

## GOVERNANCE OF HEALTH AND SOCIAL CARE REVIEW

Jim Hopley

Honorary Chair Jersey Disability Partnership and the Jersey Cheshire Home.

To whom it might concern.

In the context of my honorary roles indicated above and with my many years of involvement across the voluntary and community sector in the context of involvement and engagement with Health and Social Care (HCS) I offer the following observations.

In response to the TOR'S of the review I offer the following:

1. Commissioned Services- Currently none of the organisations I am directly involved with deliver commissioned services on behalf of HCS. Anecdotally my colleagues across the sector consistently tell me that agreements are cumbersome, too short term and very one-sided and there is an increasing tendency for charities to avoid engaging in this opportunity.
2. Current Governance arrangements- Having been directly involved in the governance of HCS for more than a decade as the main spokesman for the voluntary and community sector up to the arrival of COVID-19, all engagement suddenly ceased which in part was understandable, but this was accompanied by no explanation of what was proceeding and what arrangements were in place to cover accountability, quality of service and value for money.

Myself, and through consultation with many other charities, we all felt excluded and uncertain as to what was going on. An effort was made early in 2022 to close this gap by the creation of the Health and Community Partnership Group which after a promising start to re-open engagement channels has since lost focus and relevance as the new Government has abandoned the previous scheme for building a new hospital and effectively put the Jersey Care Model on hold whilst reviews of both areas are completed, and new policy evolves. In addition, there appears to be little if any real engagement between my sector and the HCS turnaround team so judging effectiveness without real knowledge is impossible.

3. Comptroller and Auditor General recommendations: I have little if any direct knowledge of these to respond to this issue directly but again the sector's perception remains that the department seems over-managed, disjointed and of limited effectiveness with much waste, too much vested interest and thwarted by inertia.
4. Effectiveness of Financial Management: The same situation as above applies to this area also.

In response to the three specific questions posed to me I offer the following observations:

1 Effectiveness of current Governance Arrangements- As indicted in response to the TOR'S questions as awareness of the current arrangements are vague at best judging the quality of care provided and value for money is difficult. Again, I would offer that the current consensus across my sector is that care standards and effectiveness vary tremendously with positive areas being dragged down by significantly underperforming areas and services. Consistency of standards and performance is key across HCS and perhaps the proposed introduction of audit by the effective Care Commission might assist in improving the situation.

2 Governance Challenges: The major challenges that two of the organisations I am involved fall in the category of work in progress. Shopmobility, I am vice-chair and treasurer, has been trying for years to assist HCS in providing assistance to islanders with their mobility needs where they fall just outside the criteria for major help. Referrals from the department have been few and far between despite latent demand being obviously there and constant obstacles have been raised to prevent engagement. Recent political involvement will hopefully now move things forward.

More seriously the Jersey Cheshire Home which currently receives NO direct support from government is currently facing a serious structural deficit which long-term could put the facility and the unique services it supplies to many of the most physically disabled islanders at risk. We have engaged for a considerable time now with HCS (sometimes with Social Security also) to address this situation with no substantive progress. We are now in direct contact with the Ministerial team on the matter and a full meeting is planned for the end of next month where we hope to make progress. The current review of long-term care arrangements might be key here.

To-date all options we have explored with receptive but ineffective officers have led to nothing and the current vague governance arrangements have made challenging the situation very difficult.

3 New HCS Board: Assuming this interim Board is approved by the States Assembly later this sitting and continues to function with an independent Chair and to be given fiduciary and decision-making powers then there is hope for a significant governance improvement. What is critical is that the Board unlike many in the past is not totally dominated by HCS in-siders which carry too much vested interest to take holistic stances. It appears the intention is to appoint up to five NEDS to work alongside the Chair and HCS Directors to provide balance to secure visible leadership and drive improvements across the Department.

As long as the NEDS are supported administratively to perform their roles there is at least a fighting chance that the current three prime objectives are achievable. I.e., Preparing the Department for inspection by the Care Commission, developing a more robust governance framework and shaping a positive and inclusive culture for the Department which is currently sorely lacking.

Jph 23/05/23