

**HEALTH AND SOCIAL SERVICES TOWARDS 2000:  
STRATEGY 1997 - 2000**

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**Lodged au Greffe on 9th July 1996  
by the Health and Social Services Committee**

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**STATES OF JERSEY**

**STATES GREFFE**

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## PROPOSITION

**THE STATES are asked to decide whether they are of opinion -**

to approve in principle the policy objectives for the development, implementation and co-ordination of health and social services for the period 1997-2000, outlined in the report '*Health and Social Services - Towards 2000*' as follows -

1. Community and Social Services
2. Public Health Services
3. General and Acute Services
4. Resources -
  - (a) Financial strategy
  - (b) Capital programme
  - (c) Information strategy
  - (d) Human resources strategy
  - (e) Legislation programme.

### HEALTH AND SOCIAL SERVICES COMMITTEE

- NOTES:
1. The Finance and Economics Committee supports this proposition.
  2. The Establishment Committee notes and welcomes the Health and Social Services Committee's aim, through effective manpower planning and efficiency improvements, to avoid any significant increase in its existing manpower establishment during the period of this review. Any application for additional manpower

would be subject to normal Establishment Committee policy.

3. The Policy and Resources Committee, in giving consideration to the Health and Social Services Committee's report - 'Health and Social Services - Towards 2000', has limited itself to those issues that relate to the agreed strategic policy objectives for the Island.

The Health and Social Services Committee's report, in referring to the fact that mortality rates and average life span are often taken as a general indicator of the health of the population, raises the wider question of the need for performance indicators to measure the effectiveness of health programmes, and whether good value is being obtained. This is particularly so given the comment made in the Health and Social Services Committee's report that, if improvements in health and social services are to be secured, increased public expenditure will be inevitable. In the view of the Policy and Resources Committee it is important that there should be regular and independent reviews of the effectiveness with which existing financial and manpower resources are being used in the provision of the services that are the responsibility of the Health and Social Services Committee.

This is an important issue. Having regard to the current financial forecasts up to the year 2000, prepared by the Finance and Economics Committee, any real growth in the expenditure of one Committee must be at the expense of the expenditure in other areas of the States administration unless it is possible to identify additional ways of raising money which would be specific to the provision of particular services. The question of the allocation of financial resources to health and social services is one that needs to be considered in the context of the overall prioritisation of expenditure between Committees, and cannot be

considered in isolation of other demands on the public purse.

Reference is made in the report to alternative sources of funding that could be considered to support improvements in health and social services. Examples given are indirect taxation, the diversion of revenue from less essential public services, the introduction of additional insurance based benefits in the social security scheme and the introduction of charges for certain services. Each of these alternative sources of funding, however, would have wider ramifications for the Island's economy and for the public sector generally and cannot be considered in isolation.

## REPORT

### 1. Introduction

- 1.1 On 28th February 1995, in adopting a proposition to extend the rôle of the Public Health Committee to include responsibility for Social Services (P.167/94), the Stâtes agreed -

*'that the Health and Social Services Committee shall have strategic and co-ordinating responsibility for health and social service provision and for ensuring the development and implementation of effective social policy, in consultation with the relevant States' Committees, parish authorities and voluntary organisations.'*

- 1.2 The Committee was charged with developing a strategy for health and social service provision in Jersey, and has published separately a strategic policy report for the years 1997-2000, entitled '*Health and Social Services - Towards 2000*'.

- 1.3 It has been essential in formulating the strategy to set out some guiding principles which will provide a solid basis for the development of future services, as follows -

- (i) services should be offered to individuals and their families in a manner which enhances their dignity and status, respects individuality, offers choices and builds on whatever natural family and community support is available;
- (ii) service provision should be comprehensive and cut through unnecessary boundaries. The aim shall be to avoid duplication, overlap and consequent waste of resources, to ensure people do not 'fall between stools' and to simplify access to the various components of service;
- (iii) services should, as far as possible, be parish (locality) based in order to permit ready access for those in need and encourage close working relationships between

service providers and the local community. This will enable those in need to be more easily identified, ensure clear accountability for those charged with providing the service, and harness the general community spirit and sense of caring which is still evident in the Island.

## 2. **Proposals**

2.1 The report outlines the Committee's proposed policies in relation to the integration and development of health and social services, and concerns the following areas -

### (i) Community and social services

Community and social services will provide a focus for the development and co-ordination of social service provision in Jersey, although the services themselves may be provided in collaboration with other Departments, voluntary organisations or Parish authorities. The areas within this unit include: Services for People with Learning Difficulties (paragraphs 6.1 - 6.6); Mental Health Services (paragraphs 6.7 - 6.13), Elderly and Rehabilitation Services (paragraphs 6.14 - 6.20) and Children's Services (paragraphs 6.21 - 6.26).

The provision of specific social services is addressed in the context of each of the above client groups. In the case of people who do not fit into any particular group, generic social workers will also be involved in assessing their needs, ensuring the provision of appropriate services and monitoring the effectiveness of the support provided.

A social services department will be established at Maison le Pape as soon as the building has been refurbished and altered. A wide range of information and social work services will be provided from this location.

(ii) Public Health Services

The services provided within this unit include health promotion, preventive health, environmental health, health screening services, community-based clinical services and health needs assessment. Key policies are outlined in paragraphs 6.27 - 6.33.

(iii) General and Acute Services

The policy objectives for these services, including hospital out-patient and in-patient facilities, diagnostic and therapeutic services and acute rehabilitation facilities, are outlined in paragraphs 6.34 - 6.44.

2.2 To ensure the overall co-ordination of social policy, effective planning and co-ordination of services, the Committee has supported the establishment of -

- (i) a Social Policy Strategy Group, to co-ordinate and develop overall policy at the political level;
- (ii) interdepartmental service planning and co-ordinating groups, to focus on the needs of specific groups of clients;
- (iii) Locality teams concerned with co-ordinating the overall health and social well-being of the community in a geographical area.

2.3 The Health and Social Services Committee cannot itself provide the whole range of social services which might be required, and will seek to work with existing service providers in encouraging better co-ordination, the development of new social services where necessary and helping other agencies contribute more effectively. Important partnerships will be developed with parish authorities, the Employment and Social Security Committee, other States' Committees, voluntary organisations, private sector health and social care providers and general practitioners.

### 3. Resources

- 3.1 To implement its strategic proposals, the Health and Social Services Committee seeks the in principle support of the States for growth in its revenue budgets, of **two per cent per annum in real terms**, that is, over and above inflation, pay awards and capital servicing.

It is acknowledged, however, that funds can only be agreed on an annual basis and that requests must be considered in the context of the States' income and the needs of other Committees.

**The Committee advises the States that the current quality and levels of service cannot be maintained, nor the integration and development of Social Services achieved, without the annual financial growth detailed above.**

- 3.2 The Committee's current requests for capital expenditure are outlined in paragraphs 7.9 - 7.14; the information strategy is described in paragraphs 7.15 - 7.17; and the proposed legislation programme is detailed in paragraphs 7.28 - 7.33.

- 3.3 In regard to human resources, discretion will continue to be needed by the Committee in order to manage its workforce efficiently and to achieve its strategic objectives with only a limited increase in its existing establishment. Whenever possible, posts required for planned service developments will be met from within the Committee's establishment, unless in doing so this causes the quality of essential services to deteriorate.

### 4. Recommendations

The States support the proposition attached to the report.