



Friday 1st September 2017

Redesign of Health and Social Services Governance Model Review

Thank you for inviting Jersey Recovery College to submit a response to the proposal of a new governance model for Health and Social Services. Our response is informed by our standing as a mental health charity and a service that champions co-production.

The establishment of an independently led Health and Social Care System Partnership Board is a positive step.

Leadership will be critical to its success and it is important to appoint a Chair and Non-Executive Directors who can demonstrate integrity, transparency, accessibility and a lack of bias. The move towards creating a 'compact' to align values, behaviours, performance, service delivery and partnership working across the system is welcome. The challenge will be making sure that it is implemented by all. We also support the recommendation to create a public charter that services will be held accountable to.

Jersey Recovery College is a service that has benefitted from the power of co-production and the richness that comes from developing a service between those with lived experience, carers and professionals as equal partners. We would recommend that this model of working is the most effective in empowering the patient / public voice and feel it is important to create joint working between the proposed Forums and Public and Patient Advisory Group. In order to facilitate co-production it is important that all parties have equal access to the discussion and that support, if required, is offered to anyone with lived experience to contribute fully.

In order to ensure parity between the Public and Patient Advisory Group and the two other forums it is suggested that all groups share the same title (whether this is 'forum' or something else). It is also suggested that the representatives on the Public/Patient group are remunerated for their time as those in the other forums will likely be contributing as part of their paid employment. If the Board can facilitate successful partnership working across these groups, it will exemplify and lead best practice partnership working across the system.

Those involved on the Public/Patient group should be encouraged to rotate regularly to allow individuals to progress beyond the group and new voices to be heard.

Regarding the other two forums, consideration needs to be given to how three voluntary/community organisations can represent the sector. The organisations selected and the communities they represent must be balanced and those involved must be able to positively represent their peers. In order to do this, the representatives involved must be able to communicate with the sector as a whole and reflect all views back to the Board.

While the Voluntary and Community sector is committed to improving services for the communities they serve and, therefore, contributing to work such as this, it is a reality that those organisations are often restricted with resource and funds. Funding towards supporting how those representatives contribute to this work and liaise with their fellow organisations would ensure those involved could dedicate the time and energy needed to participate in the most effective way.

Finally, there should be commitment to quality assurance and evaluation of performance of the Board as a whole and its effectiveness. This should be done independently.

We believe the Health and Social Care System Partnership proposal has potential to be a great success. Thank you for allowing us to submit our views on its development.

Yours sincerely,

Beth Moore
Recovery College Manager