

19-21 Broad Street | St Helier
Jersey | JE2 4WE

Deputy Doublet
Chair, Assisted Dying Review Panel
BY EMAIL

11 April 2024

Dear Chair,

Re: Further Questions on the Assisted Dying Report & Proposition

In response to your letter dated 8 April and further to my letter dated 10 April, please see below a response to the remainder of your additional questions on the proposals for Assisted Dying in Jersey.

Palliative and end of life care

- The Panel notes that the End-of-Life Care Partnership Group will be ‘re-constituted’, and the ‘Action Plan’ for the [Palliative Care and End of Life Care Strategy for Adults in Jersey 2023-2026](#) (Strategy) will require review and agreement. Please can you confirm the status of the End-of-Life Care Partnership Group?**

- a. Who will be a member of this group and has this changed from previously?**

The membership of the Partnership Group is set out below. In addition to the Partnership Group, a wider range of stakeholders are involved in the associated working groups.

Previous membership	Current core group membership
Care Agencies	Jersey Care Federation
Customer and Local Services (Community Outreach)	Customer and Local Services
Dementia Jersey	-
Family Nursing & Home Care	Family Nursing and Home Care
Funeral Directors	De Gruchy’s Funeral Care
-	Maillards Funeral

-	Pitcher and Le Quesne
-	Health and Care Partnership Group Chair
Health & Community Services (Commissioning)	Health & Community Services (Commissioning)
-	Health and Community Services (Chaplaincy)
-	Health and Community Services (Adult Social Care)
Health & Community Services (Primary Prevention and Intermediate Care)	Health & Community Services (Primary Prevention and Intermediate Care)
Jersey Ambulance Service	-
-	Health and Community Services (Patient Panel)
-	Jersey Doctors on call (JDOC)
Jersey Care College	-
Jersey Care Commission	-
Jersey Hospice Care	Jersey Hospice Care
Jersey Prison Service	Justice and Home Affairs
Les Amis	-
-	LV Care Group
MacMillan Cancer Support Jersey	Macmillan Jersey
Primary Care Board	Primary Care Board

b. Please can you provide more information about how the Strategy and the Action Plan will be monitored and kept under review by the End-of-Life Care Partnership Group?

The roles and responsibilities of the partnership group as set out in its terms of reference are:

- Review and agree the Strategy action plan.
- Advise on the establishment of work streams and working groups to implement the Strategy action plan.
- Track progress against the success criteria set out in the Strategy and hold system partners to account in delivering the outcomes.
- Be a discussion forum to facilitate partnership working and remove barriers.
- Contribute to the design of an overarching model of care and support for people.
- Make proposals for service change.
- Ensure consistency with other island-wide strategies.

In addition to the above:

- A memorandum of understanding has been signed by the partner organisations, committing to work together to drive and oversee the implementation of the Palliative and End of Life Care Strategy for Adults in Jersey 2023-2026.
- Implementation of the strategy will be monitored through achievement of the action plan.
- The action plan will be updated by the HCS Commissioning Team.
- The Partnership will meet every 2 months or more often as necessary.
- Timescales will be added to the action plan. If any actions are not on track, this will be escalated to HCS executive leadership team and the Boards of partner organisations.
- Workstreams linked to the action plan have been set up, consisting of representatives from the partner organisations.

c. Is there a timeline in place for reviewing and agreeing the 'Action Plan'?

The action plan was reviewed at the initial meeting of the Partnership Group on 18 October 2023. An updated version of the action plan will be reviewed and agreed at the next meeting scheduled for 18 April 2024.

d. How many officers will resource this work and is this sufficient? Who will have Ministerial oversight and how will Council of Ministers and the Assembly be kept informed?

The work will be resourced by the HCS Commissioning Team of five staff within a wider programme of commissioning work, which is currently sufficient.

As the Minister for Health and Social Services, I have responsibility and oversight for the strategy. I meet weekly with the HCS Leadership Team who will keep me abreast of developments as required.

2. The Panel also notes that three out of the six 'Success Criteria' for the Strategy are highlighted as 'Current / Ongoing' and three as 'Not Started' in the Action Plan. Please can you provide more information about the progress of these criteria marked as 'Current / Ongoing'?

a. Please can you provide more information about the timeframe for commencing the criteria marked as 'Not Started'?

The action plan continues to be updated, so I can provide the Panel with further information on progress following the Partnership meeting on 18 April.

b. The Panel understand that the Strategy spans three years. Please can you provide more information about how the provision of palliative and end of life care will be prioritised and demonstrated beyond the Strategy?

The current Palliative and End of Life Care Strategy expires in 2026. A further strategy will be developed in due course, which will outline actions to be taken throughout 2027-2030.

- c. **Given that Jersey has an ageing population, how will this impact on the Strategy and the amount of funding needed to maintain services at an adequate level?**

The strategy notes that there is an ageing population and that demand for services will increase over time. The HCS Commissioning Team will work with Public Health to monitor demand for services and use public health intelligence to forecast future requirements in terms of capacity and resource.

It is anticipated that demand for many other health and care services will also increase as our population ages, and it will be a decision for the Assembly as to how increases in demand are funded, where the costs cannot be met through service improvements and efficiencies alone.

3. **During the Public Hearing it was advised that the Strategy is “a long-term strategy, they will not have met all those targets by that point in time [by the time legislation is enacted]”. Which targets will be prioritised to evidence the quality and accessibility of palliative and end of life care services?**

The success criteria for the Strategy, which are on page 53 of the Strategy, performance against these criteria will be used to help evidence improvements to the quality and accessibility of palliative and end of life care services.

4. **What metrics are needed to demonstrate the quality and accessibility of palliative and end of life care services in Jersey, by the time the assisted dying legislation is brought forward for debate by the States Assembly?**

As set out in the answer to Question 3, performance against the Strategy criteria will be used to help evidence improvements.

I trust that the above is of assistance to the Panel.

Yours sincerely,



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