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Published: 22 March 2026
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Policy Brief

Healthcare

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Introduction

The healthcare system in Jersey is under strain for similar reasons to those in the UK and other jurisdictions - the consequences of an ageing population, the effects of the pandemic and demand continuing to increase. There are also specific issues in Jersey because it is a small island, and has a number of long-standing structural and cultural issues, identified in two recent reports. The related issue of a new hospital is covered in a separate brief.

The Jersey Care Model

The Jersey Care Model was introduction in 2020. It was stated to have three overarching objectives –

1. Ensure care is person-centred with a focus on prevention and self-care, for both physical and mental health.

2. Reduce dependency on secondary care services by expanding primary and community services, working closely with all partners, in order to deliver more care in the community and at home.

3. Redesign health and community services so that they are structured to meet the current and future needs of Islanders.

The Council of Ministers established in June 2022 instituted a review of the Model. Review of the Jersey Care Model was published on 30 November 2022. The Care Model was effectively ended, although some of the programmes were continued.

Review of health and community services

In August 2022 the Government published a Review of Health and Community Services (HCS) Clinical Governance Arrangements within Secondary Care by Professor Hugo Mascie-Taylor. The summary is reproduced below –

> Jersey faces the challenges of a small island. (The same geography which make it so attractive.) Its population is just greater than 100,000 and it is over 160 miles, by air or sea, to the United Kingdom (UK).
>
> It is an affluent island and all the people and patients of Jersey, irrespective of their individual financial circumstances, need and deserve high quality, safe healthcare. They must be assured that this is being delivered by the publication of bench-marked clinical outcome and management information from a proactively managed accountable organisation which has adopted the systematic approaches to safety and quality seen in other industries, and in modern healthcare, across the World.
>
> Sadly, it is not possible to conclude that this is the current situation, and the Government of Jersey, on behalf of the people of Jersey, must demand this service from HCS and its employees, and publicly and assertively support the organisation in achieving it.
>
> HCS must respond to the challenge by becoming an exemplar of good clinical governance, driven by openness, transparency, and internal and external accountability, as well as by a strong managed approach to systematic quality improvement.
>
> This represents a substantial change from the ingrained attitudes and behaviours of many years, probably decades. It is and will be

difficult and change may be vigorously resisted. The current non-accountable and individualistic culture, at least of some groups of staff, firmly rejects, sometimes noisily and angrily, any move in these directions, seeing them as unnecessary, interfering, and bureaucratic, and certainly not required in Jersey.

However, the potential rewards of success in driving change are very substantial. They include not only a Jersey public that receives, and is assured that it receives, services of high quality, but also a professionally satisfying and attractive place of work for all employees, both present, and future.

Inevitably as more esoteric treatments of disease are trialled and implemented there might be the need to transfer more patients (along well-developed care pathways), but Jersey should be able to provide, on Island, most healthcare interventions required, performed safely and effectively.

In addition, there may be the potential to treat patients from other jurisdictions should it have a commercial wish to do so.

The challenge then for HCS and its employees is to be an organisation demonstrably at the leading edge of healthcare delivery, not just technically, but importantly operationally, - not only as individuals, but as an outstanding team. Although in recent times there has been a considerable effort, and some success, in moving the organisation forwards, there is a huge challenge to be met if HCS is to achieve its potential. It will need consistent and robust support from Government to ensure the delivery of the quality of healthcare that the people of Jersey fund, deserve and should demand.

Clinical Governance
There are many ways of describing the components of clinical governance and making judgements about its effectiveness.

A simple but useful list of areas to consider and evaluate are these: -

- Knowledge and skills.
- Leadership, followership, and accountability.
- Information being widely disseminated within and out with the organisation, and including data analysis, comparative benchmarking, and an insistence on transparency.
- A culture of team working, embracing change and innovation. Placing the needs of the patients ahead of personal vested interests.
- Positive relationships including mutual earned respect, and deference to many forms of expertise. A lack of pointless

hierarchy. Shared insistence on courteous professional behaviour and exposing and dealing with poor behaviour.
- Embracing of continuous quality improvement. Conformance with standardised and systematised processes which drive quality and safety (e.g., NICE guidelines).

Within the limits of the methodology and his own experience the author of this report attempts to make comment and recommendations in all these areas.

If the recommendations are enacted the quality and safety of healthcare in Jersey will unquestionably improve. This is not to say that there is any conclusive evidence that care within HCS is unacceptably poor, but there should always be a fierce ambition to make it better.

Unfortunately, however, the processes that provide assurance that care is good, or even acceptable, are not well-developed and need urgent improvement. The clinical governance is weak, and the risks are substantial.

In response to the review, on 26 August 2022 the Minister for Health and Social Services announced –

> The Government is to establish an independent health board in response to a review which found serious issues of governance at the hospital.
>
> The Minister for Health and Social Services, Deputy Karen Wilson, ordered plans to be developed for the new board after an independent review of the hospital identified serious concerns and made sixty-one recommendations to improve care and governance.
>
> The Minister said: "Islanders will rightly expect that, as the new Minister for Health and Social Services, I will ensure that urgent, clear and direct action is taken to address the report's recommendations. Our health service must become an exemplar of safe and effective care, be of good quality, and its performance accounted for in an open and transparent way.
>
> "In light of this, I will bring forward plans to establish an independent health board, including experts in health care provision, to drive reform, improve governance and address the cultural, structural and practice issues affecting the quality and safety of the care provided.
>
> "Alongside that Board, I will strengthen policy functions to determine government policy across the whole health system."

The Minister ordered an immediate turn-around plan to be developed for the hospital while the new board is established. She undertook to order a follow-up review in one year's time to track progress.

Review of staff resources

In January 2023 the Jersey Audit Office published a report Deployment of Staff Resources in Health and Community Services. The conclusions of this report are –

The Health and Community Services Department is under significant pressure currently. Factors that are contributing to this pressure include:

- the ability to recruit and retain staff in a challenging market for health staff since the COVID-19 pandemic
- inpatient bed pressures caused by high level of 'medically fit for discharge patients' not being able to be discharged from inpatient care into the community
- lack of relevant data and management information to drive policy development and implementation
- uncertainty as to the long-term strategic health plans for the Island (including the future care model and the Our Hospital project); and
- sometimes poor working relationships between senior clinical staff and staff in management positions.

In order to deliver and implement an effective and comprehensive workforce strategy, issues that need to be addressed include:

- ensuring completeness and accuracy of workforce and clinical data and information
- the future direction of the care model and the Our Hospital programme
- finalising the structure of the Health and Community Services department (for example, the number and composition of Care Groups)
- agreement of future clinical operating models at specialty level
- resolution of policies in key areas affecting the workforce, including:
  - terms and conditions for particular staff groups
  - on-call policies and arrangements for medical staff; and
  - a private patient strategy
- ensuring that enough specialist workforce planning capacity is available to support development of the strategy; and
- effective project management of the future workforce strategy project.

The Public Accounts Committee has asked the Government's Chief Executive to respond to the report.

Review of the Rheumatology Service

On 22 January 2024 the Government published the Royal College of Physicians' independent review of the Rheumatology Service.

The Government press release about the review included –

> The RCP review team "found the standard of care to be well below what the review team would consider acceptable for a contemporary rheumatological service." The team also noted that in some cases there was "no evidence of clinical examination" and there was "on occasions, an incorrect diagnosis." The RCP review says "in many cases prescribing [of biologic drugs] was out with both UK and European guidance."
>
> In addition to these findings about clinical practice the RCP review team found no evidence of agreed pathways or standard operating procedures for most aspects of routine rheumatological care, noted that both public and private patients were being seen in the same clinics and there was no meaningful explanation of how this overlap of private and public patients was managed and planned. The review team was also concerned to hear there was a lack of built-in challenge to prescribing, particularly biologics, by the pharmacy team.
>
> The findings were of sufficient concern that the RCP recommended that HCS undertake an audit of patients on biologic drugs to ensure their diagnosis was correct. This audit has been completed and in over half the records reviewed, clinicians were not able to identify sufficient evidence to support the patient's diagnosis. Approximately one in four of the patients reviewed had their biologic drugs discontinued because these drugs were not felt to be necessary.

The review also made a specific comment about governance arrangements generally –

> A recurring theme was the lack of governance, not just in rheumatology but across the healthcare organisation. Within rheumatology, there was an absence of the expected audits and benchmarking processes that would normally be associated with a contemporary rheumatological service. Forums and opportunities for discussion of activity, risks learning and training were missing. The review team found it difficult to understand, without regular data capture, how the service was performing.

Commenting on the review, Chris Bown, Chief Officer for Health and Community Services, said –

> What has emerged from the RCP review and our own additional work, is a picture of a rheumatology service that none of us at HCS could be proud of. The people of Jersey deserve better, and we are deeply sorry that we did not provide a service that staff, patients and our community could be satisfied with.
>
> We are making progress on the development of more robust clinical governance processes across HCS, including the appointment of a new, specialist rheumatologist to lead Jersey's rheumatology service, stronger governance frameworks such as monthly Care Group Governance meetings, and we have made it clear that clinicians must now follow certain additional, key clinical guidelines such as the National Institute for Health and Care Excellence guidelines.
>
> Our task now is to make the improvements recommended by the RCP and to ensure that HCS becomes a beacon of good governance, not just in rheumatology but across the full spectrum of our health and care services.

Public health

The Annual Director of Public Health Report 2024 The Case for Prevention was published on 5 February 2025.

In his foreword, the Director of Public Health Dr Peter Bradley said –

> This report sets out a compelling case for prevention, backed by robust evidence. It calls for a shift in priorities - from reacting to ill health to proactively creating the conditions that support good health for all Islanders. Building on existing work, we can embed prevention at the heart of our policies, services, and communities, and build a healthier future for the Island, making sure it remains an attractive place to live, work and do business.

Key points in the executive summary –

- Although treating illness consumes more than £9 out of every £10 spent on health, healthcare services only account for about 30% of our health.
- The building blocks of good health are money and resources, good housing, work, education and skills, access to good food, transport, the quality of our surroundings and our friends, family and communities.

- The aim of much of prevention work is to help create conditions where it is easier to be healthy, like making sure nutritious food is widely available, support those who want to behave more healthily and provide evidence-based interventions that we know prevent illness, like vaccination and screening programmes.
- Preventing illness is cheaper than treating it.
- A child born in Jersey today can expect to live for 83 years, roughly a year longer than in the UK and about two years less than the most long-lived countries. Women (85 years) generally live longer than men (just over 81 years), although the difference between the sexes has fallen in recent years.
- Although women in Jersey tend to live longer than men, they spend a greater proportion of their lifetime in poor health.
- Health generally declines with age. 94% of Islanders aged 16-24 report having good or very good health, compared with 66% of Islanders aged 65 years or older.
- Just 6% of economic inactivity for Islanders aged 20-24 is due to sickness or disability whereas for people aged 45-59 it is more than a third.
- Around 100 of the 800 deaths each year in Jersey could be prevented with better public health interventions.
- The more money that people earn the more they are physically active.
- People with higher incomes are more likely to drink to dangerous levels. Jersey is a “nation of drinkers”, consuming more alcohol per head than almost every other European nation.
- 29% of people working in routine, manual and service occupations smoke, compared to just 7% in senior manager roles.
- Children in urban areas or who attend non-fee-paying schools are much more likely to be overweight or obese than their wealthier counterparts, although the differences may be reducing.
- Jersey’s population is set to age in coming decades. This will increase demand for healthcare and social support. In addition, our existing population appears to be becoming less healthy, as evidenced by rising rates of obesity and a stalling in improvements in life expectancy. These demographic trends will put pressure on public finances. Improved prevention can help ease these pressures.
- As the population ages, there will be an increase in demand for health and care services, such as GP appointments and hospital bed days. Improved prevention would reduce this. Even a modest reduction in demand would achieve significant savings.
- Genetics, environment, and behaviours drive 70% of our health status. Treating sickness accounts for less than 30% but still consumes 90% of resources.
- There is an overwhelming consensus from academia, governments, society and business that investing in prevention

make sense. There are strong financial arguments - healthier people are more productive. There are compelling moral arguments - since many factors that influence health are outside of our individual control. It is unfair that some people suffer worse health that could be prevented. As an Island nation, we depend on each other. Investing in our health is therefore an investment in all our lives.

Mental health

On 19 March 2026 the Government published Jersey Mental Health Strategy 2026 - 2030.

The section on needs states –

> Mental health and wellbeing are influenced by a wide range of factors, which can either protect mental health or increase the risk of mental illness developing. Mental health and wellbeing services only account for approximately 30% of what keeps us well; other wider protective factors include money and resources; good housing; occupation, education and skills; physical activity; good food; positive environments; and our friends, family and community networks.
>
> An estimated 1 in 5 children and adults aged 25-64 in Jersey have a common mental health disorder (including conditions like anxiety and depression). Most mental health disorders develop early in life, with 50% of conditions beginning by age 14 and 75% presenting by age 24.

The strategy noted the need to differentiate between wellbeing, mental health, and mental illness –

> Mental health refers to a person's emotional, psychological, and social wellbeing, as well as any diagnosed or undiagnosed mental health conditions they may experience. It's important to recognise that mental health is not a simple scale from "well" to "unwell". People can experience significant mental health conditions and still lead meaningful, connected lives. Others may not have a formal diagnosis but still experience significant emotional distress or poor mental wellbeing. Mental health and wellbeing can be described as a continuum, where people can move between different levels of illness and wellbeing, depending on a range of factors.

The strategy sets out a number of principles –

- Prevention and early support is essential in maintaining mental health, and reducing the personal health, social and economic burdens of mental ill health when it arises.

- People with mental health needs often experience multiple disadvantages and overlapping challenges, such as poor physical health, trauma, social isolation, housing instability, poverty and substance misuse. These needs cannot be addressed in isolation, and require services to work effectively together with integrated pathways and effective communication.
- Mental health support and treatment (including crisis care) must be easily accessible when needed.
- Services must consider health inequalities and determinates, be culturally competent, and be based where possible on evidence, positive experience and outcomes.
- Transitions between services – including from CAMHS to adult services – must be person-centred, timely and well supported.
- Reducing stigma and increasing awareness of mental health and ill health remain a key challenge within Jersey.
- Services must be focused on recovery and empowering, and where possible with care plans and interventions being developed in partnership, and service user driven outcome measures being agreed. Development of services should be co-produced where possible.
- Services need to be joined up, developed as a system and easy to navigate, with reduced need for repeated assessments and retelling of personal stories (which may re-traumatise the individual). Support must be flexible, coordinated, trauma-informed and person-centred
- Carers and families play an essential role in the support and care of people with mental health needs; this must be recognised, supported, and their own needs considered.
- The ongoing development, training and support of the workforce is essential in ensuring the availability and effectiveness of mental health services in Jersey for the future.
- Prevention and early intervention need more focus and planned interventions, for both children and young people and adults.

The strategy sets out four priorities.

a) Prevention, early intervention and building resilience. Aim: We will do this through helping people to stay mentally well, get support early, and live their life well.
b) Integrated pathways and quality interventions. Aim: We will deliver this by developing and implementing integrated pathways based on evidence, ensuring that these are safe, effective and recovery focused.
c) Crisis and urgent care response. Aim: We will deliver this by ensuring people know where to go in a mental health crisis, and can access fast, safe, and supportive help when they need it most.
d) Recovery, rehabilitation and transitions. Aim: We will achieve this by ensuring a consistent focus on recovery, independence and

quality of life, and by developing improved rehabilitation services (through partnership between Government and charitable / third sector agencies).

Annual Plan 2026

On 2 March 2026 the Government published Health and Care Jersey Annual Plan 2026. The report describes the range of services currently provided.

The Plan sets out five top improvements that users can expect to see in 2026 –

- Faster access to diagnostics
- Reduced waiting times and improved flow
- Greater involvement in care decisions
- Improved food & nutrition standards in care settings
- Better Patient Transport Services

Five priorities are identified –

Quality, Safety and Improvement

Quality, safety, and continuous improvement are vital to Health and Care Jersey to ensure that services are consistently effective, compassionate, and responsive to the needs of the Island's population. In a small community, where resources and services must be carefully coordinated, maintaining high standards protects patients, supports staff, and builds public trust.

Health Promotion and Protection

Health promotion and protection are fundamental to maintaining a resilient and responsive health and care system in Jersey, helping to prevent illness, reduce health inequalities, and safeguard the wellbeing of the population. By focusing on proactive measures, Jersey can reduce the burden on healthcare services and improve long-term outcomes for its residents.

Access to care

Access to care is a fundamental pillar of Health and Care Jersey, ensuring that people can receive timely, appropriate, and person-centred support regardless of their circumstances. In a small island community, delays or barriers to care can have significant impacts on health outcomes and quality of life.

Experience of care

Experience of care is a cornerstone of effective services in Health and Care Jersey, as it reflects how individuals perceive the quality, compassion, and responsiveness of the support they receive. A positive care experience builds trust, encourages engagement, and leads to better health

outcomes, especially in a close-knit island community where personal interactions and continuity of care are highly valued.

A well-led department

A well-led department is essential to the success of Health and Care Jersey because good leadership provides the purpose, coordination, and accountability needed to deliver high-quality, sustainable care. Effective leadership ensures that staff are supported, resources are used wisely, and services continuously improve to meet the needs of the population – and in a health and care organisation, it is important that we keep patients and service users at the centre of all that we do. Accordingly, evidence-based clinical and professional leadership is critical to our success.