support people in the community.	Q2 2014
xiii.	Supporting the States of Guernsey on Emergency Planning.	Q3 2012
xiv.	Planning for potential future pandemics.	Q4 2012
xv.	Establishing a clear and accountable governance framework and structure.	Q4 2012
xvi.	Implementing new Mental Health Legislation.	Q2 2012
xvii.	Supporting, developing and implementing the Children and Young People Plan and reviewing on a 3 year rolling programme.	Q4 2011
xviii.	Joint working to support reduction in domestic abuse.	Q4 2014

Plan		Target
Key enabling plans		
i.	Consultation on the 2020 framework.	Q4 2011
ii.	Revision of the 2020 framework following consultation.	Q2 2012
iii.	The infrastructure plan.	Q3 2013
iv.	The business information plan.	Q1 2012
v.	The long term financial plan.	Q2 2012
vi.	The long term workforce plan (including contributing to the managing Guernsey's population work).	Q2 2012
vii.	The knowledge, research and learning plan.	Q2 2012
viii.	The communication and engagement plan: Service users/patients; • Staff and professionals; • The public; • Key stakeholders.	Q4 2011
ix.	The governance structure.	Q4 2011
Key client strategies		
i.	Services for children and young people.	Q4 2013
ii.	Services for disabled people.	Q4 2013
iii.	Services for working age adults.	Q4 2012
iv.	Services for older people, including States report.	Q3 2011
v.	A carers strategy.	Q3 2012
vi.	Supporting staff.	Q2 2012
vii.	Working with the third sector.	Q4 2012
viii.	Working with the independent business sector.	Q2 2013

127. **NOTE:** The dates in the road map are only indicative and will be amended following consultation and as the framework develops. Some elements of the framework will depend on available resources and priorities. Some elements of work will require additional short term funding and, where appropriate, this would be sought as part of the States Strategic Planning process. Other elements of this Road Map will not need further States approval as they will be within the current mandates of Departments to deliver. These dates may only indicate a milestone to report progress rather than a completed project and there is no guarantee that these time scales will be met at this stage.

Recommendations

128. The HSSD is keen for debate on this report to address the general policy issues contained, without taking a definitive position on any of those issues. The HSSD wishes to have the opportunity to reflect on all feedback from the debate and to consult further before returning to the States with more detailed proposals on each of the areas of work identified in the road map. The HSSD, therefore, requests that the recommendation which follows be considered by the States without amendment - in accordance with Rule 12(4) of the Rules of Procedure of the States of Deliberation.

The Health and Social Services Department recommends the States:

1. Directs the HSSD to pursue the plans outlined in this report to ensure the future health and social care needs of the population of Guernsey and Alderney are met with a financially sustainable model.

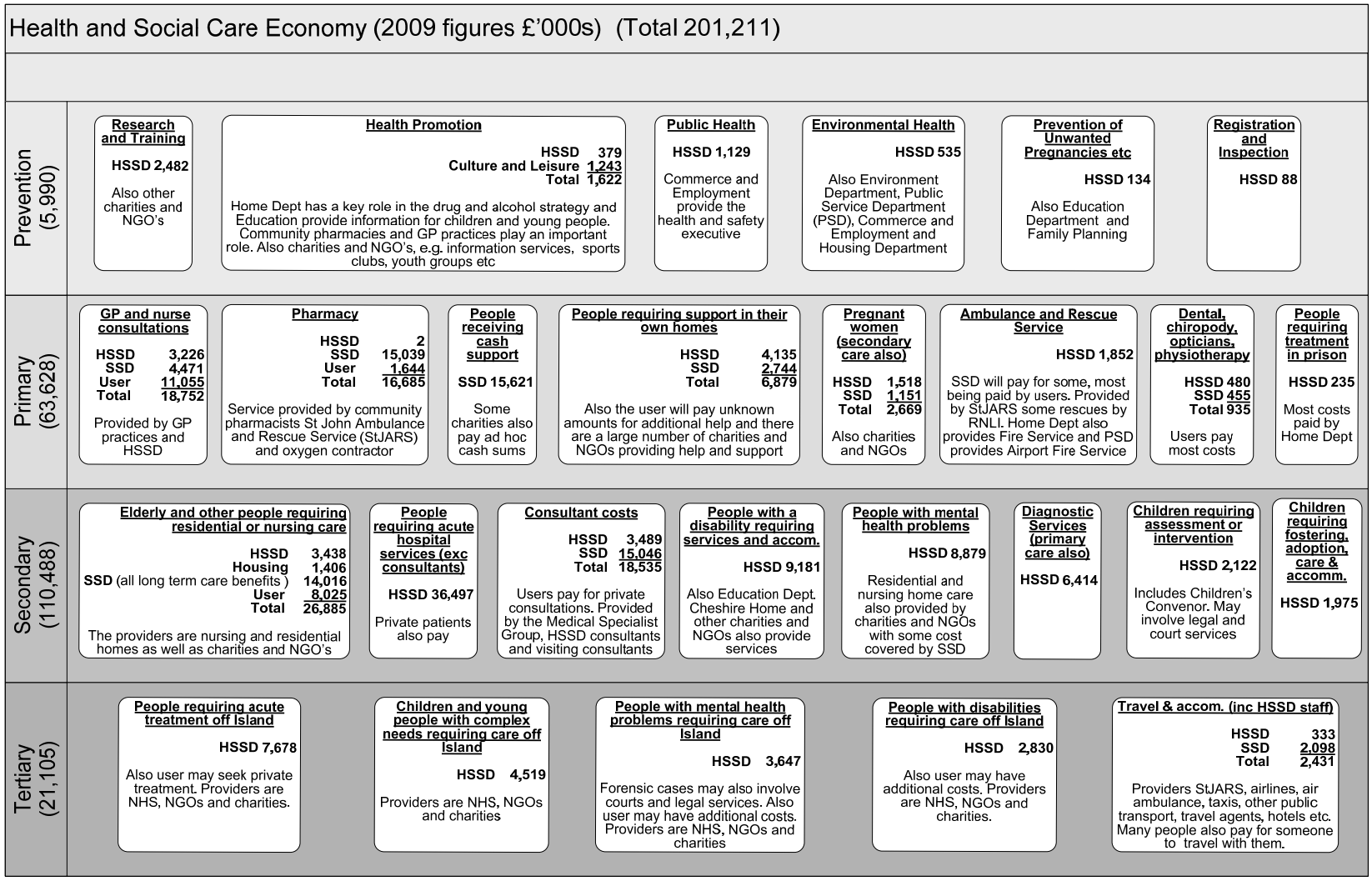
2. Directs all States Departments to contribute, where relevant, to each area of the plan which makes up this framework and for the HSSD to establish a suitable governance framework with which States Departments can engage.

3. Directs the HSSD to consult the public, professionals and other interested parties on the main objectives and the key elements of the framework (noting that each element will also have its own engagement and consultation plan, due to the size and complexity of the whole system).

Yours faithfully

Deputy A. H. Adam
Minister

Appendix 1


Health and Social Care Economy (2009 figures £'000s) (Total 201,211)
Prevention (5,990)
Research and Training
HSSD 2,482
Also other charities and NGO's
Health Promotion
HSSD 379
Culture and Leisure 1,243
Total 1,622
Home Dept has a key role in the drug and alcohol strategy and Education provide information for children and young people. Community pharmacies and GP practices play an important role. Also charities and NGO's, e.g. information services, sports clubs, youth groups etc
Public Health
HSSD 1,129
Commerce and Employment provide the health and safety executive
Environmental Health
HSSD 535
Also Environment Department, Public Service Department (PSD), Commerce and Employment and Housing Department
Prevention of Unwanted Pregnancies etc
HSSD 134
Also Education Department and Family Planning
Registration and Inspection
HSSD 88
Primary (63,628)
GP and nurse consultations
HSSD 3,226
SSD 4,471
User 11,055
Total 18,752
Provided by GP practices and HSSD
Pharmacy
HSSD 2
SSD 15,039
User 1,644
Total 16,685
Service provided by community pharmacists St John Ambulance and Rescue Service (StJARS) and oxygen contractor
People receiving cash support
SSD 15,621
Some charities also pay ad hoc cash sums
People requiring support in their own homes
HSSD 4,135
SSD 2,744
Total 6,879
Also the user will pay unknown amounts for additional help and there are a large number of charities and NGOs providing help and support
Pregnant women (secondary care also)
HSSD 1,518
SSD 1,151
Total 2,669
Also charities and NGOs
Ambulance and Rescue Service
HSSD 1,852
SSD will pay for some, most being paid by users. Provided by StJARS some rescues by RNLI. Home Dept also provides Fire Service and PSD provides Airport Fire Service
Dental, chiropody, opticians, physiotherapy
HSSD 480
SSD 455
Total 935
Users pay most costs
People requiring treatment in prison
HSSD 235
Most costs paid by Home Dept
Secondary (110,488)
Elderly and other people requiring residential or nursing care
HSSD 3,438
Housing 1,406
SSD (all long term care benefits) 14,016
User 8,025
Total 26,885
The providers are nursing and residential homes as well as charities and NGO's
People requiring acute hospital services (exc consultants)
HSSD 36,497
Private patients also pay
Consultant costs
HSSD 3,489
SSD 15,046
Total 18,535
Users pay for private consultations. Provided by the Medical Specialist Group, HSSD consultants and visiting consultants
People with a disability requiring services and accom.
HSSD 9,181
Also Education Dept. Cheshire Home and other charities and NGOs also provide services
People with mental health problems
HSSD 8,879
Residential and nursing home care also provided by charities and NGOs with some cost covered by SSD
Diagnostic Services (primary care also)
HSSD 6,414
Children requiring assessment or intervention
HSSD 2,122
Includes Children's Convenor. May involve legal and court services
Children requiring fostering, adoption, care & accomm.
HSSD 1,975
Tertiary (21,105)
People requiring acute treatment off Island
HSSD 7,678
Also user may seek private treatment. Providers are NHS, NGOs and charities.
Children and young people with complex needs requiring care off Island
HSSD 4,519
Providers are NHS, NGOs and charities
People with mental health problems requiring care off Island
HSSD 3,647
Forensic cases may also involve courts and legal services. Also user may have additional costs. Providers are NHS, NGOs and charities
People with disabilities requiring care off Island
HSSD 2,830
Also user may have additional costs. Providers are NHS, NGOs and charities.
Travel & accom. (inc HSSD staff)
HSSD 333
SSD 2,098
Total 2,431
Providers StJARS, airlines, air ambulance, taxis, other public transport, travel agents, hotels etc. Many people also pay for someone to travel with them.

Appendix 2

Current Constitution, Mandate and Membership of the Health and Social Services Department.

"Constitution

- *a Minister, who shall be a sitting member of the States;*
- *four members, who shall be sitting members of the States; and*
- *up to 2 non-voting members nominated by the Department for election by the States, who shall not be sitting members of the States.*

Mandate

a) *To advise the States on matters relating to:*
   - *The mental, physical and social wellbeing of the people of Guernsey and Alderney;*

   and to be responsible for:-
   i. *Promoting, protecting and improving personal, environmental and public health;*
   ii. *Preventing or diagnosing and treating illness, disease and disability;*
   iii. *Caring for the sick, old, infirm and those with disabilities;*
   iv. *Providing a range of social services to all age groups including ensuring the welfare and protection of children, young people and their families and ensuring that the best interests of the child shall be a primary consideration.*

b) *To contribute to the achievement of strategic and corporate objectives, both departmentally and as part of the wider States organization, by:*
   i. *Developing and implementing policies and legislation, as approved by the States, for the provision of services in accordance with this mandate; and*
   ii. *Actively supporting and participating in cross departmental working as part of the Government Business Plan process and ensuring that public resources are used to best advantage, through co-operative and flexible working practices.*

c) *To exercise the powers and duties conferred on it by extant legislation.*

d) *To exercise the powers and duties conferred on it by extant States resolutions, including all those resolutions, or parts of resolutions, which relate to matters for the time being within the mandate of the Health and Social Services Department and which conferred functions upon the former:-*
   - *Board of Health*
   - *Children Board*
   - *Public Assistance Authority.*

e) To be accountable to the States for the management and safeguarding of public funds and other resources entrusted to the Department."

The current membership of the HSSD is:

Minister:	Deputy A. H. Adam
Deputy Minister:	Deputy A. R. Le Lièvre
Other Members:	Deputy B. L. Brehaut
	Deputy M. M. Lowe
	Deputy P. L Gillson

Appendix 3

Themes from Recent Work with Key Professionals

i. Social care should be assessed and delivered on the basis of need, rather than rules.
ii. The choices and control of the funding should be with the service user not the provider or funder.
iii. Primary care should be organised to give the public quick and easy access to a range of medical services.
iv. Primary vaccination services should be provided to all in our community
v. Validated screening programmes have the potential to prevent the necessity for more serious interventions; these should be delivered in/with primary care.
vi. A very wide range of diagnostic services should be accessible locally - not only pathology and radiology, but also optometry, audiology etc.
vii. Patient choice must be built into the delivery of primary care.
viii. There must be equity and access for all.
ix. Emergency care should be delivered safely and competently, using the best evidence methodology wherever the patient is.
x. A comprehensive secondary care service must be available on-Island, which is able to deliver:
    - Obstetrics
    - Paediatrics
    - General Surgery
    - Dental Surgery with anaesthesia
    - Gynaecology
    - Medicine
    - Critical care
    - Trauma care
    - Diagnostic Support.
    - Mental Health
xi. Paediatrics and Mental Health should be delivered in the community not as secondary care, with a preventative and supporting remit, involving primary care, third sector, etc.
xii. A range of expertise must be maintained on-Island to enable most care to be delivered locally.
xiii. Good links with an off-Island centres are essential, along with methods for timely transfer (includes inter-island).
xiv. End of life and community support at home should be accessible to all.
xv. Systems should be in place to deliver as much care away from the hospital as is possible, keeping people in their own homes and communities for as long as possible.
xvi. Institutional care is to be considered as the last resort, not the first.

xvii. Social and health care is for delivery in our community, the place where people wish to live.

xviii. Optimisation of health and social wellbeing is the essence of the objectives of the service.

xix. Quality of life, not necessarily quantity, is the key measure.

xx. The system must be competent and comprehensive enough not to be seen as a dissuader for new businesses to come to the Islands.

xxi. Recruitment and retention of high quality staff with the ability to work across a range of areas will be the key to a successful service - and this is one of the big sources of risk.

xxii. The resources needed - human, physical and financial - will all be at a premium.

xxiii. Disinvestment from any part of the existing service configuration will prove a real challenge - as all groups want a very wide service remit.

xxiv. We (service users and providers) need to recognise our limitations in the range and depth of service which can be delivered in our community.

xxv. The use of all agencies, minimising barriers and use of the third sector should be included in any service plan.

xxvi. Preventing the development of ill health would be better than treating it.