POLICY COUNCIL

2020 VISION: PROGRESS REPORT AND NEXT STEPS

EXECUTIVE SUMMARY

1. In light of the recent discussions within Policy Council and with States Members, the Policy Council is keen to offer its support to the attached "2020 Vision: Progress Report and Next Steps".

2. Although in itself the report does not contain any States propositions, it clearly reinforces the need for change and for a more co-ordinated approach to strategic planning. A number of more detail documents will be presented by the Health and Social Services Department (HSSD) to the States in due course which will support the delivery of the 2020 Vision and have specific propositions for the States to debate.

3. The Policy Council is keen to endorse this approach and, although this document has been primarily led by HSSD, wishes to emphasise that this is not just a matter for HSSD. This is a matter for all States Departments to engage with and indeed for the wider community as a whole. The propositions contained within this report are for the States to reaffirm its commitment to this vision.

INTRODUCTION

4. In May 2011 (Billet d'État VIII), the States unanimously approved the HSSD's States Report entitled "Future 2020 Vision of the Health and Social Services System". The purpose of the report was to set out a framework for the future development of the health and social care system in Guernsey and Alderney. The third sentence of that report stated "*It will require all States Departments to work together*".

5. The report was put forward by HSSD, but it was clear from the States resolution associated with the report that the States agreed to "*direct all States Departments to contribute, where relevant, to each area of the plan.....*". The Policy Council holds the view that this represents a major contribution to future social policy.

THE 2020 VISION FRAMEWORK

6. The framework sets out the vision for the future of the health and social care system and was designed to meet the social policy objectives of the States Strategic Plan. The 2020 vision framework sets out HSSD's responsibility, on behalf of the States, for **enabling** people to live healthy, independent lives, by::

    1. **Promoting** good health and wellbeing across the community.
    2. **Improving** outcomes for people who use health and social care services.
    3. **Protecting** people through high-quality, well-regulated services.

7. The framework went to great lengths to stress that worldwide evidence has established that many of the reasons people require long term health interventions or social care support were not just genetic, but as a direct consequence of factors such as:

    - Poor housing;
    - Poor educational attainment;
    - Poor employment opportunities;
    - Disjointed welfare systems.

8. The framework also pointed out that these factors did not just impact on the health and social care system, but were also factors that have a significant impact on the criminal justice system, the requirement for social housing and the demands on the welfare system. These factors will also impact heavily on the ability for people to be and remain economically active, and therefore they also have a direct impact on balancing the fiscal position. In other words those factors are as equally important when consider the raising of finance by the States (as that is by and large from economically active individuals or the businesses within which they work) as it is when considering the expenditure of the States, part of which is to meet the needs of those who are not or cannot be economically active (in either the short, medium or long term).

THE POLICY COUNCIL'S PERSPECTIVE

9. The Policy Council has recently reviewed the progress of this report through a document produced by HSSD entitled "2020 Vision: Progress Report and Next Steps" which is attached for members' information. There are many other such workstreams in the process of development at the present time. The Education Department is developing its future vision. The Home Department has made significant progress on the Criminal Justice Strategy. The Social Security Department is reviewing many aspects of the welfare system. However, in order to ensure that these strategies and policies are complementary, co-ordinated and that the interdependencies between them are properly recognised and understood, the Policy Council needs to assure the States of Deliberation that this is indeed happening.

10. There is no doubt that the States is going through a significant period of transition and that there are major challenges ahead of us. These challenges will not and cannot be met unless we face them together and understand the implications of one part of States activity on another, or on the wider community.

11. The development of the 2020 Vision has, in the eyes of the Policy Council, seen a new approach to developing coherent strategy which recognises its interdependencies.

12. The Policy Council is clear and content that the 2020 Vision is aligned with the current direction of the States Strategic Plan and is complementary to it. The Policy Council urges all members to revisit the original "Future 2020 Vision of the Health and Social Services System" contained in Billet d'État VIII, May 2011.

RECOMMENDATIONS

13. This brief report from the Policy Council is being submitted to the States to emphasise the commitment required from States Departments to the 2020 Vision and the workstreams that are being designed to support its delivery. The Policy Council also recommends the States of Deliberation to agree:

    1. that, in developing and implementing all strategic proposals, due account is taken of the impact on, and interdependencies with other States Departments and the wider community;

    2. to reconfirm the original resolutions of the States of Deliberation with regard to the "Future 2020 Vision of the health and social services system", which were:

        i) To direct the HSSD to pursue the plans outlined in that Report to ensure the future health and social care needs of the population of Guernsey and Alderney are met with a financially sustainable model.

        ii) To direct all States Departments to contribute, where relevant, to each area of the plan which makes up this framework and for the Health and Social Services Department to establish a suitable governance framework with which States Departments can engage.

        iii) To direct the Health and Social Services Department 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

Peter A. Harwood
Chief Minister

26th November 2012

J P Le Tocq, Deputy Chief Minister

Deputy G A St Pier	Deputy A H Langlois	Deputy R W Sillars
Deputy R Domaille	Deputy K A Stewart	Deputy P A Luxon
Deputy D B Jones	Deputy A H Adam	Deputy M G O'Hara

Appendix

HEALTH AND SOCIAL SERVICES DEPARTMENT
2020 VISION: PROGRESS REPORT AND NEXT STEPS

EXECUTIVE SUMMARY

1. By 2020, the groundwork will be laid to enable all islanders to **lead healthy, independent lives.**

2. This is the vision of the States. It is one of the objectives of the States' Strategic Plan, and it was unanimously confirmed, in May 2011, when the States debated the "2020 Vision" of the Health and Social Services Department (HSSD)[1].

3. At that time, all Departments committed to working together with HSSD to create an inclusive and healthy community which supports islanders' physical, social and emotional wellbeing.

4. This report is an update on the progress that HSSD and its partners have made since 2011, and outlines the next steps that need to be taken in order to develop an effective and fair health and social care system for the Bailiwick.

5. It explains the major economic, demographic and structural challenges which Guernsey faces over the next decades – including rising medical and technological costs; an ageing population; and the effects of clinical specialisation on the island's ability to provide services; as well as the disjointed nature of the existing health and social care system.

6. This report provides the context for a series of major changes which HSSD will seek to make from 2013 onwards, concerning the structure of healthcare services and of social care services, health improvement and protection programmes, regulation of care providers and professionals, and the way that major decisions about developments and disinvestments are prioritised.

7. The States will be asked to debate proposals relating to each of these areas over the coming months, and the decisions which it makes will have major consequences for the health and wellbeing of islanders, and the effectiveness and

[1] See p463 in Billet d'État VIII (Volume 1), May 2011 (available online at http://www.gov.gg/CHttpHandler.ashx?id=3939&p=0)

sustainability of the Bailiwick's health and social care system, for decades to come.

INTRODUCTION

8. HSSD's role is to **enable** people to live healthy, independent lives. In debating the first 2020 Vision, the States agreed that there should be three core elements to HSSD's work:

- **Promoting** good health and wellbeing across the community.
- **Improving** outcomes for people who use health and social care services.
- **Protecting** people through high-quality, well-regulated services.

9. HSSD has begun to work towards achieving the vision, within the wider framework of the States' Strategic Plan and priorities. In the coming years, however, the Department faces major challenges – financial, clinical and structural – and rare, short windows of opportunity to make fundamental changes to health and social care in the Bailiwick of Guernsey.

10. Islanders are living longer than ever, but may still spend a number of years in poor health, with conditions such as dementia, cancer, poor mental wellbeing, heart disease or physical frailty. Under existing States' policy[2], the working age population is due to get much smaller, meaning that tax-funded services will have less income to draw on, and it will become harder to recruit health and social care staff at all levels.

11. Most doctors and nurses, and many other health professionals, are now trained in narrower, more specialised fields, which will make it harder for Guernsey to provide the wide range of health services on island. The health and social care system has no overall regulation, and its patchwork funding structure means that helpful and healthy behaviours are not rewarded, and sometimes the reverse may even happen.

12. If islanders are to receive good quality and sustainable health and social care over the next three decades and beyond, the States needs to face these challenges now. However, doing so will require a lot of determined forward-planning by HSSD and by its partners, and a willingness to confront difficult issues face-on and seek to understand them in depth.

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[2] Following a debate on Guernsey's Strategic Population and Migration Policy (Billet d'État IV, February 2007 – available online at http://www.gov.gg/CHttpHandler.ashx?id=3825&p=0) it was resolved to maintain Guernsey's population at its 2007 level of just under 62,000. This is referred to herein as the "constant population model", and all figures in this report are based on it.

13. In order to be successful, HSSD needs to engage with all parts of the health and social care system – that is, every organisation which funds or provides social or health care in the Bailiwick; including voluntary, public and private sector organisations.

14. This includes partners such as the Medical Specialist Group (MSG), the Guernsey Physiotherapy Group (GPG); off-island providers of acute and long-term care; Primary Care GPs and other private providers of health or social care – from dentists to physiotherapists to psychologists. It also includes HSSD's own services and staff, as well as other States Departments – especially Social Security, which funds large parts of the health and social care system, such as primary care prescribing, the health benefit grant, off-island travel and the contracts with the Medical Specialist Group and Guernsey Physiotherapy Group.

15. This report is an update on the work that has been done since the first States Report on the 2020 Vision in May 2011, and the next steps that need to be taken, in order to meet the challenges of the next few decades and to achieve a better quality of life for all islanders.

Definitions

16. The following terms are key concepts in health and social care, which will be used frequently in this report.

Wellbeing[3]

17. Wellbeing is about how people feel (emotions such as anxiety or happiness) and how they function (their sense of connection or competence, for example).

18. Wellbeing is more than just day-to-day happiness. It also includes things such as how satisfied people are with their lives as a whole, how people compare themselves to others, and whether people have a sense of control or of purpose in life. People with higher wellbeing – positive emotions and good day-to-day functioning – can be said to be flourishing.

Health

19. The World Health Organisation[4] defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

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[3] Paraphrase of the definition given on p6 of "Measuring Well-being: A guide for practitioners" by the New Economic Foundation (nef). This guide is a helpful introduction to the concept of wellbeing, and can be found online at: http://www.neweconomics.org/sites/neweconomics.org/files/Measuring_well-being_handbook_FINAL.pdf

[4] Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946

20. That is, being healthy is not just about being 'not ill' or 'not in pain'. It is about being positively well, both physically and mentally; and having personal resources (such as physical fitness, immunity, or emotional resilience) to deal with potential causes of ill-health.

Public health

21. Public health is about preventing disease, prolonging life and promoting health, through the actions and informed choices of whole communities, public, private and voluntary organisations, and individuals.

22. Public health involves "enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions"[5] which are based on research, assessment, and prioritisation. Effective public health is the business of all government and community organisations, rather than just being one of the functions of a health system.

Environmental health

23. The World Health Organisation[6] defines environmental health as "address[ing] all the physical, chemical, and biological factors external to a person, and all the related factors impacting behaviours. It encompasses the assessment and control of those environmental factors that can potentially affect health. It is targeted towards preventing disease and creating health-supportive environments."

Primary care

24. Primary care is the first point of contact between individuals and the health system. It brings health services as close as possible to where people live and work, and is, in many cases, the first element of a continuing healthcare process[7].

25. Primary care services – generally speaking, services to which people can refer themselves – include GPs, dentists, opticians, pharmacies, some physiotherapists, and some forms of mental health counselling, as well as Accident & Emergency.

26. Primary care also includes outreach services, such as health visitors, which go out to people rather than waiting for people to come to them.

Secondary care

27. Secondary care tends to mean healthcare provided by medical specialists and other professionals who do not have first contact with patients. In Guernsey, this

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[5] From the World Health Organisation definition of health promotion: http://www.who.int/topics/health_promotion/en/

[6] See http://www.who.int/topics/environmental_health/en/

[7] World Health Organisation, Alma Ata Declaration on Primary Health Care, September 1978, http://www.paho.org/English/DD/PIN/alma-ata_declaration.htm

includes specialist consultants, hospital-based services – from intensive care, to surgery, to pre-discharge rehabilitation services – most mental health services, and most therapists (physio, occupational, speech and language). It also includes most off-island acute services.

Social care

28. Social care includes protection, care, support, welfare and advocacy services, intended to promote and secure the wellbeing of children, adults, families and communities. It involves person-centred care planning, based on established best practice and individual assessments of need.

29. Social care is about helping people live their lives comfortably, particularly people who require a certain degree of extra practical and physical help. This practical support is provided to help individuals maintain their independence, fulfil their potential, and lead fuller and more enjoyable lives.[8]

Wider determinants of health and wellbeing

30. The wider determinants of health and wellbeing are the elements of a person's world that make it possible (or difficult) for them to have good health and wellbeing: such as their support network; their education; their access to housing and financial security; the kind of environment they live and work in; or their community or peer group's attitude to health.

31. **Health inequalities** refer to differences in overall health status, or in the distribution of these determinants of health, between different population groups.

32. The following diagram[9] illustrates how many aspects of a person's life, which at first do not appear to relate directly to their health or wellbeing, can actually have a major impact:

[8] Paraphrase of the definition of Social Care given by the National Institute for Social Work: see http://nisw.org.uk/socialcare/

[9] The Health and Wellbeing Map (after Barton and Grant, 2006)

33. The better the context in which islanders are living, the more effective will be any attempts to improve their health and wellbeing. This means that, although most of these wider determinants are outside HSSD's remit, there is a real incentive for HSSD and other Departments and organisations to work jointly on issues that affect the whole community, in order to improve islanders' health, wellbeing and quality of life.

34. Those in our community who cannot or do not get the benefit of the wider determinants of health and well-being tend to need or access a disproportionately higher level of public services (health, social care, the criminal justice system, social housing and the welfare system) than those who do benefit from those wider determinants.

WHY CHANGE?

35. The States of Guernsey is committed to a vision of healthy, independent lives for all islanders. On one level, change is needed because we believe that not all islanders are as healthy as they could be[10], many have less choice and control over

[10] Research commissioned by HSSD from Peter West, Associate Economist at the King's Fund ("Modelling the Impact of Prevention on Health Spending in Guernsey"), indicated that a full take-up of preventive healthcare measures could reduce the costs of providing healthcare by at least 3% per annum.

their own lives than they would wish[11], and evidence has suggested that outcomes for islanders who use health and social care services could be improved in many areas[12].

36. But why set the target for 2020? And why not simply initiate a programme of continuous improvement, rather than explore the more radical options discussed in this report?

Financial pressures

37. It is especially important to have a sustainable health and social care system in place by 2020, because the twenty years that follow are expected to place a level of demand on services which is higher than has ever been seen before. Without careful planning in advance, services will be unable to cope with this demand, and many people will suffer unnecessarily as a result.

38. The island's older population is growing steadily. In 2040, as many as 1 in 3 islanders (31%) will be over pensionable age[13], despite that age increasing from 65 to 67 by 2032. The oldest section of the population, aged 85 and above, could grow from around 2,225 in 2020 to a peak of as many as 6,828 in 2060 – more than 11% of the island's population[14].

39. Because the incidence of ill-health and disability is, in most cases, closely linked with age, an ageing population will result in a rise in health and social care needs. Recent local research has shown that 1 in 3 people over retirement age have a health condition which affects their day-to-day life[15].

40. At the same time, Guernsey has set a limit on the size of its population. The only way to enforce this is to prevent migration into the island. Since migrants are

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This implies that, at the moment, people are becoming ill in situations which could be avoided by more widespread and effective preventive healthcare.

[11] In a survey of older islanders conducted in 2010, respondents' top priorities were to remain in their own home and to retain control over their own lives. This research will be summarised in the forthcoming Supported Living and Ageing Well Strategy (expected April 2013).

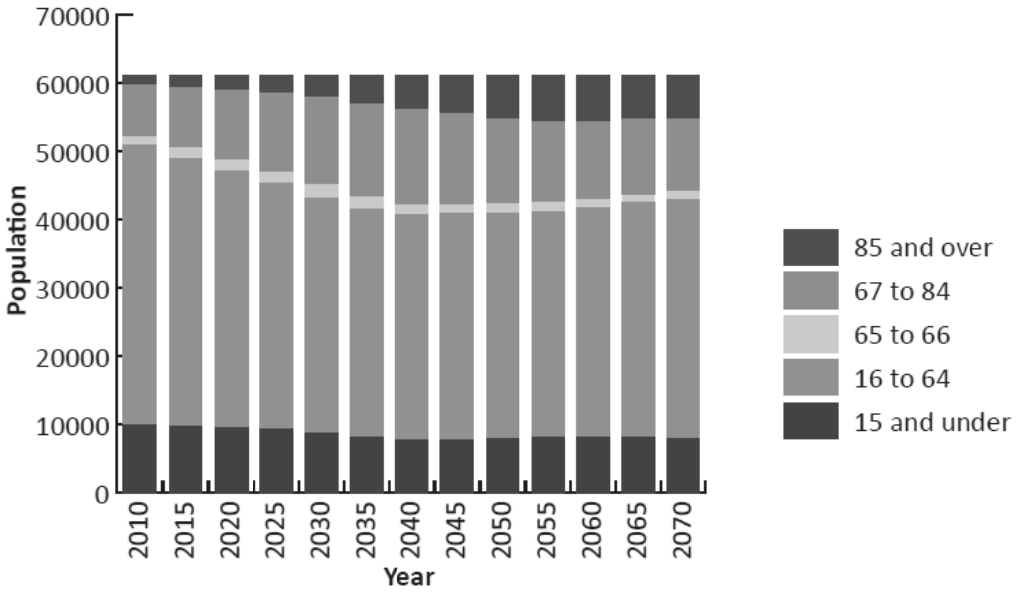
[12] See, for example, Sector's 2011 report on "Value for Money Review of Secondary Healthcare in Guernsey" (available online at http://www.gov.gg/CHttpHandler.ashx?id=5149&p=0), which made 19 recommendations for improving the structure, delivery and overall value-for-money of secondary healthcare.

[13] See Fig 3.2.2 in the States Economist's 2012 report on "Potential long term implications of demographic and population change on the demand for and costs of public services" (available online at http://www.gov.gg/CHttpHandler.ashx?id=28444&p=0). This percentage is based on the constant population model.

[14] See "Guernsey Annual Population Bulletin: 31 March 2011", page 8 (available online at http://www.gov.gg/CHttpHandler.ashx?id=66455&p=0). These figures are based on the constant population model.

[15] 2012 Health, Wellbeing and Social Inclusion Survey (Stage 1 of the research programme for the Disability and Inclusion Strategy and related work). Unpublished at the time of writing.

generally working age people, this means that, as the number of older people increases, there will be fewer and fewer working age people to support them. This is illustrated by the following diagram[16].



41. This means that the "dependency ratio" will almost double. That is, currently, there are 100 working age people, paying tax and social insurance contributions, for every 48 people who are under 18 or over retirement age. By 2040, despite the increase in retirement age from 65 to 67, there will be 78 people under 18 or over retirement age, for every 100 people of working age, and the vast majority of this change will be due to the older population.[17]

42. Thus the demand for health and social care services will increase, while the funding base will shrink. To compound this, new medical treatments and technologies are expected to continue to increase in price at double the rate of inflation[18] (although the value for money of new investments in health services is expected to diminish[19]), which will increase the cost of providing services in the first place.

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[16] See "Guernsey Annual Population Bulletin: 31 March 2011", page 8, Figure 7.2.1 (available online at http://www.gov.gg/CHttpHandler.ashx?id=66455&p=0). These figures are based on the constant population model.

[17] See Section 3.5, p11, in the States Economist's 2012 report on "Potential long term implications of demographic and population change on the demand for and costs of public services" (available online at http://www.gov.gg/CHttpHandler.ashx?id=28444&p=0). These ratios are based on the constant population model.

[18] See Pearson, M (2012) "Financial sustainability and affordability of health care systems: Lessons from OECD Countries" (available online at http://www.issa.int/Resources/Conference-Reports/Financial-sustainability-and-affordability-of-health-care-systems), p5 and p7

[19] The value for money of healthcare investments is measured in something called Quality-Adjusted Life Years (QALYs). 1 QALY = one additional year of life, at an acceptable level of health and wellbeing,

43. Similarly, there tends to be a bias towards high-cost, low-value treatments towards the end of life, rather than more effective treatments earlier on. For example, in the UK, it is not uncommon for the NHS to spend £40,000 adding 3 months to the life of a terminally ill person – equal to the total cost of an individual's NHS-provided care over a lifetime, for the majority of people.[20]

44. Research commissioned by HSSD in 2011[21] identified a possible 4% saving in health care costs (with further possible savings to primary care and prescribing costs) by increasing preventive health care measures. Despite this, the overall cost to the States of providing health and social care services to an ageing and more dependent population is still projected to increase from £157m in 2010 to £376m in 2040[22], if the current funding arrangements and range of services provided remain as they are in 2012.

45. As part of the balance between fiscal, economic and social policy, the States will, in due course, need to consider the question of how much revenue it is prepared to raise, and of what services it considers itself obliged to provide to the island. This will lead to decisions about how best to deploy public money in providing public services, which may in turn alter the current funding arrangements for health and social care services, and the role of individuals in funding their own care. This is as much a fiscal and economic issue as it is a matter of social policy, and it is something which the States will have to address in every area of its future strategic planning. For the time being, however, this leaves the question of the full, long-term, public costs of health and social care only partially answered.

46. Until a fuller answer to this question is available, the focus of the 2020 Vision work will be on the structural organisational and funding issues apparent in the system and the infrastructure that supports the system. This work is fundamental to ensure the future demand is managed as far as possible and the future need to deliver services is met irrespective of how those services are paid for.

Workforce pressures

47. In the UK, clinical practice and medical education has been moving towards increased sub-specialisation. This means that newly-qualified consultants tend to have a narrower area of practice and clinical experience. There is also a trend

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being added to a person's prognosis. Although new technologies and treatments continue to add QALYs to people's lives, the amount of health gained per unit of cost is decreasing (see Pearson, above).

[20] Personal communication – Dr Daphne Austin, Public Health physician (October 2012)

[21] West, P (2012) "Modelling the Impact of Prevention on Health Spending in Guernsey."

[22] See Chapter 6, pp 19-26, in the States Economist's 2012 report on "Potential long term implications of demographic and population change on the demand for and costs of public services" (available online at http://www.gov.gg/CHttpHandler.ashx?id=28444&p=0). These figures include the Guernsey Health Service Fund and the Long Term Care Insurance Fund, and are based on the constant population model.

towards centralising particular services in specialised hospitals which serve larger populations.

48. These changes will make it hard for Guernsey to continue to recruit the number of high-quality consultants with fairly generalist skills which it currently does. If Guernsey's service model does not change, then, in ten or twenty years' time, the island should be prepared to draw on a higher number of consultants to deal with the same spectrum of conditions and diagnoses as at present.

49. The prospect of increasing clinical specialisation means that HSSD and its partners will have to look at new models for recruiting and employing consultants and doctors generally, broadening the skills of other clinical professions, new ways of getting expertise on island, and possibly alternative ways of delivering health and social care services in various settings.

50. In addition, any restriction on Guernsey's population size is likely to affect the entire health and social care workforce. One third of HSSD employees are recruited from off-island, although this proportion increases for nurses – over half (54%) of registered nurses are non-local. Every single one of HSSD's employed consultants is from off-island. In a small sample of care homes, one reported a workforce that is 60% non-local, and two more depend on recruiting around a third of their staff from overseas.

51. As well as having a direct impact on recruitment, population restrictions will limit the overall amount of so-called unskilled labour available to employ[23]. This means that there will be greater competition for these workers between sectors such as retail, hospitality, and care, which is likely to drive the price of labour up. This workforce, which keeps health and social care services running smoothly – including cleaners, domestic staff, incinerator workers, drivers and messengers – may become costlier or more difficult to employ over the next twenty years.

52. These challenges – particularly the impact of sub-specialisation on the viability of the health and social care system – are likely to be faced by many small, isolated places across the world in the coming decades. Guernsey may have something to gain by forming connections with other small jurisdictions in order to share ideas and good practice for the future of health and social care.

Structural issues

53. In economic terms, the problem is one of increasing need (an ageing and more dependent population) and shrinking supply (a more expensive workforce and

[23] The States' Economist is currently doing some work to establish exactly what impact this will have.

costlier new treatments and technologies) over the majority of this century[24]. However, there is another side to the current situation which explains why continuous improvement alone would not be enough to achieve the 2020 Vision.

54. Although this report has referred to the "health and social care system" – meaning the whole range of health and social care services which are provided to islanders – this is not, in fact, anything like a coherent system.

55. Some essential services – such as GPs – are almost entirely independent of the State, although they may access certain publicly-funded services, such as diagnostics. It is often misunderstood that legally the health benefit grant for visiting a primary care doctor or nurse is a benefit grant to the patient, and not to the GP Practice and therefore have no conditions or quality standards attached.

56. Some other essential services are provided by the voluntary sector and funded by a States' grant which may or may not have conditions or quality standards attached. The inconsistency in this approach needs to be reviewed.

57. The role of HSSD itself is complicated and ambiguous: it makes policy, it regulates some services (although its own are often exempt from inspection), it sets governance standards and provides quality assurance, and it directly delivers a wide range of services, often in partnership with other organisations. Social Security funds essential parts of the system – including the contract with MSG and GPG, and individual subsidies for GP and nurse consultations and long-term care placements – but its role in creating and implementing health and social care policy is unclear.

58. Health and social care funding is as complex as the system itself. For example, individuals pay a high fee for every GP visit (£52.35 per visit)[25]. Once they have been referred to a specialist consultant, the service is free at the point of delivery. This means that people whose conditions could easily be managed in primary care, but who would struggle to pay for it, often continue to see their specialist instead. This is a poor use of specialists' time, which has a knock-on effect for the wider community, and it clearly shows how the bigger purpose – meeting islanders' needs in an appropriate and effective way – is undermined by the current funding structure.

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[24] The size of the retirement-age population grows dramatically from 2020 to 2040, and decreases very slowly from 2040 onwards. "Guernsey Annual Population Bulletin: 31 March 2011", page 8, Figure 7.2.1 (available online at http://www.gov.gg/CHttpHandler.ashx?id=66455&p=0).

[25] Social Security pays a £12 grant for every patient seen by a GP, and £6 for each nurse consultation. These grants are payable to the GP practices on behalf of the patient, but there are no service or quality conditions attached. The value of the benefit to islanders, and its impact on other aspects of the system (such as the cost of health insurance), should be examined in more detail.

59. In the same way, the lack of legal or contractual relations between different parts of the system – such as primary care and secondary care, or service providers and policy-makers – means that organisations are free to follow their own objectives, and there are few structural incentives for working together towards shared goals and quality standards.

60. On the other hand, one area where Guernsey is already in a good position, and can continue to build on this, is the fact that health and social care services are already integrated in one Department. This provides for closer interfaces and communication between the services, and more effective care pathways, than if healthcare and social care were totally independent of each other.

61. However, a truly effective health and social care system cannot be created through a process of gradual change. Islanders will want confidence that appropriate standards are bring set and met across all health and social care services; that services work together to meet people's needs; and that the services they receive are appropriate, timely and cost-effective.

62. To achieve this, considerable work will need to be done to make sure that services are linked together financially and contractually, within appropriate governance, monitoring, regulatory and policy frameworks.

Windows of opportunity

63. In 2002, HSSD and Social Security made fifteen-year contracts with MSG and GPG commencing 1 January 2003, to provide secondary healthcare services to the island. In December 2017, these contracts will reach their expiry date.

64. HSSD also has a contract with the Primary Care Company Ltd to provide 24/7 Accident and Emergency services and 24 hour hospital medical cover. This contract expires in 2018.

65. Whether the MSG and GPG contracts are renewed or whether they are replaced, there is a general consensus that the current arrangements need to be radically reviewed and that any new arrangement will need to last at least 20-25 years, in order to ensure that the service provider has the stability it needs to recruit effectively and maintain good quality services. Once this new arrangement has been agreed, Guernsey will be locked into one form of health service provision for more than two decades.

66. There are so many interdependencies between the MSG, the GPG and all other parts of the health and social care system that by reviewing the working of one, you cannot but review the whole system and how it functions.

67. The next five years are a rare and fleeting opportunity to undertake this review which needs to cover all health services in the islands, and to put in place a system that is sustainable, fit for the future, and able to support islanders' health and wellbeing in the most effective and appropriate ways.

68. Changes to the island's population, to the way that health care professionals are trained across the UK, and to the costs of new health technologies and medication, are beyond the control of HSSD. However, these changes will have a direct impact on the cost of providing services, on the type of services required, and on the affordability of the system.

69. This means that HSSD will inevitably have to make decisions about developing or discontinuing the funding or provision of certain services at some point in time, whether now or in the next ten years.

70. There is a once-in-a-generation opportunity to look at the whole structure of the health and social care system, before the MSG/GPG contracts expire in 2017 and are replaced for the next 20-25 years. The States, through HSSD and its partners, could use this opportunity to work together to develop an integrated, well-regulated health and social care system, which meets the needs of an ageing population in a cost-effective and sustainable way.

71. If the States chooses to act now on these challenges and opportunities, it has the chance to develop a high-quality core health and social care system which really benefits islanders; which improves their quality of life and independence; and which will go some way towards coping with the significant impact of future demographic and financial pressures.

HOW DO WE MAKE THE RIGHT CHANGES?

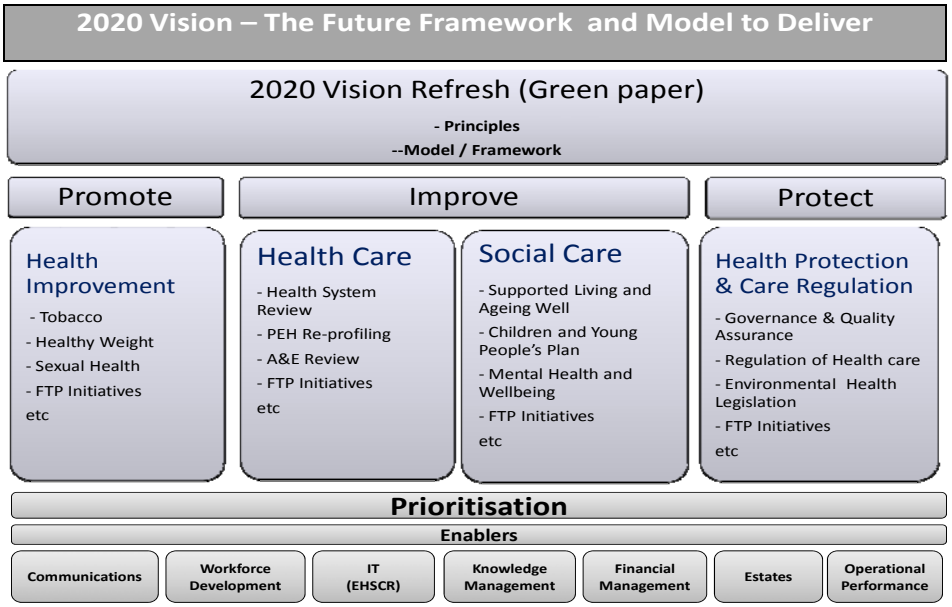
72. The 2020 Vision outlines the scope of HSSD's responsibilities to the island. In 2011, the States agreed that HSSD should be responsible, on its behalf, for **enabling** people to live healthy, independent lives, by:

- **Promoting** good health and wellbeing across the community.
- **Improving** outcomes for people who use health and social care services.
- **Protecting** people through high-quality, well-regulated services.

73. Each of these three pillars is supported by a programme of work, illustrated in the diagram below. The "Improving" pillar has been split into two programmes, 'health care' and 'social care', to break the work into two areas of manageable scope. However, HSSD greatly values the integrated health and social care system

it currently provides, and this division will not lead to a separation of healthcare and social care in practice.

74. This major strategic work will only be possible in the right context and with the right skills and experience to assess and deliver the changes needed. To be most effective, it depends on solid research, strategic needs assessment and health impact assessment; the right IT and estates infrastructure for delivery; good workforce planning and development; financial prudence and good governance. These and other enablers must be in place in order to create the environment that HSSD will need to achieve its vision successfully.



Principles

75. The three pillars of HSSD's work do not stand apart from each other. They are unified by a set of principles, which also reflect the ethical principles that have guided HSSD's clinical commissioning decisions since at least 2011[26]. These principles are set out here, for the first time, after initial discussions with some of the Department's staff and partners.

76. Developing principles requires an ongoing dialogue – these should not be fixed and inflexible, but should reflect the best evidence and good practice standards available at any time. HSSD would welcome the chance to consider its principles with people both inside and outside the organisation, and will make sure that it creates opportunities, in 2013, for these conversations to happen.

[26] HSSD (2011) "Ethical Framework for Health and Social Care Prioritisation for the States of Guernsey" (available online at http://www.gov.gg/CHttpHandler.ashx?id=5421&p=0).

77. In summary, the principles of the 2020 Vision are:

Maintain good health and wellbeing

A. Focus on quality as well as length of life
B. Act early to avoid crisis or deterioration
C. Encourage positive, healthy behaviours
D. Address identified needs, not arbitrary divisions

Act wisely

E. Make decisions based on evidence
F. Engage with people, professionals and providers
G. Be financially prudent
H. Ensure good governance and assurance at all times

Be fair and equitable

I. Challenge social and health inequalities
J. Respect dignity and choice

A) Focus on quality as well as length of life

78. Seek to add "life to years" – that is, to make interventions which are known to improve people's health and wellbeing.

79. Health and wellbeing are important for their own sake, but the idea of **opportunity cost** helps to explain why this principle is vital. If, due to health improvement and early interventions, more people live more of their lives in good health, then they will need less health or social care in the long term. The money that would have been spent meeting their demands for care can be invested somewhere else, to meet a more pressing need. If the original health improvement activity or early intervention had not been funded, that reinvestment opportunity would not have become available.

80. This principle also means taking a holistic view of a person's needs, balancing social, emotional and physical consequences, and not automatically prioritising health needs over general wellbeing.

B) Act early to prevent crisis or deterioration

81. This can be applied on a number of levels: Population health should be protected by screening and immunisation, monitoring and surveillance programmes. Individual health crises should be avoided by taking steps to detect or diagnose health risks as early as possible, perhaps using targeted approaches to direct resources, and evidence-based risk assessment to ensure the most appropriate interventions. Individuals and families who are in social need should be supported, and people who are at risk of abuse should be protected.

82. People should have access to support as early as possible, at a time when they are most receptive to it. People who are at particular risk, or have a particularly high level of need (for example, older people with dementia who are also at increased risk of falls or pneumonia) should be identified and offered targeted support.

C) Encourage positive, healthy behaviours

83. Positive, healthy behaviours can be encouraged by public education. Targeted lifestyle support can also help to facilitate healthier behaviours among people with specific needs.

84. In addition, the way the health and social care system is structured and funded can create incentives for both individuals and service providers to adopt behaviours that support and maintain health and wellbeing.

85. This is, therefore, not just about "encouraging personal responsibility", which is one of the States' objectives, but also about encouraging different service providers to work well together – for example, sharing experiences and not passing on costs unnecessarily – to get the best outcomes for the people who use their services.

D) Address identified needs, not arbitrary divisions

86. Some services depend totally on the diagnosis, injury or impairment that a person has. Others – for example, bathing and dressing, or financial or emotional support – may be needed for any one of a host of reasons. In these cases, eligibility criteria and assessments for services should be based on a person's actual need, using single 'shared assessments' across service providers, rather than being divided up by age-group or by condition.

87. Similarly, services which are meant for the whole population – such as primary care and acute services – should not exclude, or fail to meet the needs of, people with particular conditions. This may mean that generalist staff need to have training in, or be supported by staff with specialist skills in, mental health conditions or learning disability.

E) Make ethical decisions based on evidence

88. Three kinds of evidence, in particular, are important:

- Evidence about the **local** need for a specific action.
- Evidence about whether the action can deliver the outcomes required.
- Evidence about the ongoing effectiveness of existing or new services.

89. Without such evidence, it will not be possible to conduct effective strategic needs assessments or health impact assessments, which, together, identify the areas of greatest need and the most effective ways of meeting that need.

F) Engage with service users, carers, the public, professionals and providers

90. Good decisions can only be effective if they have the buy-in of those who have to deliver them in practice. There is a lot to be learned from professionals, who have expert subject knowledge; people who work on the front-line of health and social care, who see where people's needs are going unmet; and people themselves – service users, family and friends, the general public – who can explain what their actual experiences have been, and what they would prefer. There is a lot of scope for wider involvement in co-creating new health and social care solutions for our islands.

91. The idea of "engagement" is key. People need to be engaged meaningfully on questions which are relevant to them, bearing in mind that they will have different types of expertise – sometimes technical or professional, sometimes lived experience – to offer.

G) Be financially prudent

92. This means thinking about value-for-money, cost-effectiveness and opportunity costs. It means being aware that health and social care services are needs-led, and developing funding structures which can cope with somewhat unpredictable patterns of demand.

93. Financial prudence needs to be a long-term principle, ensuring that HSSD avoids raising expectations by starting unsustainable services in richer times, which will have to be cut in times of greater difficulty. Effective prioritisation, linked to the Guernsey Ethical Framework for clinical commissioning decisions, should enable the Department to make wise investment and disinvestment decisions at all times.

H) Ensure good governance and assurance at all times

94. Quality standards should be put in place for every part of the health and social care system. New developments should include a plan for making sure that quality standards are followed, with an emphasis on self-assessment supported by appropriate monitoring and reporting processes.

I) Challenge social and health inequalities

95. This means, for example, being very careful to ensure that financial gateways to services are appropriate; that alternative funding is available to people in need who cannot afford to pay, so that the link between wealth and better health outcomes is balanced out. It may mean the introduction of Fair Access to Care standards.

96. It also means championing the removal of structural disadvantages – such as physical inaccessibility or poor transport infrastructure – which mean that some people who are disabled or in poor health suffer, or are socially excluded, for avoidable reasons. This is an area where HSSD hopes to work in partnership with other States Departments, which have more direct influence over these wider determinants of health, wellbeing and inclusion.

J) Respect dignity and choice

97. This is about making sure that people are not put in situations where choice and control over their lives are taken away – often, this means institutional forms of care, but it could equally mean a community service with an inflexible schedule.

98. It means ensuring that adequate safeguards must be in place (such as a Capacity law) to ensure that people's right to make their own decisions is not taken away arbitrarily, balanced by protections against abuse for people who may be at particular risk.

99. It means always seeking informed consent, and respecting people's choices, including their choice to refuse care.

100. It also means providing person-centred care, which is responsive to human diversity and which does not reflect stereotypes and prejudices; and working together as a system, so that the person in need can be offered an alternative care package, to ensure they have the most seamless and supportive care experience possible.

101. It means that staff at every level within the organisation should act as advocates for the people who use our services, and that anything which puts the safety of patients, service users or the general public at risk should be challenged.

102. It also means being "user-friendly" – whether this involves 'walking the floors', to find out what people who use services actually experience; or producing relevant and easy-to-understand information and making sure people actually get it. It means accepting a responsibility to guess what people's questions might be and reach out to them with answers, rather than expecting people to find their own way around a complex system.

Summary

103. These principles should guide every aspect of HSSD's work, providing a framework for evaluating the way short-term initiatives fit with the Department's longer-term strategic direction. However, these principles will also need to be supported by thorough needs assessment and prioritisation processes in order to make sure the right changes are happening at the right time.

WHAT CHANGES ARE WE MAKING?

104. The original 2020 Vision report set out an ambitious four-year roadmap, outlining many projects against each of the three pillars of the Vision, and giving indicative dates for when progress against each would be reviewed[27].

105. This Progress Report on the whole 2020 Vision demonstrates how the work has begun to be consolidated into the four programmes of Health Improvement, Health Care, Social Care, and Health Protection & Care Regulation. It reflects the need for a fresh approach, which is responsive to the scale of the work and accommodates the fact that resources have been, and continue to be, quite rightly needed for other critical States' priorities, such as the Financial Transformation Programme.

106. HSSD is committed to achieving its FTP targets, alongside its priorities within the four programmes of the 2020 Vision. From the Department's perspective, the FTP is an integral part of achieving the 2020 Vision by ensuring current and future service delivery is as efficient and effective as possible, and provides the taxpayer with excellent value for money. HSSD is also leading on some States-wide pieces of work, including the Disability and Inclusion Strategy and a framework for engagement with the voluntary sector which are also complementary to and consistent with the 2020 Vision.

107. The Department is also working to create the right environment for success – the right infrastructure, the right workforce, the right information and reporting systems, and the right governance.

108. This section explores each of the four 2020 Vision programmes, the Department's States-wide commitments, and the key enablers in more detail. It provides a snapshot of the work that has already begun, and shows what HSSD plans to do next.

Promoting good health and wellbeing across the community

109. Health improvement is all about making sure that people stay healthy and well for as long as possible. It involves a wide range of universal and targeted measures that tackle lifestyle risks (such as smoking, alcohol or drug misuse, or weight problems) and focus on the wider determinants of health and wellbeing.

110. Health improvement is important from a funding point of view, because it reduces the long-term demand for health, social care and support services; but it is

[27] More information about 2020 Vision is in the process of being made available on www.gov.gg. This will include an updated roadmap, showing the Department's progress against its 2011 targets.

important most of all because it can have such a significant impact on islanders' quality of life.

Health Improvement Strategic Framework

111. The Health Improvement Strategic Framework will pull together a range of different plans and existing services which relate to health improvement.

112. It will enable these plans and services to be prioritised, against a thorough, island-wide assessment of needs, and it will target them at the groups of people who are most at risk.

113. The Health Improvement Strategic Framework will set the agenda for developing preventive services in the islands. It will allow all providers of health and social care services, and partners across the States of Guernsey and beyond, to gain a common understanding of what health improvement involves, and to integrate it into their way of working. It will ensure that all investments in health improvement and ill-health prevention are based on sound evidence, and that the progress and outcomes of new and existing initiatives are well monitored.

114. In the past, health improvement has focused on infection control and good hygiene, to tackle communicable diseases, which remain important health protection issues. Non-communicable diseases, such as cancer, heart or lung disease, or diabetes, have now also become a key focus of health improvement. The Health Improvement Strategic Framework will provide a structured way of responding to the unhealthy behaviours and lifestyle choices which are closely linked to these diseases.

115. The Framework has been developed in the course of 2012. It will include, among other things, Tobacco Control, Sexual Health, Healthy Weight, Breastfeeding and (jointly with the Home Department) Drug & Alcohol strategies. There are also other crucial links to States Departments, such as the vision for Education; the Skills Strategy; the Transport Strategy; Housing standards; and reform of the Welfare system. The box below gives a short insight into the Tobacco Control strategy, which is now in its second phase.

Tobacco Control

The story of smoking over the past fifty years is perhaps one of the most dramatic examples of health improvement in action. Thanks to widespread education and targeted campaigns, the health risks of smoking have become generally understood.

The first Tobacco Control strategy was developed in 1996, and progress towards

totally smoke-free environments continues. In Guernsey, the hospital and the prison became smoke-free in 2011.

Although the increasing prevalence of cancers and lung disease shows that many people are now suffering the effects of first- or second-hand smoke, we can be confident that tobacco control has markedly improved the health outlook for current and future generations. However, without ongoing action to maintain public awareness about the impact of smoking, we are at risk of undoing some of this important progress.

Improving outcomes for people who use healthcare services

116. Health care services treat injuries, impairments or illness. Health care includes primary care ("first point of contact") services, such as GPs, dentists or pharmacists; secondary care services, such as specialist consultants, hospital-based services and rehabilitation; and off-island acute services. It includes everything from intensive care to surgery to writing prescriptions.

117. It is vital to ensure that the whole health system works together to ensure the best outcomes for islanders, and to embed an ethos of early action and preventive measures into the whole system.

Health System Review

118. In Guernsey, the total cost of health services to islanders – through taxes, social insurance contributions and direct payments – is in the region of £200m a year.

119. The health "system" is delivered through a a range of partners and independent providers, including HSSD, MSG and the island's GPs. There is however, no overall governance and direction, and thus no guarantee that the best outcomes are being achieved. The system is not financed in a coherent way, and this can create unhelpful and counterproductive barriers to better outcomes.

120. Moreover, Guernsey's health system faces challenges, over the next two or three decades, which put its survival at risk. An ageing population means more demand for services; while a shrinking working-age population means there are fewer people to finance those services. Clinical sub-specialisation means that it is increasingly hard to recruit the good generalist consultants and nurses who deliver a broad range of services on island.

121. The States has a short window of opportunity to review and perhaps fundamentally re-think the health system. This is provided by the expiry in December 2017 of the contracts for the provision of secondary healthcare services (between MSG, GPG, HSSD and Social Security).

122. The States will be asked in February 2013 to consider a report setting out proposals for a Review of the Health System to be conducted during 2013. This report explains the issues, and the Department's proposals for tackling them, in much more detail.

Improving outcomes for people who use social care services

123. Social care services face many of the same challenges as health care services: including growing demand from an ageing population, financial unsustainability, and a lack of consistent and effective regulatory controls.

Social Care Strategic Programme

124. Work on a number of social care strategies has already been started. During 2013, these will be developed as part of a strategic programme for social care, allowing work to be prioritised and targeted at the groups within the island's population who are most at risk.

125. The Bailiwick needs to start preparing for the fact that the numbers of people over retirement age, and particularly the numbers of people over 85, will increase significantly over the next sixty years. Many of these people will have support needs, which would currently be met in nursing or residential care.

126. There are currently many inconsistencies in the funding of long-term care which, if tackled properly, could produce better outcomes for islanders, enable people to live more independently for longer, and which may result in savings to the States.

127. The funding structures which underpin long-term care have already been discussed, during 2011-12, by a working party drawn from across the States. That review will now need to be completed with some targeted work during 2013-14, as part of the Supported Living and Ageing Well Strategy, and in close alignment with the review of both the health and welfare systems.

128. The Social Policy Group has identified a need for the States to improve the support it offers to families who have repeated contact with multiple areas of the welfare system, including social care services. This important social policy issue needs to be explored and understood in more depth, and it is intended that this should be a priority of the Children and Young People's Plan for 2013 onwards.

129. The Social Care programme will include, among other things, the Children and Young People's Plan, the Supported Living and Ageing Well Strategy and the Mental Health and Wellbeing Strategy. The following boxes give a short insight into the ongoing development of these areas of work.

Children and Young People's Plan

The first Children and Young People's Plan was published in 2011. Since then, HSSD has been working with other Departments to put its recommendations into practice.

By law, the Children and Young People's Plan must be updated at least every three years, and HSSD is working jointly with Education, Home, Social Security and Housing to prepare the next version of the plan. Since the introduction of the Children (Guernsey and Alderney) Law, 2008 and the Islands' Child Protection Committee, there has been much stronger statutory protection of vulnerable children.

From HSSD's point of view, the Children and Young People's Plan can be classed as a "social care" strategy because it primarily affects the development of its social services and the responsibilities of professionals within those services.

Mental Health and Wellbeing Strategy

There is a growing understanding that we have "no health without mental health", and that it is important to maintain and improve the mental wellbeing of the whole population.

Two important new mental health developments will take place in Guernsey in 2013: the start of work on "Phase 6B" – a new Mental Health and Wellbeing Centre to replace the Castel Hospital – and the long-anticipated introduction of a Mental Health Law to replace the Law of 1939. To tie in with these developments, HSSD is producing a Mental Health and Wellbeing Strategy, which will lead to the development of a three-strand approach to mental health:

- **Promote** good mental health and wellbeing across the whole population;
- **Support** people to manage their mental health better;
- **Act** to meet people's needs with appropriate and flexible services.

This will involve social care service developments, but also including mental health and wellbeing in public health campaigns. It will lay the groundwork for tackling stigma and discrimination relating to mental illness, and will help to provide safe, effective and evidence-based services to islanders.

Supported Living and Ageing Well Strategy

HSSD took lead responsibility for the Supported Living and Ageing Well Strategy

in late 2011. A political workshop was held with HSSD, Housing, Social Security and Treasury & Resources members, to identify the goals of the strategy. Two fundamental tasks were set:

- Make sure that services (including housing and care) can cope, financially and practically, with the increasing demand that will result from an ageing population.
- Enable people (of any age) who need a high level of care or support to receive that support as close to home as possible.

In conjunction with HSSD and the Guernsey Housing Association, the Housing Department is developing extra-care housing at Maison Maritaine (to be known as La Nouvelle Maraitaine) and Longue Rue House (to be known as Le Grand Courtil), which will be a big step forward in terms of offering people greater independence and choice in their daily lives, while meeting their care needs in a timely and effective way. The completion of the long-term care funding review, mentioned above, will be a vital next step in achieving the aims of the Strategy.

Protecting people through high-quality, well-regulated services

130. Health protection is about making sure that services are safe and effective, and that people's health, wellbeing and safety are not put at risk. It involves protection against preventable injuries and environmental hazards, and protection against abuse. It requires effective monitoring, 'surveillance' programmes identifying health and wellbeing trends across the population, and effective regulation of care services and professionals.

131. Health protection concerns the whole system of health and social care – not just the services provided by HSSD – and there is also a particular link with the work of the Criminal Justice Strategy and the Home Department in general. Effective health protection, including strong governance and monitoring systems, will be a vital part of the transformation from a loose collection of service providers to a coherent health and social care system.

Health Protection Strategic Framework

132. The Health Protection Strategic Framework, like its counterpart in Health Improvement, brings together a range of health protection work; defines clear priorities; and identifies any gaps in Guernsey's network of health protection initiatives. It stresses the need to evaluate the health impact of all new policies and developments.

133. The Framework will also set out the governance, regulatory and assurance structures that need to be in place for islanders to be confident that they are

receiving safe and good quality health and social care. This includes effective governance of services, as described in the box below, but it also includes pathway assurance – to ensure that the right outcomes for patients are achieved, by effective working across all services.

134. HSSD plans to carry out a full review of care regulation in the island: including regulation of all health professionals (for which an Enabling Law was introduced in 2012) and regulation of facilities, activities and services. Peculiarities of the system – such as the fact that HSSD's own services are not subject to regular inspection – will need to be changed, to ensure that the whole health and social care system is subject to appropriate, effective and consistent regulatory controls. This is an area where HSSD intends to work closely with Jersey and the Isle of Man.

135. Given that the Department intends for more care to be delivered in the community, rather than in institutions, there is also a need for effective protection of adults who may be at risk of harm or abuse. HSSD will also need to make work on Protection of Vulnerable Adults (and very closely associated work, such as Legal Capacity and Guardianship) a high priority – which it has already begun to do, through the development of a Vulnerable Adults policy for its own services – and will work collaboratively with the Home Department on the Criminal Justice Strategy, the Domestic Abuse Strategy and other relevant developments.

136. The Health Protection Strategic Framework will include, among other things, Infection Control, Emergency Planning, and Environmental Health Hazards strategies, as well as Care Regulation, Governance & Assurance and Performance Measurement. The box below gives an insight into the development of the Governance and Assurance Framework within HSSD.

Governance and Assurance Framework

HSSD's Governance and Assurance Framework, developed in 2012, covers four key aspects of the health and social care system:

- Clinical and social care
- Finance
- Staff
- Information

The Framework provides for appropriate Quality Standards to be set across every part of the health and social care system, and for every different professional group. It ensures that regular monitoring will take place to see that services are

complying with standards, and that suitable action is taken, if not, in order to protect the people using the service.

Meeting wider States' objectives

Disability and Inclusion Strategy

137. The Disability and Inclusion Strategy is part of a portfolio of work within the Social Policy Plan. It aims to ensure that disabled islanders, and the family and friends who support them, have the best quality of life possible, and that obstacles to their social inclusion and participation are removed.

138. HSSD is leading on the Strategy, together with Education, Housing and Social Security. One of the main challenges which disabled islanders face is getting the support they need to live the lives they want. This will require HSSD to develop its services, with a focus on independence and choice. The Supported Living and Ageing Well Strategy will enable much of this to be put into practice.

139. Other challenges faced by disabled islanders – such as prejudice and discrimination, limited access to employment and social opportunities, and poor accessibility – are beyond the specific remit of the health and social care system (although in itself it can provide many of these opportunities and address many of these issues as an organisation). However, HSSD is committed to leading this work because removing disadvantages for disabled people is very much in line with its principles of dignity and respect; and because greater equality will have a positive impact on the health and wellbeing of many disabled people, as well as family members and friends who support or care for them.

Voluntary Sector strategy

140. HSSD's Chief Officer is responsible to the Social Policy Group for the development of a States-wide Voluntary Sector strategy, which aims to improve the way that the States works in partnership with community organisations and charities.

141. Around one third of all Guernsey's charities have a direct link to the health and social care system. An even greater number have a positive influence on the wider determinants of health and wellbeing. For this reason, HSSD sees the strategy as vital to ensuring that it maintains and develops good relationships with voluntary sector organisations and helps to maximise the contribution they can make.

142. HSSD expects to invest more in partnerships with the voluntary sector over the next ten to twenty years, particularly in order to provide outreach and social support across the whole community; but also to continue providing some very central parts of the island's health and social care system.

Creating an environment for success

143. An effective strategy is not just smart words on paper. It is something that staff at every level of the organisation, and HSSD's partners in the health and social care system and across the States, can understand and support in their daily work. It is something that is carefully monitored, to make sure it delivers on its promises and improves outcomes for islanders. It is based on good evidence and professional best practice, and responds to identified need.

144. HSSD has started work on a number of areas that will help its strategies to be as effective as possible. These include:

Prioritisation

145. Prioritisation helps to ensure that the Department's resources are focused where they are most needed, and where they will be most effective. Sound prioritisation of health and social care service planning, and wider social policy development, cannot be achieved without a clear understanding of the needs of the population.

146. Robust and accurate needs assessment requires reliable population data sources: demographic (how many people live here, how old they are, male or female): epidemiological (how many fall ill, how many are ill at any one point in time, what illnesses they develop and die of): and clinical (how many people use this or that clinical service).

147. In addition, HSSD needs to be able to assess the relative effectiveness and value-for-money of different interventions, so that these can be prioritised within and across services.

148. Finally, there is a need to develop an equitable priority-setting process for all service developments and disinvestments which:
    - captures all the information necessary to make effective decisions;
    - structures the decision-making process;
    - enables the Department to deliver agreed priorities;
    - is open and accountable;
    - enables the public to understand why difficult decisions are made;
    - reflects existing budget constraints;
    - creates more flexibility within service planning and funding.

The Financial Transformation Programme (Financial Management)

149. The Financial Transformation Programme (FTP) is a States-wide initiative which focuses on reducing expenditure across all States Departments. HSSD expects to reduce its budget by £10.6m by the end of 2014, through a combination of cost reduction and increased income generation.

150. Compared to health services in other jurisdictions, HSSD has already demonstrated strong financial control. In the UK, the cost of providing health care continues to increase at 3-4% above inflation every year. If HSSD had allowed its expenditure to increase at the same rate since 2009, and had not achieved its FTP and internal savings targets, its expenditure would be £16m higher than it is now. If it achieves its 2013 targets, it will have avoided costs of £23m – nearly a quarter of its £107m annual budget.

151. This challenge requires the Department to look at innovative ways of delivering its core business, as well as creating opportunities to generate income. The full review of the health system, proposed for 2013-14, will be key to identifying safe and sustainable ways of reducing unit costs over the long term.

Communications and Engagement

152. A "stakeholder" is any individual, group or organisation who can affect or be affected by the work of HSSD[28].

153. 2020 Vision has a wide and diverse array of stakeholders. In one form or another, the many initiatives within its four programmes of work have the potential to touch every individual across the Bailiwick of Guernsey.

154. As changes are planned and put into practice, there is a clear need to encourage and enable stakeholders – including the many people who use services provided by the health and social care system, and the many people who deliver those services – to get involved at every level.

155. HSSD is keen to enhance its reputation for openness and honesty with islanders, and is seeking to improve its communications and the way it engages with its partners and the people who use its services. This is especially important as islanders begin to gain a better understanding of the financial, clinical and structural challenges the Bailiwick will face over the coming decades.

156. A structured communications framework will help to ensure that HSSD provides consistent, clear and easily accessible information; that it creates opportunities for debate about the key issues outlined in the 2020 Vision reports; and that partners from all areas of the Bailiwick's health and social care system, the voluntary and business sectors, and the wider community, are able to have input and involvement in the changes that matter most to them.

Workforce Planning and Skills

[28] Adapted from the definition given by the Scrutiny Committee in its discussion document on "Public Engagement in the States of Guernsey" (available online at http://www.gov.gg/CHttpHandler.ashx?id=35840&p=0)

157. Workforce planning plays a significant role in enabling the delivery of HSSD's 2020 Vision and ensuring that there is a flexible and sustainable workforce for the future, for the entire health and social care system. It translates future challenges and the potential impacts of change on the workforce into effective service plans, financial plans and training plans.

158. Managing and developing the workforce as a whole is of the utmost importance in ensuring that staff continue to have the right knowledge, skills and responsibilities to meet the evolving requirements of the health and social care system. It helps to ensure improved productivity, as well as focusing on the long-term sustainability of the workforce. Structured workforce planning is the means by which HSSD will plan the future size, shape and skills of the workforce required for the health and social care system, and evaluate and respond to the possible resourcing implications of proposed service models.

159. HSSD has also begun to be involved in the Skills Strategy, via the Institute of Health and Social Care Studies, and has identified three major areas where the strategy overlaps with the Department's responsibilities. First, HSSD, through the Institute, and other providers, enable many islanders to study and train for health and social care qualifications, adding to the on-island skills pool. Second, the health and social care system is also a major employer, with diverse skills requirements of its own. Third, and finally, employers in all sectors can have a major impact on many of the wider determinants of health and wellbeing, such as employment conditions and financial security[29]. HSSD's role within the Skills Strategy has now begun to develop, and the Department hopes that this report will demonstrate its ongoing commitment to that work.

I.T. (EHSCR)

160. Electronic Patient Record systems enable improved clinical access to information and help to reduce clinical risk. The States agreed, in 2006, to introduce the Electronic Health and Social Care Record (EHSCR) locally[30].

161. Through EHSCR, an integrated Health and Community record system is being introduced – a concept unique to Guernsey and Alderney. The system is used by both HSSD and MSG, in many areas of work, from patient administration to maternity and child health; oncology to mental health; pharmacy to business intelligence.

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[29] See Dame Carol Black's 2008 report on "Working for a Healthier Tomorrow" for a more in-depth study of the links between employment and good health and wellbeing. (available online at http://www.dwp.gov.uk/docs/hwwb-working-for-a-healthier-tomorrow.pdf)

[30] Billet d'État XXI, December 2006.

162. The next stage will be to expand EHSCR into community services and children's social care, and to establish e-prescribing. Including other partners in this system will also be considered.

Knowledge Management

163. HSSD recognises that all its decisions need to be based on a sound evidence base. It already has several vital sources of in-house intelligence – including the Institute of Health and Social Care Studies, which continues to train staff from NVQ to PhD level, and which is building effective research and education links with the University of East Anglia; Public Health analysis; and the Business Intelligence Unit, which is in the process of building more effective data collection and reporting mechanisms.

164. In addition, HSSD has commissioned or led on some vital pieces of bespoke research. These include the 2012 Health, Wellbeing and Social Inclusion Survey (commissioned by the Policy Council), followed by more in-depth Disability and Carers' Surveys, which, for the first time, will give a full picture of the number of disabled people (of all ages) living in Guernsey and Alderney, the types and severity of their impairments and health conditions, and the major challenges they face to taking part in island life.

165. HSSD is also preparing to undertake its sixth Guernsey Healthy Lifestyle Survey, which will bring the Department up to 25 years of consistent information on the health and wellbeing of the general population.

166. HSSD continues to be involved in developing a number of other pieces of research, including the regular Guernsey Young People's Survey, led by the Education Department; all of which it will use to make sure its strategies are based on as much relevant evidence as possible.

Estates

167. HSSD has begun to look at ways that it can provide more services from fewer sites, as well as delivering more care in the community. This cuts down on overheads and maintenance costs, and it gives the Department a chance to upgrade its buildings and make sure that they are fit to provide modern health and social care.

168. Due to the presence of asbestos, HSSD will have to make big changes to parts of the Princess Elizabeth Hospital (PEH), and it is taking this as an opportunity to significantly change the hospital layout and the way that care is delivered.

169. "Phase 6B" – the new Mental Health and Wellbeing Centre that will replace the Castel Hospital – is another opportunity for the Department to provide better care from a more supportive environment on the main PEH site.

Operational Performance

170. Having published its first Operational Plan in 2012, HSSD is now developing a performance measurement framework for health and social care services across the Bailiwick of Guernsey. Its primary aim, at present, is to measure the outcomes that HSSD is achieving for its service users, and how it is meeting the expectations of its stakeholders.

171. The framework will introduce more forward-looking key performance indicators (KPIs) which align with the principles of the Department's 2020 Vision and the States Strategic Plan. It will enable more effective decision-making, corporate governance, assurance, business intelligence, and ongoing operational planning.

172. Performance measurement is closely linked to Governance and Assurance, as well as to States-wide work on building Business Excellence and improving value for money. The new framework is intended to promote organisation-wide learning and growth, to identify areas for improvement, and to demonstrate where effective changes have been made.

173. The first phase of the framework will involve around 30 KPIs focused on overall service user, staff, financial and regulatory outcomes. In due course, it will be developed to include service-specific indicators, to be used at various levels of management, and may also extend to the wider health and social care system, under the auspices of the Health System Review.

NEXT STEPS

174. HSSD has now set up an effective portfolio structure, which enables it to coordinate and prioritise all its work within four programmes, underpinning the three pillars of:

- **Promoting** good health and wellbeing across the community.
- **Improving** outcomes for people who use health and social care services.
- **Protecting** people through high-quality, well-regulated services.

175. This portfolio structure encompasses governance, quality assurance, monitoring and controls. It aims to ensure that the Department has a clear and shared strategic vision and effective coordination, communication and leadership of change.

176. This report demonstrates how great a role other Departments have to play in creating a community that supports health, wellbeing and independence. HSSD

will be seeking to establish closer cross-departmental working on specific projects, and over its whole portfolio, over the course of the next year.

177. It will be important for the Department to conduct a thorough needs assessment, in order to prioritise and target its work at the areas of greatest need.

178. The Department will also continue to respond to identified demographic, financial and political imperatives. In light of these, it is developing work on a range of strategies and it will report back progress to the States and the wider public on the following areas, at least, during 2013:

Quarter 1	• 2020 Vision Progress Report and Next Steps • Health System Review • Mental Health and Wellbeing Strategy • Mental Health and Wellbeing Centre – "Phase 6B"
Quarter 2	• Disability and Inclusion Strategy • Supported Living and Ageing Well Strategy and Long-term Care Funding
Quarter 3 or 4	• Health Improvement Strategic Framework • Health Protection and Care Regulation Strategic Framework • Children and Young People's Plan

179. Over the course of the next few months, the States will see proposals from HSSD mapping out the changes which are needed in each of the key areas within the 2020 Vision framework.

180. Some of these will be large-scale changes, like the Health System Review, which will require additional resources for a short and intensive period of work. Other changes will be implemented more gradually through changes to internal structures and practices.

181. HSSD will undertake to report back to the States in a further 18 months, to demonstrate the overall impact of its major reviews, and to show what progress has been made towards improving the health, wellbeing and independence of all islanders.

CONCLUSION

182. HSSD is responsible, on behalf of the States, for **enabling** people to live healthy, independent lives, by:

i. **Promoting** good health and wellbeing across the community.

ii. **Improving** outcomes for people who use health and social care services.
iii. **Protecting** people through high-quality, well-regulated services.

183. These three pillars are united by a common framework of principles and supported by four programmes of work: Promotion; Improving Health Care; Improving Social Care; and Protection. Work under each of these programmes has begun, and this report provides a full update on key developments.

184. There is a clear need for HSSD and the States as a whole to respond to demographic, financial and structural issues that hinder the effectiveness and threaten the viability of the health and social care system. Many changes have already begun, and significant progress is being made.

185. The Department will now need to focus, in particular, on a full review of the health system, taking advantage of a brief window of opportunity to do so; on resolving the question of long-term care funding; and on improving the regulation of care across the system.

186. In addition, HSSD will continue to work hard to achieve its FTP savings targets, and to develop effective prioritisation processes which will enable it to make the right investment and disinvestment decisions in all circumstances.

187. Recognising that changes to the population, in particular, will have an impact over 30-50 years, HSSD is seeking to take a long-term perspective on the development of health and social care services – aiming to create a system which provides the best outcomes for people today, but also to secure the health and wellbeing of future generations of islanders.

HSSD November, 2012

(NB As there are no resource implications identified in this report, the Treasury and Resources Department has no comments to make.)

The States are asked to decide:-

IX**.-** Whether, after consideration of the Report dated 26th November, 2012, of the Policy Council, they are of the opinion:

1. To agree that, in developing and implementing all strategic proposals, due account is taken of the impact on, and interdependencies with other States Departments and the wider community.

2. To reconfirm the original resolutions of the States of Deliberation with regard to the "Future 2020 Vision of the health and social services system", which were:

   (i) To direct the HSSD to pursue the plans outlined in that Report to ensure the future health and social care needs of the population of Guernsey and Alderney are met with a financially sustainable model;

   (ii) To direct all States Departments to contribute, where relevant, to each area of the plan which makes up this framework and for the Health and Social Services Department to establish a suitable governance framework with which States Departments can engage;

   (iii) To direct the Health and Social Services Department 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).