



Jersey Hospice Care

Deputy R Renouf
Health and Social Security Scrutiny Panel
Scrutiny Office
Morier House
St Helier
JE1 1DD

Ref 517/37

1 September 2017

Dear Deputy Renouf

Redesign of Health and Social Services Governance Model Review

On behalf of Jersey Hospice Care I am pleased to share my general thoughts and comments on the proposals in relation to the terms of reference of the Scrutiny Review, and specifically in respect of whether the proposed model will improve integrated partnership working with other services providers and give patients a greater say in their health care. On behalf of Jersey Hospice Care I have participated in the Governance Review workshops from the outset and have welcomed the opportunity to have a say in how health care in Jersey can be delivered in a more integrated form.

I would like to note that from the beginning those leading the work stream have placed demonstrable value on the collaboration of multiple stakeholders in the co-creation of this new governance model. Principled engagement has taken place between a diverse range of stakeholders and the majority of the dialogue has been face to face, which has been advantageous. The process has enabled a high level of consensus and a set of shared values to be developed. The immediate outcome of this is that there has been a shared motivation to achieve the different stages of the review and to see the proposed new governance model through to implementation. However, there is much still to be achieved and the continued development of a high level of mutual trust is in my view critical, if the implementation of the governance model is to be effective.

The panel has specifically requested the views of Jersey Hospice Care on whether:

- the proposed changes will improve patient interaction with services providing Health and Social Care; and
- if the proposed changes will enhance integrated partnership working in Health and Social Care.

The System Partnership Board is a co-created collaborative governance model between a range of stakeholders, including potential service providers. It is presumed that its function will be to generate actions, impacts and adaptations across the current health and social care system, with the ability and intention to improve patient interaction with service providers and to enhance integrated

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partnership working. A critical function of this will be measures devised to ensure accountability in performance and service delivery. The contribution of the independent Chair and independent board members will be important factors in my view in achieving these outcomes.

The question of whether the System Partnership Board, will achieve 'improved patient interaction' and 'enhanced integrated partnership working' has to be considered with regard to the wider framework within which it will function. The framework – that is the broader map for the structural redesign of health and social services within the island. This will have cross-boundary governance dimensions that will range from policy to inter-government department co-operation (such as housing, education and Treasury), to collaboration between non-government stakeholders and public private partnering.

In the absence of a determination of the above, the function or powers of the System Partnership Board are unknown. If it is to be some sort of hybrid arrangement, in that the power remains with the Minister and with HSSD, which also remains the main provider of health and social care services, it may be harder to sustain engagement amongst the membership of the whole board, (in particular representatives from the patient forum and the voluntary sector). This may impact the model of partnership working.

Whatever the form of the wider framework, for the System Partnership Board to be effective in delivering improved patient say and enhanced integrated partnering, there will have to be incentives which drive collaborative action and remove current or perceived barriers to such behaviours. While some perceived barriers will relate directly to the historical model of delivery of health and social care predominantly at the direction of and by HSSD, others will arise as a result of other factors. It will be important to ensure therefore that the membership of the System Partnership Board is diverse in all senses, not only representing a spectrum of different organisations, but also ensuring that the representatives from those organisations are diverse and the views of disparate groups in our community are heard.

The Voluntary and Community Sector representatives that participated in the Governance Review were asked recently to give some thought to the Terms of Reference for the Voluntary and Community Sector Group that would be set up to generate representative membership on the System Partnership Board. In the absence of any Terms of Reference for the System Partnership Board, and a wider understanding of the framework within which it will sit, I have advocated that each of the groups (some of which are yet to be formed) that shall appoint or elect representatives to the System Partnership Board, should agree their Terms of Reference in parallel. If this process is facilitated, it might be possible for the groups to agree 'Terms of Reference' which would govern each group in the same way and inform the System Partnership Board's Terms as well. In my view if each group and the System Partnership Board are adhering to the same or similar terms, it is more likely to generate enhanced integrated partnership working. There are varying levels of complexity to be addressed, as part of this process.

Some consideration has been given to the potential financial and manpower aspects of the System Partnership Board. It is my view that the same considerations should be given to each representative group, so to the extent financial resources are afforded to one group for participating in the board, they should be made available to all others on the same terms. If therefore representatives from HSSD would be paid for attending the board, because it is a requirement of their employment, the representatives from the patient and voluntary sector groups should receive some equivalent benefit. How the funding is to be made available for this or along with other resources to support the administrative burden that each group will bear is unclear.

I cannot comment on the financial and manpower implications that could result from the changes in delivery of health and social care services through the set up of the System Partnership Board at this stage. It was not considered as part of the review.

The Panel has also asked for comments on the comparative exercise that was undertaken as part of the Governance Review, this is described in the Governance Redesign Report. It is important to note that the System Partnership Model is a model devised by the participants, following their review of models in other jurisdictions. As such it is not a proven model.

A considerable amount of work has been undertaken in producing the proposals for the new governance model. I have welcomed the ambitions expressed and I look forward to being involved and contributing to the next stages of delivery.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Emelita Robbins', written in a cursive style.

Emelita Robbins

Chief Executive Officer