STATES OF JERSEY

HEALTH AND CARE JERSEY ADVISORY BOARD AND PARTNERSHIP BOARD

Lodged au Greffe on 24th June 2025
by the Minister for Health and Social Services
Earliest date for debate: 9th September 2025

STATES GREFFE

PROPOSITION

THE STATES are asked to decide whether they are of opinion –

to agree –

(a) that the non-statutory Health and Community Services Advisory Board, established further to the Act of the States dated 14th June 2023, should continue to operate and provide improved governance and oversight for the services delivered by Health and Care Jersey;

(b) that the Minister for Health and Social Services should establish a new non-statutory Health and Care Jersey Partnership Board which will operate in accordance with the terms of reference set out in Part 2 of the report accompanying the proposition.

MINISTER FOR HEALTH AND SOCIAL SERVICES

REPORT

This proposition comes in two parts. Part 1 proposes matters related to the existing Health and Community Services Advisory Board. Part 2 proposes matters related to the proposed new Health and Care Jersey Partnership Board.

This accompanying report is similarly in two parts with the addition of the financial and resource implications described in Part 3.

Report

Part 1: Continuation of existing non-statutory Health and Community Services Advisory Board

1. In June 2023 the States Assembly adopted P.19/2023 which established the Health and Community Services Advisory Board ("Advisory Board") for an initial 18-month period, and required the Minister to seek Assembly approval if the Minister determined that the Advisory Board should continue beyond that period.

2. The initial period was adopted by the Assembly, further to an amendment by Deputy Feltham, with a view to reducing any exposure to the risks and costs that may have occurred should the structure of the Advisory Board not be fit for purpose, or it be found that the Advisory Board was not meeting its intended objectives.

3. That 18-month period is taken to start from 25 January 2024, this being the first full public Advisory Board meeting not overseen by the fixed term Chair engaged to establish the Advisory Board (Professor Hugo Mascie-Taylor). Given that the 18-month initial period expired at end June 2025, the Minister is now seeking Assembly approval for the continuation of the Advisory Board. [Note: It was anticipated that the Assembly would consider the proposed continuation of the Advisory Board in June / July 2025, however, P170/2010 requires the Minister to consult PPC, PAC and the Health & Social Services Scrutiny Panel prior to lodging this proposition. Due to timing and resource constraints the Minister was unable to comply with these consultation requirements in time to support a June / July debate on this proposition].

Advisory Board review

4. In late 2024 the Advisory Board commenced a performance review to:

   a. provide the Board, the Minister and the States Assembly assurance regarding the Board's functionality and effectiveness, and

   b. demonstrate if the Board delivers value for money and enhances public confidence in health and care governance.

5. The review complied with the requirements set out in paragraph 88 of the Advisory Board's terms of reference[1] and with the draft standards that, it is anticipated, will underpin the Jersey Care Commission's future inspection of Health and Care Jersey's ("HCJ") services, where those standards relate to requirements for regular reflection and review of governance and leadership.

[1] Terms of reference as set out in P.19-2023.pdf

6. The review methodology adopted a mixed-method approach with a view to assessing the Board's performance, identifying areas for improvement, and developing actionable recommendations to enhance overall effectiveness. The mixed-methodology approach included comprehensive data collection and analysis through document reviews, workshops, a board member's survey (adapted from the UK's Health Financial Management Association's NHS audit Handbook) and a survey targeted at members of the public who regularly attend board meetings.

7. The final review report[2], which was provided to the Minister in April 2025, provides extensive detail as to the activity of the Board and its work in formulating strategy, ensuring accountability and shaping a positive culture in HCJ.

8. The review concluded that:

   a. the Advisory Board has demonstrated exceptional effectiveness in supporting the collaborative exchange of views between Executive Directors (EDs) and Non-Executive Directors (NEDs)

   b. the Advisory Board's structured approach to agenda setting, comprehensive reporting, and the establishment of dedicated Committees underscores its commitment to, and delivery of, an increasingly effective governance framework:
      - written Board reports distributed in advance help ensure thorough preparation and meaningful participation in Board discussions
      - agenda items are selected through a structured process that prioritises critical issues
      - the Board's action tracker enhances accountability and transparency, ensuring follow-up on all actions
      - the Board's three Committees actively support good governance. Their work plans and actions are regularly reviewed to ensure progress and accountability.

   c. The Board's approach to fostering a supportive and inclusive organisational culture is evidenced through Freedom to Speak Up, staff engagement and staff experience initiatives, site visits, service user and public engagement, openness, transparency, and candour.

   d. The Board's commitment to openness and transparency (demonstrated through public meetings, online resources (webpages and YouTube videos)) is building trust with service users and staff.

[2] The Board Review Report (April 2025).pdf

e. Through strategic planning, rigorous oversight, and fostering a culture of transparency and accountability, the Board is working to address key issues such as quality and safety, operational performance, financial management, and workforce development.

f. By leveraging benchmarking, adopting evidence-based practices and directing specific areas of work the Board is supporting continuous improvement and enhanced service delivery.

9. The Review also identified areas for development / potential improvement including:

a. increased use of informal settings (for example, away days) to foster open and candid discussions between Board members
b. involvement of an external coach (where relevant) to facilitate reflection on issues and key matters
c. enhancing Board unity, balancing assurance discussions – and emphasising joint working as a unified team, with collective responsibility, for delivering results
d. improved forward planning for agenda items to support reporting and provide adequate discussion time.

10. As part of the review process, a survey was distributed to members of the public who regularly attend Board members. It is not part of the standard UK methodology for Board reviews to undertake such surveys, however, given the consistent levels of public attendance at Advisory Board meetings (which is not commonplace in the UK) it was considered appropriate. However, only two attendees responded to that survey so other approaches to seeking public comment and feedback will be considered for future years. That said, whilst response rates were very low, the survey did highlight the need for enhanced communication (including quicker release of meeting summaries and better opportunities for public interaction during meetings) and need to improve clarity, audibility and succinctness of Board meeting participants.

Minister's conclusion

11. The Minister, having considered the Advisory Board performance review, has concluded that he should seek the Assembly's agreement to the continuation of the Board. The Minister is satisfied that, whilst there is an ongoing need for continued improvements across all areas of HCJ activity, the Board plays a critical role in driving positive change. Furthermore, the Minister recognises the value of the advice and counsel provided by the NEDs to the Minister and HCJ Executives.

12. P.19/2023 proposed that the Board would bring together the skills, knowledge and experience needed to critically examine and constructively challenge the

Department; supplement the Minister as a "single, lone figure"[3]; and provide an effective governance system in which it "easy to do the right thing and difficult to do the wrong thing[4]". The Minister concludes this is being achieved.

13. The Minister further concludes that the Advisory Board should continue to operate in its current form with its current membership. This will require minor amendments to the Board's Terms of Reference to reflect the shared nature of the Chair's responsibilities and remove the absolute requirement for the appointment of a senior independent director, in favour of appointment if the Minister determines the appointment necessary.

14. The Minister has also determined, in consultation with Advisory Board members, that the terms of reference should provide that there must be a minimum of 4 Board meetings per year, as opposed to 6 Board meetings per year. This is to enable NEDs to spend more time providing oversight to the Board's committees. This change will not preclude there being more than 4 Board meetings if required.

15. The Minister does not propose bringing forward legislation to provide for the Board in statue at this point in time (as set out in P19/2023). The Minister has concluded that any future legislation should provide for both the Advisory Board and the proposed Partnership Board, in the event it is determined that Partnership Board should be set up in statue (see Part 2).

[3] 'Review of Health and Community Services (HCS) Clinical Governance Arrangements within Secondary Care' (R.117/2022)
[4] Good Governance Institute (link).

Part 2: Establishment of proposed non-statutory Health and Care Jersey Partnership Board

Part 2: Section 1: Background to proposed Partnership Board

16. During October and early November 2024, the Minister consulted key stakeholders on proposals to develop a better integrated health and care system for Jersey. Those proposals included the establishment of a Partnership Board, alongside realigned functions within Health and Care Jersey (then called the Health and Community Service Department) to support whole system working.

17. The proposals received broad support from internal and external stakeholders subject to a more detailed understanding of the Partnership Board's terms of reference. The feedback received, and details of the consultation process, are set out in the published consultation feedback report.[5]

18. The October 2024 consultation focused on arrangements to support better integrated working amongst health and care service providers (government and non-government). It did not focus on matters related to the quality, availability or costs of services and, as such, the public were not consulted. This is in accordance with accepted good consultation practice. Public consultation will be required, at a later stage, to inform the development of the Partnership Board's proposals and initiatives.

19. The requirement for a system-wide structure was understood and widely accepted prior to the development of October 2024 proposals by the current Minister:

    a. in 2018 and 2021, the Comptroller & Auditor General[6] noted the need to govern across the whole system was increasingly important - including co-production of strategy, service planning, development and commissioning, quality and safety assurance and risk management

    b. P.19/2023, as proposed by the then Minister for Health and Social Services (Deputy Wilson) and as adopted by the Assembly, set out that post-establishment of the Advisory Board (See Part 1) consideration would be given to options for improved system-wide partnership working and governance, encompassing non-governmental providers, for example, GP's, dentists, pharmacists, care homes and voluntary and community groups

    c. P60/2017, as brought forward by the then Minister for Health and Social Services (Deputy R Renouf), also proposed a Partnership Board

[5] Consultation Feedback Report - Integrated Health and Care System

[6] Governance Arrangements for Health and Social Care | Jersey Audit Office / Governance Arrangements for Health and Social Care – Follow up | Jersey Audit Office

arrangement but was very narrowly rejected by the Assembly on the basis of a split vote (24 Pour / 24 Contre) due to concerns about lack of clarity as to function, purpose, and workability[7] despite significant support for the proposed approach by health care providers. The P.60/2017 development process did not include the production of draft terms of reference, contributing to concerns about clarity.

20. Partnership structures are commonplace in many other jurisdictions where they are seen as essential to helping ensure that services work well together, make better use of resources and prevent ill health. There are multiple examples of longstanding partnership structures in Europe, New Zealand and Australia.

21. In England and Wales, the statutory integrated care systems ("ICS") which bring together NHS organisations and local providers to take collective responsibility for planning services and improving health across geographical areas, will continue to operate unlike NHS England which is being abolished by the current UK Government. ICSs do face cuts with their role being refocused on their core purpose – bringing about greater integration and partnership working between NHS organisations, local authorities, voluntary sector organisations and others – so that patients experience more joined up care when and where they need it. A core purpose which mirrors the proposed Partnership Board.

High-level proposals consultation

22. Prior to publishing the high-level proposals in October 2024, the Minister undertook an options appraisal related to the potential form of the system-wide structure (See Appendix A) and tested the preferred option with a small number of key stakeholder groups. This included face-to-face meetings and discussion with the Council of Ministers; Public Health Senior Leadership Team; HCJ Executive Leadership Team; Primary Care Board; HCJ Senior Leadership Team; Advisory Board NEDs and HCJ Medical Consultants (MSC).

23. The initial preferred option that was tested with those key stakeholders proposed that the existing Advisory Board was positioned as a sub-committee of the proposed Partnership Board. The stakeholders expressed concern that this structure had the potential to result in Partnership Board members (e.g. GPs) bearing a degree of accountability for the quality of HCJ services, which would be inaccurate. In light of the feedback, the Minister revised the consultation proposals prior to widespread circulation to health and care providers. The revised structure, as consulted on in October 2024, provided for two separate Boards; the Advisory Board, and a new separate Partnership Board.

Terms of reference consultation

[7] States Assembly | P-60-2017

24. In March 2025, in response to broad support received for the proposed establishment of the separate Partnership Board, the Minister published draft Partnership Board terms of reference for consultation.

25. The feedback received to that consultation, as set out in the published consultation feedback report[8], has informed the amended terms of reference set out below in Part 2: Section 2 of this report.

26. Having consulted on the high-level principle of establishing a Partnership Board, and having consulted on the draft terms of reference for that Board the Minister is now seeking the Assembly's agreement to its establishment in accordance with P.170/20106. P.170/2010 provides that the States Assembly must approve the establishment of any Board where members are renumerated, permitted access to sensitive information, or where the Board will help shape government policy. Prior to lodging this proposition, the Minister consulted PPC, PAC, and the Health and Social Services Scrutiny Panel in accordance with the requirements of P.170/2010.

Part 2: Section 2: Summary of purpose and structure

27. The full terms of reference for the proposed Partnership Board are set out in Part 2: Section 3 below. Those terms of reference provide detailed information about the purpose and role of the Board, including matters relating to membership. This section of the report summaries some of the key provisions of the terms of reference and provides supporting information.

Non-statutory

28. The proposed Partnership Board is non-statutory. Stakeholders in the October 2024 consultation noted that a non-statutory form allowed for establishment in the shorter term, however multiple stakeholders did speak of the requirement to bring forward certain statutory duties and powers for Partnership Board (and the Advisory Board) in the shorter term in order to protect the Board(s) from being dismantled by a changing Government or Assembly, and to empower Partners to make decisions for which they must be held to account.

29. As a non-statutory board, there are limits to the Partnership Board functions and powers, for example, the Partnership Board cannot direct the HCJ Chief Officer to undertake actions that are contrary to the HCJ Chief Officer's duties as Accountable Officer, nor can it interfere with the duties of the States Employment Board or the Minister. The Minister and all office holders retain their existing statutory functions and duties.

[8] Health and Care Partnership Board Terms of Reference Consultation Feedback Report

30. The Partnership Board will work by advising the Minister as to actions it recommends are taken where the Board - through the auspices of the executive members' powers and responsibilities – does not have jurisdiction or authority to act. The Minister will then determine whether to adopt their advice and recommendations. This mirrors the arrangement for the Advisory Board.

Health and care system architecture

31. The Partnership Board will be a key part of an improved and evolving system of governance and planning which will run from, and between, the States Assembly to the Minister to the Partnership Board and the Advisory Board. That system will help to ensure that HCJ and other health and care providers work better together in the interests of the people of Jersey. The different components of the system in which the Partnership Board will operate. These includes:

a. patient and public forum: The existing HCJ Patients and Public Panel will be recast as a whole system patient and public forum. It will bring together members of the public whose voices, experience and input will help inform and shape services across the whole system. It will be a forum through which the public can tell providers what works, and what does not work, from their perspective.

b. wider determinants of health ministerial group: In response to feedback from health and care service providers, it is intended that a Wider Determinants of Health Ministerial Group will be established bringing together key ministers to discuss and consider how to address the causes of poor physical and mental health (wider determinants of health). As illustrated by the Director of Public Health Annual Report 2024, the health and wellbeing challenges faced by Islanders are shaped primarily (40%) by social and economic factors, such as work-life balance, affordable and quality housing, and cost of living and by health behaviours (30%) such as smoking, having a poor diet, drinking alcohol and physical inactivity. Only 20% is shaped by health services, with the final 10% shaped by the physical environment.

It is anticipated that members will include the Minister for Health and Social Service, Housing, Social Security and Children.

c. Heath and Care Advisory Board the Partnership Board and the Advisory Board will fulfil distinct and separate roles. The Partnership Board is a Board of health and care service organisations (government and non-government) who come together to plan how to improve the health and wellbeing of people who live in Jersey through joined up care.

The Advisory Board will focus on driving up the quality and safety of HCJ's operational services. Neither Board will be accountable to the other:

The HCJ Chief Officer will work with the Chairs of both Boards to share information and intelligence and avoid any duplication of effort.

It is envisaged that one of the Advisory Board's non-executive directors will be seconded to the Partnership Board, to act as Vice-Chair, during the Partnership Board's initial 12 months to support it during it set-up phase.

Health and Care system draft principles

32. It is intended that the health and care system (as described above) will work to the same overarching principles with those principles shaping decisions at every level. Those **draft** principles, to be finalised in discussion with the Boards, the patient and public forum and the Wider Determinants of Health Ministerial Group include:

a. Fair, affordable access: The plan looks to provide all Islanders to have fair, affordable access to the core health and care services they need, whilst not creating an unsustainable financial burden for the Island. This will require safe, effective services that are necessary to people's health and wellbeing. This may limit patient choice and may also mean that some Islanders pay to access some services, as happens in some instances, today.

b. Prevention first: We will require more investment in services that help Islanders stay healthy and well. This will involve supporting Islanders to use prevention services, and incentivising providers to provide them.

c. A working Island: We need to support Islanders to stay economically and socially active. It is good for them, good for the economy and essential if Government is going to raise the monies needed to provide health and care services and mitigate the effects of our aging population. Safe, efficient, effective and affordable health and care services will help attract future employers and employees to Jersey.

d. Right service, right place, right cost: We want people to access the right service, and we want that service to be delivered efficiently, in the right place at the right cost. This may mean some services being delivered across the Island (including in people's homes) and some being brought together into single centres. In Jersey, no-one needs to travel far.

e. Best use of people, data and technology:

Our health and care workforce needs to be supported to act at the top of their profession. In order to capitalise on their skills and knowledge and make best use of equipment and facilities we must invest in connecting all the data currently accumulating in remote silos, right across the service.

Appropriate investment will help Islanders to care for themselves and help health care professionals to assist them.

f. Strength in partnership: A small Island workforce cannot do everything. We need to build strong, effective partnerships with other professionals and organisations (on and off-island) who have the knowledge, skills and capacity to support us to deliver safe, effective services. According to all the health professionals consulted, the current plans will make that a great deal easier.

Purpose

33. As set out in the Terms of Reference below, the Partnership Board is a Board of health and care service organisations (government and non-government) whose purpose is to come together to plan how to improve the health and wellbeing of people who live in Jersey through joined up care. They will work to achieve their purpose through considering how best to:

a. tackle complex challenges (for example, how to support islander to stay well, how to provide fair, affordable access to care, how to address barriers to joined up care) and resolve day-to-day emerging barriers to the delivery of safe, effective, affordable, joined-up services to Islanders
b. making recommendations to the Minister, and
c. overseeing the delivery of agreed solutions.

Selection and appointment of members

34. The terms of reference provide that the Chair will be appointed by the Minister, with the recruitment and selection process being overseen by the Jersey Appointments Commission. The person specification will provide that the Chair will most likely be an on-island Chair (ie. they will live in Jersey and have a detailed understanding of our health and care system) but this is not an absolute requirement. The focus will be on recruitment of the best candidate with the skills and attributes required to hold the Board to account (both collectively and individual members) for discharging its responsibilities and tasks, and for supporting Board members to make the adjustments necessary to ensure effective collaboration amongst themselves and with the health and care wider system.

35. The Community Partners (up to 10 in total) will be appointed by the Minister further to sector-by-sector selection processes. The 10 Community Partners will be from one of the sectors / professions set out in the terms of reference. They will be contracted to work 14 days per year for £200 per day. These 14 days will broadly allow for the following activities:
    a. 4 Partnership Board meetings per year (half day)
    b. 4 working groups meetings per year (half day)
    c. 4 sector engagement events per year (half day)
    d. associated preparation and follow up time.

36. A full person specification will be developed for the both the Chair and Community Partners. These will be finalised if / when the Assembly adopts the proposed establishment of the Partnership Board.

37. Community Partners will have very specific responsibilities; communicating and liaising with other providers in their sector / profession to provide to the Partnership Board with relevant, sector specific information and insight, and acting as ambassadors championing the delivery and implementation of the Board's decisions and solutions across their sector / profession – but they are not sector representatives and are not required to facilitate cross-sector consensus.

Effectiveness / risk

38. The Partnership Board is proposed in light of evidence from other jurisdictions that structures that support whole system working can deliver tangible improvements to health services and health outcomes. It is a way of working that drives a culture of meaningful collaboration across whole system problem-solving, planning and decision-making – which many non-government providers believe is long overdue in Jersey.

39. Like other initiatives that work to improve culture, it must be recognised that they are not always straight forward and that there are some inherent risks. In relation to the Partnership Board these risks include:

Risk	Mitigation
Failure to recruit members with right skills and / or credibility amongst sector or profession	- Partnership Board budget to include monies to provide for training / personal development opportunities where required - Sectors / professions to be supported to select a member in whom they have confidence (against a clear role specification) with final determination and appointment by the Minister - Requirement on members to participate in performance appraisal
Board as 'talking shop' (driven by size of Board)	- Requirement to produce annual plan setting out actions to be taken - Terms of reference provide for focused activity in working group structures (with members renumerated for participation) - Explicit duty placed on all members to ensure they add value to Jersey by helping to drive change, with Board (once established, determining how that will be demonstrated vis-à-vis annual work plan)
Conflict management	- Requirement to set up a conflicts register; with conflicts declared – where relevant – at each meeting - Requirement to recruit a Chair who has extensive experience of operating in collaborative structure, is live to the possibility of conflicts and has the skills and aptitude to address those conflicts - Members to be selected and appointed against a role specification which clearly sets out requirement to be conscious of competing / conflicting demands on that arise through their individual workplace and professional responsibilities and will be able to positive self-challenge to shift focus to the needs of the Island as a whole.
Expectation / ambition management	- Remit (as per terms of reference) is very wide. Annual Plan provides mechanism for identifying and focusing on key priorities - Power to amend ToR if / where Minister and Board identify to flex and refine the Partnership Board's working practice to address overreach.
Effectiveness	- Requirement to review terms of reference and review periodic reviews of performance. Monies provided in budget to allow for external support with performance review - Board to develop key performance indicators, against action plan, once established - Power for Minister to disband Board with agreement for Assembly (including for lack of effectiveness)

Part 2: Section 3: Terms of reference for the Partnership Board

40. As set out above from 3 April to 1 May 2025, the Minister consulted key stakeholders on the draft terms of reference for the proposed Health and Care Partnership Board, having previously consulted on the high-level principles.

41. The feedback received and details of the 2025 consultation process are set out in the published consultation feedback report[9], with that feedback informing the amended terms of reference as set out below.

42. As set out the terms of reference (below) the Partnership Board represents a new way of working in Jersey and, as such, it is recognised that the terms of reference (as set out below and against which the Board will be established) may require amendment in the short to medium term to reflect the learning and evolving nature of the Board in its initial formation phase. The terms of reference:

    a. must, therefore, be reviewed by the Partnership Board within six months of its establishment and, thereafter, on a yearly basis, and
    b. may be amended by the Minister on the recommendation of the Partnership Board.

[9] Health and Care Partnership Board Terms of Reference Consultation Feedback Report

Health and Care Partnership Board: Terms of reference

Purpose

1. The Minister for Health and Social Services ("the Minister") has decided, with the agreement of the States Assembly, to establish the Health and Care Jersey Partnership Board ("the Partnership Board"). It is a non-statutory Board (i.e., with no legal powers).

2. The Partnership Board is a Board of health and care service organisations (government and non-government) whose purpose is to come together to plan how to improve the health and wellbeing of people who live in Jersey through joined up care.

3. Partnership Board members will work together to:

    a. understand the health and wellbeing needs of local people through examination of available information and evidence (to include drivers of health inequalities)

    b. tackle complex challenges including:

        - how to provide all Islanders fair, affordable access to the health and care services they need, whilst not creating an unsustainable financial burden for the Island

        - how to support Islanders to stay healthy and well, and economically and socially active (prevent ill health)

        - how to provide for those who need treatment, care and support (including supporting Islanders in need to care and treatment to live independently (where appropriate)

        - how health and care services will work together (including identifying and addressing barriers to join-up care and considering matters related to models of care / care pathways)

        - how to deliver the right service in the right place at the right time, and ensure that service is high qualify, efficient and effective (value for money)

        - how to support our health and care workforce to act at the top of their profession, and feel safe in their working environment

        - how to make best use of our equipment and facilities (existing and new)

- how to make best use of digital, data and technologies including:
  - ensuring we can share information and our systems can communicate with each other
  - empowering patients and staff to use digital tools and technologies
  - using data to make informed decisions.

Responsibilities and tasks

4. The Partnership Board will:

a. consider how best to address the complex challenges set out above and oversee delivery of agreed solutions

b. work to resolve day-to-day emerging barriers to delivery of safe, effective, affordable, joined-up services to Islanders and oversee delivery of agreed solutions

c. make clear recommendations to the Minister on associated matters including:

- the services that are needed in Jersey, now and into the future (and in light of evidence) and how those services should be organised, including matters related to contracting, partnership working and commissioning
- priorities for change
- workforce requirements (skills, experience, capacity)
- facilities and equipment requirements
- medicine and medical device requirements
- data, digital and technology requirements (via dedicated digital working group)
- legislative requirements / amendments.

For the purposes of clarity:

- an agreed solution (as referenced in para 4 above) may be a solution agreed by the Minister on the recommendation of the Board or, a solution agreed by Board members where it is in their jurisdiction / authority to agree solutions without reference to the Minister

- where the Board does not have jurisdiction / authority to agree a solution without reference to the Minister, the Minister may adopt, amend or reject the recommendations of this non-statutory Board. In the event the Minister

rejects a recommendation the Minister must inform the Board in writing as the reasons for that rejection.

5. In doing so, the Partnership Board will produce and publish a high-level annual work plan setting out the actions it will focus on during the coming year to address challenges and deliver improvements. The Board has a broad remit; it will need to prioritise its work and take a phased approach to improvement.

6. The annual work plan should be agreed by the Minister prior to publication. It will set out key performance indicators related to:
   a. its work and performance
   b. the intended service improvements to be realised through its agreed / recommended solutions, and the outcomes for service users.

7. In addition to development and realisation of agreed solutions, the Partnership Board will:

   a. determine how best to support and enable all providers to actively participate in delivery and realisation of the agreed solutions – and act as a role model for participation

   b. consider how to shape a positive, inclusive culture across all health and care services, in which service users, families, carers and staff feel safe, heard, and engaged, and in which staff are empowered to do their best work – and act as a positive culture role model

   c. ensure good communication between the Partnership Board, all other service providers and the wider community

   d. provide oversight for development of the Jersey Strategic Needs Assessment.

8. The Partnership Board may also advise on matters related to:
   a. emergency preparedness / service resilience (having consulted with, and considered, existing emergency response frameworks including in relation to public health)
   b. safeguarding of service users and staff
   c. inspection and regulation services, response to serious incidents
   d. emerging risks and risk management (island, service and service user risks)
   e. prioritisation of actions and recommendations arising from internal and external reviews and audits
   f. wider government policy and impact on population health / health service use

g. other matters considered relevant by the Partnership Board or requested by the Minister.

9. In advising on the matters set out above, the Partnership Board will take account of and avoid duplicating the work of other forums (for example, the Safeguarding Partnership Board).

For clarity:

- the Minister will determine whether to adopt Board recommendations
- only the Minister may initiate a programme of work by the Partnership Board but the Board may request that the Minister initiates a programme of work
- decision-making in respect of all public functions shall be reserved to the Minister, an Assistant Minister or an Officer in accordance with the States of Jersey Law 2005.

Delivery of responsibilities and tasks

10. In delivering its responsibilities and tasks the Partnership Board will:

a. make the best use of the knowledge and skills of all Board members including Partners and HCJ Executive Directors

b. learn from others, including evidence based best practice

c. work in a cooperative and constructive manner with the Minister and with providers of health and care services in Jersey. Its members will collaborate with each other, and with others to solve problems

d. actively engage with service users, families, carers and staff in the development and realisation of agreed solutions, ensuring we learn from their experiences and expertise

e. have regard to the resources of Health and Care Jersey ("HCJ") and the resources of the wider health and care system and to the Island context (health inflation; changing demographics; a small Island workforce cannot do everything)

f. have regard to all relevant statutory duties of the Minister and officers including the requirement to act in accordance with the decisions of the Council of Ministers, the States Employment Board, the Treasury and Exchequer (including in relation to the Public Finances Manual, the Assembly and all other relevant office holders

g. work alongside the Health and Care Jersey Advisory Board which will continue to focus on improving the safety, efficiency and effectiveness services delivered by HCJ).

h. seek assurance, validation of recommendations and implantation plans from relevant regulators (for example, Jersey Care Commission and UK professionals registration bodies) where appropriate.

11. To support the Partnership Board in delivering its tasks the Partnership Board may:

a. make standing or ad hoc requests for information or professional opinions regarding the services delivered or commissioned by HCJ (having had regard to the resources of the Department)

b. request that the HCJ Chief Officer to bring to the Partnership Board for information, any proposal, strategy, policy or information related to the work of the Department. This includes requesting the HCJ Chief Officer to instruct any employee of the Department to attend a meeting of the Partnership Board to provide information

c. request the Chief Executive Officer to instruct other Government of Jersey ("GoJ") employees to bring to the Partnership Board for its information any proposal, strategy, or policy that is relevant to the fulfilment of the Partnership Board's responsibilities and tasks.

12. In seeking the information described above the Partnership Board will acknowledge that the persons providing the information must adhere to requirements relating to data sharing arrangements and any other associated legal obligation.

13. The Partnership Board will, when requested, provide information to, and cooperate with Scrutiny Panels, and any relevant Committees or Boards of the States Assembly or relevant public service oversight bodies or mechanisms.

Working groups

14. The Partnership Board may establish any working groups it considers necessary to support the delivery of its work, where those working groups accord with the responsibilities of the Partnership Board.

15. It is recognised that much of the Board's work will be undertaken in working groups. Working groups provide essential reach across a wider group of stakeholders and allow for detailed consideration of issues. They have the potential to provide a structure for organised, systematic consultation and inclusion of all Island health and care providers.

16. Where appropriate, or required, the Partnership Board:

    a. must develop terms of reference for all working groups, setting out the tasks to be undertaken and the associated reporting requirements

    b. appoint members to its working groups, which may include Board members, other providers interested parties or people with relevant experience (whether or not associate members)

    c. is responsible for ensuring that any working groups it establishes operate effectively and in accordance with their terms of reference.

Terms of reference

17. These terms of reference set out matters related to the Partnership Board's membership, role, and reporting arrangements.

18. The Partnership Board represents a new way of working in Jersey, so the Minister and Board members must be alive to the potential need to flex and refine the Partnership Board's working practice. As such, it is recognised that the initial terms of reference (against which the Board is established) may require amendment in the short to medium term to reflect the learning and evolving nature of the Board in its initial formation phase. The terms of reference should, therefore, be reviewed by the Partnership Board within six months of its establishment and, thereafter, on a yearly basis.

19. Any amendments recommended by the Partnership Board must be approved by the Minister prior to adoption. In the event the amendments are substantive, the Minister may:
    a. consult health and care providers
    b. seek Assembly approval.

20. The terms of reference will be void if:
    a. a statutory Partnership Board is established by the Assembly, or
    b. the Partnership Board is disbanded for any reason that the Minister deems relevant, with the agreement of the States Assembly.

21. The Partnership Board may develop operating procedures, setting out how it and / or its working groups will function, as the Partnership Board deems necessary. Any operating procedures must accord the Terms of Reference, must be approved by the Minister, and must be published.

<u>Performance review</u>

22. In addition to reviewing its terms of reference the Partnership Board shall:

    a. publish an end-of-year report describing delivery against its annual work plan (and the associated key performance indicators). The Minister will publish a response to that end-of-year report

    b. arrange for periodic reviews of its performance to ensure it is operating effectively, as and when the Board or the Minister determine it is appropriate to do so.

23. Having undertaken any reviews, the Partnership Board will provide a report to the Minister on its findings. The Partnership Board may recommend to the Minister any changes it considers necessary to improve Board performance or efficiency.

Board membership

24. The Partnership Board will consist of the following members:
    a. Independent Chair
    b. partners in the provision of health & care (community and third sector)
    c. HCJ Chief Officer
    d. selected HCJ Executives - integrated health and care division
    e. selected HCJ Executives - services division.

25. All members will be voting members. No person can vote at a Partnership Board meeting other than a Board Member.

26. The minimum number of Board members will be 12. The maximum will be 20 (excluding the Chair).

27. The total number of government members must be no more than the total number of Community Partners (with the independent Chair ensuring the balance is in favour of non-government members). Maintaining this balance must not, however, result in an ineffective Board. The Minister must focus on ensuring there are adequate Community Partners to ensure that essential government members are not required to step down.

28. In Year 1, an additional non-executive director will be appointed to the Board (over and above the maximum of 20 members) to work as Vice Chair and to support the Chair to establish the Board. It is envisaged that this will be a non-executive director from the existing Advisory Board.

<u>Partners in the provision of Health & Care</u>

29. There will be up to 10 Community Partners, with each Partner drawn from a different area of service provision / practice:

a. Community Nursing
b. Community Pharmacy
c. General Practice
d. Home Care
e. Nursing, Residential & Care Home
f. Community Dental
g. Allied Health professional
h. Third Sector service provider (not commissioned by Government)
i. Other
j. Other

30. In addition to Community Partners, Government of Jersey's Children's Services will sit on the Partnership Board as a Government Partner.

31. Appendix 1 sets out information related to the responsibilities of Partnership Board members.

32. Appendix 2 sets out information related to the appointment, removal, suspension of Partnership Board Members.

Associate Community Partners

33. In addition to Community Partners, the Chair of the Board may appoint other providers of health and care services to act as Associate Community Partners. Associate Community Partners may attend Board meeting in a non-voting capacity on a standing or ad-hoc basis and will be engaged in working groups. It is envisaged that associated members will be from sectors not represented by the Community Partner members. For example:
    a. end-of-life providers
    b. occupational health
    c. community therapy / equipment loans
    d. community mental health providers.

Executive Directors, HCJ

34. The HCJ Chief Officer will sit on the Partnership Board in addition to up to 8 HCJ Executives.

35. This will include HCJ Executives:

    a. from HCJ's integrated health division who are responsible for enabling whole system working (for example, Medical Officer for Health, Finance Director, Workforce Director, Digital Director)

    b. from HCJ's service division who are responsible for HCJ's service provision (for example, Managing Director of HCJ Services).

36. Other HCJ Executives may attend Board meetings on a standing basis to help ensure delivery of the Board's recommendations and work plan (where adopted by the Minister). Standing attendees will not have Board voting rights.

Invited attendees

37. Invited attendees who may be invited by the Chair to attend Board meetings in an advisory capacity on an invitation basis for relevant agenda items. This may include, for example, other health and care service providers, people operating in regulatory or advisory capacities, service representatives. Invited attendees will not have Board voting rights.

System

38. The Partnership Board will operate within a wider system which is collectively designed to help drive improvements to the health and wellbeing of Islanders through the delivery of efficient, effective services and through prevention of ill health. This includes:
    a. the Patient and Public Panel; a forum for Islanders that work to ensure that the patients' voice is heard across the health and care system
    b. a cross Ministerial Policy Board focused on addressing the wider determinants of health and wellbeing
    c. the Health and Care Jersey Advisory Board (see paragraph 10)

39. The Partnership Board will be held to account by the Minister (via the Board Chair), with the Minister being held to account by the States Assembly and ultimately the electorate.

Meetings

Number of meetings

40. The Partnership Board will meet a minimum of 4 times a year. The meeting schedule will be published at least six months in advance.

41. The Partnership Board may meet at other times as agreed by members or as otherwise requested by the Minister. Details of these meetings will be published as soon as possible.

Participation in meetings

42. Only members of the Partnership Board have the right to attend Board meetings, but the Partnership Board may invite other persons to attend all or part of any meeting, as and when appropriate.

43. Participation in Board meetings may be via secure telephone or video conference, provided that all members are able to contribute to discussions and decisions. Participation in a meeting via electronic means shall constitute presence in person at this meeting.

Quorum

44. A duly convened meeting of the Partnership Board at which a quorum is present shall be competent to exercise the responsibilities set out in these Terms of Reference.

45. No business shall be done at a meeting unless more than half the Members are present and there is at least one more non-government officer (which may include the Chair) than government officer.

46. If any member, including the Chair, is disqualified from participating in a meeting due to a conflict of interest they shall not count towards the quorum.

47. In the unlikely event that neither the Chair nor Vice Chair can be present, the Community Partners will determine which non-executive director will act as Chair for the duration of the meeting ("Interim Chair"). This may be any Board member.

Voting

48. Partnership Board Members will endeavor to reach consensus on Board matters. If consensus is not reached, the Chair may determine that a matter should be voted on. Each member will have one vote and decisions shall be reached by a simple majority of members present. Where there is an equality of votes, the Chair has a second and deciding vote provided they are not conflicted. An Acting Chair (ie. a person appointed by the Minister to act as Chair whilst a substantive appointment is made or in the longer-term absence of the Chair) does have a deciding vote. The Vice Chair also has a deciding vote in the absence of the Chair, except for if the Vice Chair is a non-executive director of the Advisory Board (see para 20) in which case the matter will revert to a future meeting.

Reporting

49. The Minister may require the Partnership Board to report on matters (and at such intervals) as the Minister determines where those matters are within the remit of the Partnership Board.

50. The Partnership Board shall make recommendations to the Minister on any area within its remit where it considers action or improvement is needed.

Administration

51. Administrative support shall be provided by a Board Secretary.

52. The agenda shall be determined by the Chair. Members who wish to put forward an agenda item shall write to the Chair with details of the proposed item and any supporting documents not less than fourteen days before the next scheduled meeting.

53. If the Chair is not willing to include the proposed item on the agenda, any member will be entitled to have a notice of motion included on the agenda of the next Board meeting, for the purposes of determining if the item should be discussed at the following Board meeting.

54. The agenda should include any item which the Minister has requested the Partnership Board to consider.

55. Minutes shall be taken of Board meetings. They will be circulated to all members and the Minister once approved by the person who chaired the meeting as an accurate record. Any corrections that may be required will be tabled at the next meeting.

56. A statement summarising all matters discussed at a Partnership Board meeting and all agreed actions (except where the matter is a confidential matter) may be published by the Chair after each meeting. This statement will include the Minister's written rationale for rejecting the Board's recommendation where the Minister has rejected recommendations.

57. Minutes and board papers shall be made available to Board members up to 10 working days in advance of each meeting, and not less than 5 working days.

Conflicts

58. A register of conflicts of interest will be kept and any changes to this recorded in the minutes. All members must declare, on joining the Board and at the beginning of each meeting, any professional, business or personal interests which may influence, or may be perceived to influence, their judgement and reference the agenda item to which this is pertinent. The Chair will determine if that interest is such that the member must be recused for that Board meeting / item at the Board meeting (or the Vice Chair if the Chair declares an interest).

59. In addition to managing conflicts at Board meetings, the Chair of the Board will need to be live to the possibility of conflicts throughout all aspects of the Board's work – as conflicts are inevitable in a small island community, and

where professionals (who have an interest in their own workplace) are required to participate in discussions / decisions which may not benefit their professional interests in terms of access to resources.

60. The Partnership Board must develop policies and procedures related to the reporting and management of conflicts of interest.

61. The Partnership Board should develop its values and that those values should address matters related to representing Islanders and the associated management of personal and professional conflicts.

Data, information, and confidentiality

62. As a non-statutory body, the Partnership Board will not be separately registered as a "Controller" under the Data Protection (Jersey) Law but, as a Board of HCJ (which as a Government Department is registered as a data "Controller") all Board members must operate within the requirements of that Law.

63. The Partnership Board will similarly operate within the provision of Freedom of Information (Jersey) Law 2011.

64. It is a duty of the Partnership Board, and all Board members, to protect confidential information about people (service users and staff) and to ensure that policies, procedures and systems are put in place to ensure that confidential information is only shared with the Partnership Board, or by the Partnership Board, when it necessary to ensure safe or effective care or protect against harm.

Resources

65. The Minister must assess the resources required for the Partnership Board to operate. The Minister must arrange for those resources to be made available. This will generally be within existing HCJ budget allocations or with the agreement of the Council of Ministers, the Minister must ensure the resource requirement is set out in the Government Plan.

66. The Minister must consult the Partnership Board before making any such assessment.

67. The resources required will include those related to:
    a. remuneration of the Chair
    b. remuneration of Community Partners to provide some compensation for time spent preparing for and participating in Board meetings
    c. meeting costs (refreshments, room hire, AV if required)
    d. induction and training costs for Community Partners
    e. coaching / safe space provision costs to allow individual Partners to explore issues

f. resources to support Community Partners to communicate and liaise with other providers in their sector
g. performance review costs (as required)
h. expenses associated with service users families, carers and staff engage processes.

68. The Board must seek to operate at the minimum possible cost to curtail budgetary impact.

69. The Partnership Board Secretary will be employed by HCJ.

Appendix 1: Responsibilities of the Partnership Board members

General duties of all Partnership Board members

1. The general duties of Partnership Board members are to:

    a. come together to plan how to improve the health and wellbeing of people who live in Jersey (and to develop an annual work plan setting out the actions it will take in the coming year to help deliver those improvements)

    b. participate in decision making, to collectively own decisions taken and to individually take action to support delivery and implementation of those decision

    c. ensure the Partnership Board represents the interest of Islanders (as distinct from the interests of providers)

    d. champion operation and development of efficient, seamless whole health and care system (as distinct for interests of specific sectors or professions)

    e. provide sector / profession specific information and insight and to balance this against insights of other sectors / professions whilst avoiding focus on individual business or work interests

    f. bring a range of varied perspectives and experiences to solutions development and decision making

    g. positively contribute and constructively challenge during Board meetings

    h. ensure the Partnership Board adds value to Jersey by helping to driving change (Partnership Board must not be a talking shop)

    i. ensure the Partnership Board delivers the actions set out in its annual work plan (which accord with the responsibilities and tasks set out in the terms of reference) and operates in accordance with its terms of reference

    j. ensure that the Partnership Board works effectively with other forums and groups working to drive improvements to the health and wellbeing of Islanders, whilst avoiding duplication of effort. This includes:

        - the Patient and Public Panel; a forum for Islanders that work to ensure that the patients' voice is heard across the health and care system
        - the cross Ministerial Policy Board focused on addressing the wider determinants of health and wellbeing
        - the Health and Care Jersey Advisory Board

k. maintain high standards of personal integrity and observe the Partnership Board's Code of Conduct (to be developed by the Board).

See separate role specifications for more information. For the purposes of clarity:

- Community Partners are professionals working in a specific sector who gather information and insight from that sector, communicate to the Board, and provide feedback to that sector. They are not required to facilitate cross-sector consensus.

- Community Partners and the organisations they represent remain entirely independent. Being a Board member does not affect their / their Board of Governors' independent decision making.

2. Board members are expected to attend a minimum of 75% of Board meetings unless absence is agreed by the Chair.

Chair's duties

3. The Chair is responsible for the performance of the Partnership Board (including delivery against its annual work plan), and for holding it to account (both collectively and individual members) for discharging its responsibilities and tasks.

4. The Minister holds the Chair to account for this responsibility.

5. As the Board is non-statutory, the Chair does not hold delegated authority from the Minister (other than the authority to hold the Board to account for discharging its responsibilities and tasks).

6. The Chair may appraise the participation of individual Community Partners (relation to their contribution to the Partnership Board) in response to concerns and may report their findings to the Minister for the Minister to consider if any action is required.

7. The Chair will work to ensure that high standards of personal integrity are maintained by all Board members and will hold the Board members to account for maintaining high standards.

8. The Chair will meet with the HCJ Chief Officer to discuss the performance of Executive board members, if requested to do so by the HCJ Chief Officer, in order for the HJC HCJ Chief Officer to consider if any action is required.

9. The Chair will meet with the GoJ Chief Executive to discuss the performance of the HCJ Chief Officer if requested to do so by the GoJ Chief Executive in order for the GoJ Chief Executive to consider if any action is required.

Note: The Chair's role specification sets out full details of the role and duties

Community Partners' duties

10. In addition to the general duties set out above, Community Partners will

    a. communicate and liaise with other providers in their sector / profession to provide to the Partnership Board relevant, sector specific information and insight

    b. to be an ambassador for the Partnership Board, to champion delivery and implementation of its decisions and solutions across their sector / profession

Note: The Community Partners' role specification sets out full details of the role and duties

HCJ Chief Officer duties as a Partnership Board Member

11. The HCJ Chief Officer is:

    a. accountable to the Chair, in their role as a Partnership Board member, for delivery of the Partnership Board's responsibilities and tasks

    b. responsible for providing information and support to the Partnership Board, and making proposals for the Partnership Board to consider and determine whether to recommend to the Minister

    c. responsible for implementing decisions of the Partnership Board, where those decisions accord with HCJ Chief Officer's responsibilities as Accountable Officer and GoJ employee. In the event that the Partnership Board wishes to take an action that involves a transaction which the HCJ Chief Officer believes will infringe on their responsibilities as accountable officer, the HCJ Chief Officer should seek direction from the Minister and, if so directed, should set out in writing to the Minister the reason for their objection in accordance with the provisions of the public finances manual

    d. remains accountable to the GoJ Chief Executive for delivery of their performance and development objectives; and answerable to the States'

Public Accounts Committee for the performance of their accountable officer function, in accordance with the Public Finances (Jersey) Law 2019.

HCJ Executive Directors duties as Partnership Board Members

12. HCJ Executive Directors who are Partnership Board members are:

    a. accountable to the Partnership Board, in their role as a Partnership Board member, for delivery of the Partnership Board's responsibilities and tasks

    b. responsible for implementing decisions of the Partnership Board, where those decisions accord with their responsibilities as GoJ employees

    c. accountable to the HCJ Chief Officer for:
        - supporting the HCJ Chief Officer in the provision of information and support to the Partnership Board, and for making proposals to the Partnership Board
        - delivery of their performance and development objectives.

Escalation of concerns

13. Where the Chair or a Community Partner has concerns, contact through the usual channels of the HCJ Chief Officer or Chair (where relevant) has failed to resolve - or for which such contact is inappropriate - that person believes the matter should be escalated they may seek advice from the Chair of the Advisory Board and, where relevant may escalate to the Minister.

14. Those concerns could be on matters related to the performance of the Partnership Board, the performance or behaviours of a Board Member or the Partnership Board's compliance with its Terms of Reference.

15. The above is in lieu of the appointment of a Senior Independent Director.

Appendix 2: Appointment, removal, suspension of Members

Appointments

1. The Minister shall appoint the Chair of the Partnership Board. The Jersey Appointments Commission will oversee the appointment process. The Chair shall be appointed for a 3-year term. At the end of that period, the Minister may extend the appointment for another term having consulted the Board members. The maximum period of appointment is 9-years (in accordance with Jersey Appointments Commission guidance).

2. The Minister may appoint any member of the Partnership Board to be Acting Chair whilst a substantive appointment is made or in the longer-term absence of the Chair.

3. The Chair and Board members will select a Board member to act as Vice Chair (where the non-executive director is not acting as Vice Chair)

4. The selection process for Community Partners will be on a sector-by-sector basis and may vary between sectors. The Minister must approve the selection process for each sector. Prior to approval the Minister must consult relevant providers about their sector's process (for example, GPs will be consulted on the selection process for the Partnership Board's GP Partner).

5. The Minister shall confirm the appointment of Community Partners, as selected on a sector by-sector basis. The Minister will do so in consultation with the Chair (if appointed).

6. The Minister will not appoint a Chair, or confirm the appointment of a Community Partner:

    a. if the person:
        - does not meet the role specification (see separate document)
        - does not demonstrate a strong personal commitment to the Nolan Principles of accountability, probity, openness and equality of opportunity

    b. if that person is currently:
        - a Member of the States Assembly
        - a GoJ employee (or person similarly contracted)

    c. if the person has a conflict of interest that would call into question their ability to undertake the role. Where the person has a financial interest in, or may financially benefit from the delivery of heath and care services in Jersey, the Minister must be satisfied that the person has demonstrated their ability to set aside their interest in the pursuit of decisions which are in the best interests of all Islanders. The Minister will consult the Chair when making that decision (if appointed).

7. The Community Partners shall be appointed for a 3-year term. At the end of that period, the Minister may extend the appointment for another term with the agreement of Sector representatives. The maximum period of appointment is 9 years.

8. Government Partners and Executive Directors are automatically appointed by reason of their employment.

Removal or suspension

9. The Chair and Community Partners may only be removed or suspended by the Minister.

10. When removing the Chair or Community Partners, the Minister must have clear and cogent reasons to do so. These would typically be limited to the Chair or Community Partner:

    a. becoming disqualified for appointment on the grounds set out above

    b. failing to discharge their functions without reasonable excuse

    c. behaving in a way that is not compatible with their continuing on the Partnership Board

    d. is otherwise unable or unfit to discharge the functions of a Board member.

11. The Minister shall only suspend the Chair or a Community Partner if the Minister believes there may be grounds for removal and needs to investigate the matter.

12. Prior to removal or suspension, the Minister must consult the HCJ Chief Officer and any other person the Minister deems relevant (for example, Sector representatives). The Minister must then put the grounds for removal or suspension to them and provide a right to reply. The exception being in cases of gross misconduct where the Minister may remove or suspend with immediate effect.

Part 3: Financial and resource implications

43. P.19/2023 set out the anticipated financial and resource implications associated with the establishment and annual ongoing costs of the Advisory Board. These were a total of:
    - £343,500 in 2023
    - £206,000 annual running costs from 2024 onwards.

44. In 2023 the Advisory Board expenditure was £367,031 (of which £287,783 related to renumeration and expenses of Professor Mascie-Taylor as fixed-term Chair) but since then annual running costs of the Advisory Board are less than then anticipated (£206,000):
    a. in 2024 Advisory Board expenditure was £117,915
    b. in 2025 Advisory Board anticipated spend is £167,672 which provides a shortfall of £36,373
    c. in 2026 Advisory Board anticipated spend is c.£125,000, as the number of Advisory Board meetings will reduce from 6 per year to 4 per year (as per Section 1 above)

45. The difference between P.19/2023 anticipated costs and actual costs arise from the Minister appointing 5 non-executive directors ("NEDs") as per P.19/2023 proposals but not appointing a separate Chair. The five NEDs share the Chair's responsibilities between them. The five NEDs share the intended Chair's contracted responsibilities between them with each being contracted for c. 2 additional days per month in addition to the 36 days per year as set out P.19/2023, to allow them time to take on these additional responsibilities.

46. The proposed costs for the Partnership Board, as set out in the table below, fall within the Advisory Board budget (as allocated via the 2024 Government Plan) allowing Partnership Board costs to be met from within existing HCJ resources.

47. Whilst the Partnership Board can be funded from within existing HCJ governance budgets, it is nevertheless the case that there needs to be a clear and compelling rationale for this investment. The Minister (and key stakeholders) are satisfied that that rational is evidenced by:
    a. the improvements delivered by whole system structures in other jurisdictions, and
    b. the ongoing challenges associated with delivery of both simple and complex changes or policies in Jersey which require engagement or participation of multiple providers.

48. It should be noted that, as set out in the terms of reference consultation feedback report[10], some respondents stated that the proposed levels of renumeration for the Community Partners (£200 per day) and the Partnership Board Chair (£420 per

[10] *Microsoft Word - Terms of Reference - consultation feedback report for publication

day) was too low. The Minister acknowledges this criticism but also recognises the need to strike an appropriate balance between renumerating providers for their contribution (even though many providers already participate in unstructured or ad hoc meetings and working group for no renumeration) and placing disproportionate costs on existing budgets which are under significant pressure.

49. The proposed level of renumeration is not an indicator of the value of the contribution that will be made by Community Partners – as this will exceed £200 per day - it is a payment that recognises their commitment, as opposed to one that stands as full reimbursement of their time.

50. The Minister recognises that some Community Partners may require locums to cover their client activities on Board days (for example, a community pharmacist may require a locum pharmacist to dispense patient prescriptions). The Minister may, in these circumstances provide a supplementary payment to these providers. The costs of these supplements are not set out in the financial implications as they are not yet known. In the event that such costs do arise, they will be found from within existing Departmental resources.

51. The potential increase in costs that may occur, as described above, may be offset by savings that will accrue if the Minister appoints Community Partners to sit on the Board who hold service deliver contracts that include management fees or salary costs. The Minister will not double-renumerate those Community Partners for Board participation.

52. Anticipated financial and resource implications of the Partnership Board

	cost per unit	2025 costs (assume 4 months renumeration)	2026 costs onwards
Independent Chair renumeration (24 days x £420 per day)	£420	£3,360	£10,080
Independent Chair recruitment	£10,000	£10,000	£0
Independent Chair travel and accommodation (if off Island)	£0	£0	£0
Community Partners' renumeration (14 days x 10 people x £200 per day)	£200	£9,333	£28,000
Partners' expenses		£0	£0
Senior Independent Director	N/A	£0	£0
Advisory Board NED / Vice Chair (14 days X £420 per day)	£420	£1,960	£5,880
Board workshop / training facilitators	£2,000	£2,667	£8,000
Individual members training and support	£500	£833	£2,500
Partnership Board and workshop costs			

Room hire	£200	£267	£800
Refreshments	£250	£667	£2,000
Sector engagement costs			
Room hire	£250	£833	£2,500
Refreshments	£50	£667	£2,000
Patient forum costs			
Allowance for extension of existing HCJ patient forum costs		£1,667	£5,000
Secretariat costs			
Ministerial office / existing HCJ secretariat		£0	£0
Performance review		£0	£3,000
	Total	**£32,253**	**£69,760**

Appendix A: Options appraisal - form of system-wide structure

1. The Minister informed the Assembly on 31 March 2025 (WQ.138/2025[11]) that alternative structures had been considered prior to publishing the proposed arrangements for consultation in October 2024. The options appraisal that was undertaken considered:
   a. whole system architecture, and
   b. Board /s structures.

2. Prior to 31 March 2025 the Minister had, in his response to OQ.25/2025[12], informed that Assembly he had not commissioned a cost-benefit analysis. A cost benefit analysis on different potential options was not undertaken because the initial options analysis (the details of which are described below) was determined to be sufficient to inform the October 2024 proposals.

Whole system architecture

3. Consideration was given to options for reform of the whole health and care system architecture in Jersey. This involved consideration of the following:

   a. do nothing: continue with split model of public health and health policy operating from the Cabinet office; HCJ services being delivered by HCJ with oversight from Advisory Board; no formal partnership / system wide structure to support services integration and whole system planning.

      Option rejected as significant evidence from other jurisdictions that formal partnership / system wide structures help drive improvements to integrated care provision.

[11] States Assembly | WQ.138/2025
[12] States Assembly | OQ.25/2025

b. further embed split model with public health, health policy, and new system wide advisory functions / Partnership Board operating from the Cabinet office (acting as equivalent to Department of Health) and provision of services in separate government department (acting as equivalent to NHS).

Option rejected on basis of observations / feedback from key providers that split model was creating barriers to joined up working with government, with potential for this to be compounded if new system wide advisory functions / Partnership Board was to operate at distance from HCJ operations.

c. reject split model and bring GoJ health and care functions together, alongside new system wide advisory functions / Partnership Board to support improved communication and joint working.

Preferred option on basis of cost, deliverability, proportionality and observations / feedback from key providers that co-location of government functions alongside new system wide advisory functions / Partnership Board was most viable option to achieve integrated working.

d. establish an independent arms-length provider organisation outside of government (as per Isle of Man)

Option rejected on basis of cost and complexity and in light of some ongoing concerns in the Isle of Man as to whether the arms-length model delivers benefits.

e. incorporation of key external providers into GoJ and / or independent arms-length body

Option rejected on basis of cost and complexity and historic feedback from external providers about retention of their independence and concerns that incorporation could results in quality of services being eroded (as per UK primary care).

4. The appraisal of whole system architecture options was based on desk research and listening to local experts i.e. the health and care professionals who are delivering services to Islanders. The resources were not available to undertake detailed, comprehensive analysis of all options due to associated costs.

Board(s) structures

5. Having considered options related to whole system architecture, consideration was then given to options for the form of the partnership board. This options appraisal was predicated on the assumed continuation of the Advisory Board given evidence of need / impact. Key factors considered in determining whether

a system-wide Board was established in addition to, or as part of the Advisory Board, included:

a. Integrated whole system care

Integrated whole system care (as distinct from boundaried clinical services) is increasingly evidenced as central to population health improvement and individual patient outcomes. This requires creation of structures that support the whole system delivery. Advisory Board (in current form) does not have remit to focus on whole system.

b. Operational delivery v. whole system approach / duality of function

Minister / HCJ is both central government (whole system stewardship through health and care policy / legislation / funding / digital) and direct provider of services. The imperatives associated with operational delivery have historically detracted from HCJ's bandwidth to develop whole system approach and created tensions across the system as HCJ perceived to 'prioritise' its services over those of other providers. System structure needs to avoid dominance of HCJ operation issues; needs to provide space to focus on HCJ / Minister's whole system stewardship.

c. Cost / proportionality

Recognition that system capacity is limited (ie. professionals do not have capacity to participate in multiple structures or structures which are not relevant to their delivery priorities). System architecture needs to be proportionate to size of Island (reduce superfluous structures v. sufficient structures to support focused agenda) and affordable.

d. Confidence / distraction

Whether there is sufficient confidence in the performance of the HCJ and maturity of its governance arrangements to allow the Advisory Board to expand its remit across the system.

Need to improve HCJ's services requires concentrated leadership focus on those services.

e. Future statutory form

Consideration of extent to which any statutory fiduciary duties of the Advisory Board could, or should, apply to non-governmental providers, in the event of future statutory provision.

Option 1: Do nothing: continuation of Advisory Board as is:

- focus on HCJ quality / safety / efficiency and effectiveness
- no whole system partnership structure

6. Option 1 was rejected on the basis that:
    a. fails to provide for integrated whole system approach to provision of health and care services (as distinct from boundaried clinical services)
    b. fails to recognise evidence from other jurisdictions which have evidenced improvements delivered through integrated partnership working and problem solving as facilitated by partnership structures
    c. does not accord with Comptroller and Auditor General recommendations or P19.2023 considerations as adopted by the Assembly.

7. Feedback from October 2024 consultation evidenced decision not to adopt Option 1.

Option 2: Single Board: expanded remit of Advisory Board (with revised membership) to focus:

- on HCJ quality / safety / efficiency and effectiveness
- provide system-wide partnership structure

8. Option 2 was rejected on basis that:
    a. does not provide for separation of functions related to whole system stewardship, and operational service provision
    b. it is perceived that, at this stage of relative governance immaturity, it has potential to compound, rather than alleviate tensions that arise from the perception that HCJ prioritises its services over those of other providers
    c. there is not yet sufficient confidence in performance of HCJ to allow the Advisory Board to expand its remit across the system
    d. whilst it is recognised that a single board reduces potential for superfluous structures, there are concerns that a single board would not be sufficient to provide for a whole system focus
    e. a single board would present particular challenges re: statutory duties in the event that, at some future point, it is provided for in law.

Option 3: Two separate Boards

- System-wide board whose members include representatives of services providers from across the Island, including some interim Board members.

9. Option 3 was highly favoured on basis that
    a. it supported an integrated whole system approach
    b. it provided for separate focused consideration of both HCJ service matters and whole system matters
    c. it was seen as proportionate
    d. it did not present the same challenges as a single board in the event that, at some future point, the Board is provided for in law.

10. It was not, however, initially selected as the preferred option on the basis that Option 4 was likely to be marginally more cost effective than Option 3.

Option 4: <u>Two linked board structures (A)</u>

- Advisory Board as subcommittee of the Partnership Board

11. Option 4 was selected as the preferred option for initial concept testing with some professional stakeholders on the basis that:
    a. it supported an integrated whole system approach
    b. it provided for separate focused consideration of both HCJ service matters and whole system matters
    c. it was seen as proportionate
    d. by providing that the Advisory Board was a subcommittee of the Partnership Board, it avoided any perception that HCJ service matters would 'dominate' whole system matters.

12. Option 4 was, however, substituted with Option 3 post initial feedback due to concerns that positioning the Advisory Board as a subcommittee of the Partnership Board would result in Partnership Board members (e.g. GPs) bearing a degree of accountability for the quality of HCJ services – which would be wholly inaccurate.

Option 5: <u>Two linked board structures (B)</u>

- Partnership Board as subcommittee of the Advisory Board

13. Option 5 was rejected on the basis that, whilst it shared many of the strengths of Option 4, it positioned the Partnership Board as a subcommittee of the Advisory Board, creating the perception that HCJ service matters were 'dominate' to whole system matters (and compounded existing service providers concerns).

Financial and staffing implications

Financial and staffing implications for Government are included in part 3 of this report.

Children's Rights Impact Assessment

A Children's Rights Impact Assessment (CRIA) screener has been prepared in relation to this proposition and is available to read on the States Assembly website.