Jersey Care Commission

STRATEGIC PLAN 2027

September 2026

Foreword from the Chair of the Board of Commissioners

NIGEL ACHESON

Chair, Board of Commissioners
Jersey Care Commission

It is my pleasure to introduce the Jersey Care Commission's Strategic Plan for 2027.

As Jersey's independent regulator of health and social care services, the Commission plays a vital role in promoting public confidence, supporting improvement and providing assurance about the quality and safety of services relied upon by Islanders. Since its establishment, the Commission has grown significantly in both scale and responsibility. It now regulates an increasingly diverse range of services, including some of the Island's most complex and highest-risk areas of care.

This growth reflects the importance of independent regulation in a modern health and care system. It also reflects the confidence placed in the Commission by Islanders, service users, providers, Government and other stakeholders to deliver robust, fair and proportionate oversight.

The Board of Commissioners is committed to ensuring that the Commission remains effective, independent and focused on the outcomes that matter most. We recognise that regulation must protect people who use services while also supporting improvement and avoiding unnecessary burden on providers. Achieving that balance will remain central to our approach.

Looking ahead, the Commission will continue to evolve. The introduction of regulation in new service areas, together with responsibilities arising from Assisted Dying legislation, will present both opportunities and challenges. This Strategic Plan sets out how the Commission intends to respond to those developments while maintaining its focus on quality, safety, transparency and public assurance.

The Board is confident that the Commission is well placed to meet these challenges. Through effective governance, a skilled and dedicated workforce, and continued collaboration with stakeholders, we will support the delivery of safe, high-quality and sustainable health and social care services for Islanders.

On behalf of the Board of Commissioners, I would like to thank the Commission's staff, our partners and all those who contribute to improving care across Jersey. We look forward to working together to deliver the ambitions set out in this Strategic Plan.

Nigel Acheson

Executive Summary

The Jersey Care Commission has evolved significantly since its establishment in 2019. It was originally created to regulate a defined range of health and social care services. Since then, its remit has expanded to include a wider and more complex range of services, including children's social care, Child and Adolescent Mental Health Services, care in special schools, hospital services, ambulance services, adult mental health services, and responsibilities associated with Assisted Dying Services.

This Strategic Plan sets out how the Commission will discharge its statutory responsibilities during 2027, how it will maintain a proportionate and risk-based approach to regulation, how it will demonstrate value for money, and how it will measure success. It also explains the resources required to deliver the Commission's statutory functions and strategic priorities.

The Plan is built around three questions:

1. **Who are we and how have we evolved?**
   The Commission has grown in responsibility and complexity as Jersey has strengthened independent regulation and assurance across health and social care.

2. **How do we work?**
   The Commission regulates in a way that is proportionate, risk-based, evidence-led, focused on outcomes, and mindful of the burden placed on providers and the wider system.

3. **What will we achieve in 2027?**
   The Commission will deliver its statutory functions, prepare for new responsibilities, strengthen public assurance, and develop a clearer outcomes-based approach to measuring performance and impact.

The Commission is satisfied that, subject to the continuation of existing Government funding commitments, including provision for agreed pay awards, inflationary pressures and funding associated with changes to Professional Registration, it has sufficient resources to discharge its statutory functions and deliver the strategic priorities set out in this Plan during 2027.

The more significant financial challenge lies beyond 2027, as major inspection activity enters peak years and responsibilities, including Assisted Dying Services, continue to develop.

Jersey Care Commission

PART ONE

Who we are & how have we evolved

1. Purpose and Legal Basis

Under the Regulation of Care (Jersey) Law 2014, the Jersey Care Commission ("the Commission") is required to prepare and publish a Strategic Plan setting out the resources required to discharge its functions and the approach it intends to take to delivering its responsibilities. The Strategic Plan supports the Minister's statutory duty to assess the funding and resources required to enable the Commission to operate economically, effectively and efficiently.

This Strategic Plan sets out:

- the Commission's role and statutory responsibilities, and explains how those responsibilities have evolved
- the strategic context within which the Commission operates
- the Commission's priorities for 2027
- the resources required to deliver those priorities
- how success will be measured and reported.

The Strategic Plan will be supported by a more detailed annual Business Plan and Outcome Based Accountability Performance Framework. Those documents will provide more detail on deliverables, milestones, performance measures, data sources and reporting arrangements. They will be published before the start of 2027.

2. The Evolution of the Jersey Care Commission

The Jersey Care Commission has undergone significant change since it was established in 2019.

Originally formed to regulate a defined range of health and social care services, the Commission has progressively taken on responsibility for regulating increasingly complex services and providing assurance across a broader range of health and care activities. This expansion reflects decisions of the States Assembly and Government policy to strengthen independent assurance and safeguard Jersey's health and care system.

Over recent years, the Commission has:

- expanded the Professional Registration system
- introduced independent inspection of Children's Social Care, fostering and adoption services
- introduced independent inspection of Child and Adolescent Mental Health Services
- introduced independent inspection of care in special schools
- prepared for the independent regulation and inspection of hospital services
- prepared for the regulation and inspection of ambulance services
- prepared for the regulation and inspection of adult mental health services
- commenced preparations for responsibilities associated with regulation of Assisted Dying Services.

The Commission is therefore no longer solely a regulator of traditional "care" services. It has evolved into Jersey's independent regulator for an increasingly broad range of health and social care services, including some of the Island's most complex and highest-profile public services.

The nature of regulation has also changed. Modern regulators are expected not only to inspect and enforce standards, but also to demonstrate value for money, minimise unnecessary burden, engage with service users and providers, support improvement, and provide assurance to Government and the public.

3. Organisational Capability and Capacity

The growth in the Commission's responsibilities has required corresponding growth in organisational capability and capacity.

Despite its significantly expanded remit, the Commission remains a small organisation. The core regulation team of ten officers is supported by a small Business Support Team and a data analyst. The Commission has developed its operating model in line with its expanding remit to maintain efficiency, strengthen resilience and ensure that capacity is focused where it is most needed.

The Commission has deliberately aligned organisational growth with the phased expansion of its responsibilities. Recruitment has been carefully timed to ensure that capability is available when required, while avoiding unnecessary cost arising from recruiting ahead of need.

Where specialist knowledge is required for complex or periodic areas of regulation, the Commission works with partners to access expertise on a targeted basis rather than relying solely on permanent full-time staff. This allows the organisation to remain lean, flexible and proportionate while still accessing the specialist capability needed to provide effective assurance.

4. Strategic Context

The Commission operates within a rapidly changing environment characterised by:

- increasing public expectations of transparency and accountability
- greater scrutiny of public sector expenditure
- a focus on value for money and efficiency
- expansion of regulatory responsibilities into increasingly complex services
- new legislative requirements
- growing expectations regarding data, evidence and public assurance
- the need to demonstrate measurable impact.

The Commission must continue to remain independent, proportionate and focused on outcomes, while ensuring that regulatory activity does not create unnecessary burdens on providers or the wider health and care system.

As the Commission's remit expands, so too does the complexity of the assurance expected. The regulation of hospital services, adult mental health services, ambulance services, children's services and Assisted Dying Services requires specialist expertise, robust methodology, sound governance and careful use of resources.

The Commission's challenge is therefore to continue developing as a modern regulator, while remaining realistic about the resources available, the statutory nature of much of its work, and the need to demonstrate effectiveness and value.

PART TWO

A Modern and Proportionate Regulatory Approach

5. A Modern and Proportionate Regulatory Approach

The Commission's approach is founded on a simple principle:

Effective regulation focuses on what matters most to the public. It protects people using services, targets areas of greatest risk, supports improvement and avoids unnecessary regulatory burden.

The Commission therefore seeks to be:

- risk-based
- proportionate
- evidence-led
- transparent
- outcomes-focused
- responsive to feedback and learning.

This means focusing regulatory attention where it is most needed, acting where standards are not met, and avoiding duplication or unnecessary requirements where they do not improve safety, quality or public assurance.

The Commission also recognises that regulation is not limited to inspection. Its work includes:

- registration of services
- registration of professionals
- compliance monitoring
- enforcement
- intelligence gathering
- safeguarding concerns
- stakeholder engagement
- public communication
- policy development
- reporting and assurance
- governance and risk management
- supporting improvement across regulated sectors.

We also work with other regulatory bodies through direct partnerships and through organisations such as the Institute of Regulation and the European Partnership for Supervisory Organisations in Health and Social Care. This helps ensure we learn from others' experience and apply relevant lessons to our own regulatory approach.

The Commission influences outcomes rather than controls them, working alongside providers, professionals, Government, service users, families and other stakeholders to contribute to safer and higher-quality care.

6. Delivering More Through Efficiency

The expansion of the Commission's role has taken place during a period of financial constraint.

Since 2024, the Commission has delivered recurring savings of approximately £270,000 per annum, representing around 13.5% of its historic baseline budget, while continuing to deliver its statutory functions.

These savings have been achieved through:

- → delaying and phasing recruitment until required
- → increasing use of digital systems and data
- → introducing more risk-based approaches where legislation permits flexibility
- → adopting specialist part-time expertise rather than permanent appointments in some areas
- → redesigning elements of inspection activity where this could be achieved without reducing assurance.

For example, medicines oversight has increasingly used specialist pharmacist expertise on a part-time basis alongside revised inspection scheduling arrangements to achieve better value for money while maintaining effective scrutiny.

However, much of the Commission's work is prescribed by legislation. Inspection frequencies, registration functions, enforcement powers and regulatory responsibilities are statutory and cannot simply be reduced in response to budget pressures. This creates a natural limit to the efficiencies that can be achieved without reducing assurance or changing statutory requirements.

The Commission therefore continues to pursue efficiency while recognising that many of its responsibilities are mandatory rather than discretionary.

7. Delivering Complex Regulation Through Specialist Expertise

The increasing complexity of the Commission's remit requires access to highly specialised expertise.

Rather than maintaining large permanent teams for services that are inspected only periodically, the Commission increasingly adopts a model based on external specialist expertise.

This approach:

- → provides access to nationally recognised expertise
- → strengthens independence and objectivity
- → supports benchmarking against best practice in other jurisdictions
- → provides flexibility
- → improves value for money
- → avoids maintaining permanent specialist capacity that is only required periodically.

This model has already been used in Children's Social Care Services and CAMHS and will continue to play an important role in Hospital, Ambulance and Adult Mental Health inspections.

While this approach does carry risks, for example increasing dependency on external expertise, these can be managed through careful engagement with a range of partners to improve resilience. The Commission considers this approach to be both proportionate and effective. It allows the Commission to access specialist skills when needed, while providing an independent external perspective and making effective use of public resources.

PART THREE

What We Will Achieve

8. Strategic Outcomes for 2027

The Commission's work during 2027 will be guided by four strategic outcomes.

These outcomes reflect the developing Outcome Based Accountability approach. They focus not only on what the Commission does, but also on the difference its work is intended to make.

OUTCOME 1

Islanders Receive Safe, Effective and High-Quality Health and Social Care

The Commission will provide independent assurance that regulated services are safe, effective and meet required standards.

In 2027, the Commission will:

- → deliver the statutory inspection programme
- → focus regulatory activity on areas of greatest risk and impact
- → continue preparation for the regulation and inspection of complex services
- → monitor compliance with regulatory requirements
- → take enforcement action where required
- → use intelligence and safeguarding information to inform regulatory decisions
- → publish reports that provide assurance to Islanders, Government and the States Assembly.

Success will be demonstrated through:

- → delivery of the statutory inspection programme
- → timely publication of inspection reports
- → effective response to high-risk concerns
- → evidence that inspection findings are followed up
- → improvement actions being implemented by providers
- → clearer reporting on risks, standards and assurance.

OUTCOME 2

Islanders Are Listened To and Their Experiences Influence Care and Regulation

The Commission recognises that regulation should be informed by the experiences of people who use services, their families, carers and advocates.

In 2027, the Commission will:

- → strengthen service-user and public engagement
- → improve the accessibility and clarity of public information
- → ensure inspection activity considers the voice of people using services where appropriate
- → use feedback to inform inspection, standards, guidance and public reporting
- → engage with providers and stakeholders in a structured way
- → continue improving how the Commission communicates with Islanders.

Success will be demonstrated through:

- evidence of service-user, family or advocate views being considered in inspection activity
- delivery of planned engagement activity
- use of feedback to inform regulatory improvement
- stakeholder confidence in the Commission's fairness and clarity
- improved accessibility of information for the public.

OUTCOME 3

The Health and Care System Learns and Improves

The Commission's role includes supporting improvement across regulated sectors. This does not mean taking responsibility for improvement on behalf of providers, but it does mean using the Commission's insight, evidence and assurance role to identify risks, highlight effective practice and support learning and improvement.

In 2027, the Commission will:

- identify themes and learning from inspection, intelligence, complaints and safeguarding information
- support providers to understand regulatory requirements
- distinguish clearly between mandatory requirements, required improvements and good practice
- use inspection findings to support wider learning
- share relevant insight with Government and system partners
- continue developing a more consistent approach to improvement tracking.

Success will be demonstrated through:

- required improvements being implemented within agreed timescales
- evidence that providers respond to regulatory findings
- reduction in repeat concerns where data allows
- learning being shared with providers and stakeholders
- thematic findings informing future inspection or engagement activity
- clearer reporting on whether services are improving over time.

OUTCOME 4

The Jersey Care Commission Is Trusted, Independent and Effective

The Commission must demonstrate that it is independent, well-governed, proportionate, financially responsible and effective in delivering its statutory functions.

In 2027, the Commission will:

- maintain strong governance and assurance arrangements
- deliver its statutory responsibilities within available resources
- maintain and expand Professional Registration in line with legislative requirements
- strengthen regulatory liaison with relevant professional bodies
- continue improving the use of data, technology and evidence
- prepare for responsibilities associated with Assisted Dying Services
- develop the Commission's Outcome Based Accountability Performance Framework
- continue to provide transparent reporting to the Board and through the Annual Report.

Success will be demonstrated through:

- Strategic and Business Plan milestones effectively monitored and delivered
- Professional Registration applications processed within agreed standards
- governance and assurance improvements progressed
- financial performance remaining within approved resources
- data governance requirements managed effectively
- evidence of public, stakeholder and provider confidence
- clear Board reporting on outcomes, risks and performance
- publication of performance information through the Annual Report.

9. Strategic Priorities for 2027

The Commission's strategic priorities for 2027 are:

1. **Effective and proportionate regulation and inspection.**
   Deliver statutory regulatory functions, focusing on areas of greatest risk and impact.

2. **Collaboration with providers, Government and stakeholders**.
   Work constructively with partners while maintaining regulatory independence.

3. **Service-user and public engagement.**
   Strengthen the voice of Islanders, service users, families and carers in regulation.

4. **Professional registration and regulatory liaison**.
   Maintain an effective professional register and strengthen links with relevant external regulators.

5. **Technology, data and evidence**.
   Improve the use of data and systems to support decision-making, public assurance and reduced administrative burden.

6. **Organisational capability and resilience**.
   Maintain an efficient, resilient and proportionate operating model.

7. **Preparation for emerging responsibilities, including Assisted Dying Services**.
   Continue preparatory work required to support future regulation arising from the Assisted Dying framework and any further responsibilities introduced through legislation.

These priorities will be supported by a more detailed Business Plan setting out specific deliverables, milestones and reporting arrangements.

10. Measuring Success and Demonstrating Impact

The Commission is committed to moving beyond measuring activity alone.

Performance reporting will increasingly be based on Outcome Based Accountability principles and will distinguish between:

- How much did we do?
- How well did we do it?
- What has changed or improved as a result?

Success will therefore be assessed through a combination of delivery measures, quality measures and outcome measures.

The Commission will develop a performance framework aligned with this Strategic Plan. This will include measures relating to:

- delivery of statutory inspection programmes
- timeliness of reporting
- Professional Registration performance
- stakeholder and service-user engagement
- implementation of improvement actions
- reduction of regulatory risk
- public confidence and assurance
- governance and organisational performance
- financial sustainability.

Performance will be reported regularly to the Board and summarised publicly through the Commission's Annual Report.

An Outcome Based Accountability Performance Framework will sit alongside the Strategic Plan. It will include KPI definitions, data sources, reporting arrangements and analysis to support deeper review.

11. Financial Context and Resource Requirement

The Commission operates within a defined public funding envelope supplemented by fee income. Available resources are finite and must be managed carefully.

While the Commission has received funding associated with new statutory responsibilities, it has also delivered substantial efficiencies and absorbed increasing complexity within its existing operating model.

The Commission's future financial position will continue to be influenced by:

- cyclical inspection activity
- increasing use of specialist external expertise
- inflationary pressures
- expansion of Professional Registration
- responsibilities associated with Assisted Dying
- future regulatory developments
- continued expectations regarding efficiency and value for money.

The relationship between responsibilities, resources and funding is therefore an important feature of this Strategic Plan.

FUNDING REQUIREMENT FOR 2027

The Commission does not consider that additional funding is required beyond the provision already identified within the Government of Jersey's current budget assumptions for 2027. The latest (2025) Budget provided £1,693,000 of funding for 2027, supplemented by expected fee income and funding associated with changes to Professional Registration.

Subject to the continuation of existing funding commitments, including provision for agreed pay awards, inflationary pressures and funding associated with Professional Registration changes, the Commission is satisfied that it has sufficient resources to discharge its statutory functions and deliver the Strategic Priorities set out within this Plan during 2027.

The more significant financial challenge is not 2027 itself, but the sustainability of funding beyond 2027 as regulatory responsibilities continue to expand and major inspection programmes enter periods of peak activity.

12. Financial Planning Beyond 2027

The Commission's inspection programme includes major inspections of complex Government services on a cyclical basis. This means that cost and workload will vary between years.

The financial assumptions included in the appendices indicate that the Commission is expected to operate within current budget in most years, but that peak inspection years create funding pressure.

Future financial planning will therefore need to consider:

- → whether additional funding is required in peak years
- → whether funding can be smoothed over a longer period
- → whether activity can be reprioritised or reduced
- → whether any statutory responsibilities can be reviewed
- → the implications of each option for the Commission's ability to provide effective and proportionate regulation.

Any future decision to reduce activity or resources would need to be considered alongside the Commission's statutory responsibilities and the potential impact on public assurance, service-user protection and regulatory effectiveness.

LOOKING AHEAD

The Jersey Care Commission has evolved significantly since its establishment. It is now an independent organisation responsible for providing assurance across an increasingly broad range of health and social care services, including some of Jersey's most complex and highest-risk services.

This growth has taken place alongside substantial efficiency improvements, careful workforce planning, greater use of specialist expertise and ongoing efforts to minimise unnecessary regulatory burden. The Commission has demonstrated that it is committed to delivering value for money while maintaining effective and proportionate regulation.

The Commission's responsibilities will continue to evolve. The introduction of independent regulation across new service areas, together with emerging responsibilities associated with Assisted Dying, will create additional opportunities and challenges in the years ahead.

This Strategic Plan sets out how the Commission intends to meet those challenges during 2027. It provides a clear framework for delivering statutory responsibilities, maintaining public confidence, supporting improvement and demonstrating impact.

With appropriate resources, the Commission will continue to provide independent assurance on the quality and safety of health and social care services, protect the interests of service users, and contribute to a safe, sustainable and high-quality health and care system for Islanders.

APPENDIX

Financial Information and Assumptions

Table A1

COMMISSION BUDGET AND INCOME

The table below shows the Commission's baseline budget and income position. The Commission has made around 13.5% savings on its baseline budget since the 2024 budget. This is partially offset by an uplift in provision from Government of Jersey to cover pay rises and general inflation.

	2024	2025	2026	2027	2028
Base Budget	£1,891,053	£1,833,256	£1,706,471	£1,693,000	£1,693,000
Income (Fees)	£373,000	£379,000	£410,000	£370,000*	£370,000*
Fee replacement funding*				£50,000*	£50,000*

**Income reduces from 2027 due to changes in Professional Registration fees.*

A Ministerial Decision to expand registration of health and social care professionals and remove Professional Registration fees will:

- → reduce income by approximately £40,000 per year
- → increase costs by approximately £10,000 due to expanded registration of health and social care professionals

The Ministerial Decision agreed that the impact on the Commission in terms of reduced income and increased costs would be met by a budget transfer from Health and Care Jersey.

Table A2

2026 EXPENDITURE

The Commission's 2026 expenditure is provided for comparison. Expenditure is predominantly staffing-related.

Category	2026
Staffing	£1,757,471
Non-staffing	£359,000
Total	**£2,116,471**

NON-STAFFING BREAKDOWN

Item	Cost
Commissioner remuneration and travel	£67,000
IT and telecommunications	£30,000
Office equipment and supplies	£8,000
Cleaning and waste services	£6,000
Passenger transport	£12,000
Business/admin services	£5,000
Management consultancy (inspection support)	£85,000
Property lease and costs	£71,000
Editorial and publications	£57,000
Utilities (water, electric, telecoms)	£6,000
Education and training	£12,000
Total	**£359,000**

External inspection costs are included within management consultancy.

Table A3

INSPECTION PROGRAMME SCHEDULE AND COSTS (2027–2031)

The Commission's statutory inspection programme includes inspections of complex government services on three- and five-year cycles which are supported by external experts. Planned inspections and cost assumptions over the next cycle are set out below.

FIVE-YEAR CYCLICAL INSPECTION PROGRAMME

Year	Area	Cost
2027	Hospital (Service block 1)	£68,000
	Child and Adolescent Mental Health Service (CAMHS)	£7,000
	Total	**£75,000**
2028	Ambulance Service	£68,000
	Children's Services	£37,000
	Hospital (Service block 2)	£70,000
	Total	**£175,000**
2029	Hospital (Service block 3)	£68,000
	Total	**£68,000**
2030	Hospital (Service block 4)	£68,000
	CAMHS	£7,000
	Total	**£75,000**
2031	Ambulance Service	£68,000
	Children's Services	£37,000
	Hospital (Service block 5)	£68,000
	Total	**£173,000**

Table A4

INSPECTION COST ASSUMPTIONS

Inspection costs are based on current estimates and available benchmarking.

Service Area	Estimated Cost	Assumptions
Hospital Service Blocks 1, 3, and 4	£68,000	External team (4 inspectors) 20 days preparation, inspection and report writing
Hospital Service Block 2 (Adult Mental Health)	£70,000	Based on partner information, Royal College of Psychiatry model
Children's Social Care	£37,000	Two inspections; one external inspector each; 20 days each inspection
CAMHS	£7,000	Based on previous contract estimates
Ambulance services	£68,000	Similar model to hospital inspections

KEY RISKS

- → Limited or no historical data for areas new to regulation
- → External contracts not yet fully agreed
- → Market rates for specialist inspectors may increase

These create upward cost risk.

Income	
Budget Provision	£1,693,000
Income from fees	£370,000
Fee replacement transfer	£50,000
Total income	**£2,113,000**

Expenditure	
Staffing	£1,754,000
Non-staffing	£359,000
Total Expenditure	**£2,113,000**

The financial information in this appendix supports the funding set out in the Strategic Plan and demonstrates the resources required to deliver statutory functions economically, effectively, and efficiently, in line with the Regulation of Care (Jersey) Law 2014.

Jersey Care Commission

Telephone + 44 (0)1534 445801
Email enquiries@carecommission.je

1st Floor, Capital House, 8 Church Street, St Helier, JE2 3NN

www.carecommission.je