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Deputy Rob Ward
Chair, HSS Panel
BY EMAIL

22 June 2023

Dear Chair,

Re: Quarterly Hearing - Residual Questions

Thank you for your letter dated 15 June 2023 which contained residual questions following the Quarterly Hearing held on 8 June 2023. Please see below responses to the Panel's queries.

1. The number of people who have met with the Freedom to Speak Up Guardian to date.

19 HCS staff have reached out to and met with the Freedom to Speak Up Guardian since she started in her role.

2. An explanatory note on how the Healthcare Funding poll works and confirmation that a briefing will be organised with the Panel on the results of the Healthcare Funding poll once they are available.

The poll research phase is now complete, and the results are being analysed (this will include cross-tabulation of responses by gender, ethnicity, income, and age). A mixed methods approach was used comprising a targeted online survey with street interviews to ensure responses were received from a broadly representative sample of Jersey's adult population. 1141 valid responses were received, comfortably ahead of the target response range of 750-1000.

As discussed at the officer briefing on 11 May, the purpose of the poll is to provide insight into Islanders' attitudes towards health funding. Jersey, unlike many other jurisdictions, does not regularly or systematically gather data on public attitudes towards health service funding. An understanding of public attitudes helps us to assess how acceptable options for reform may be with different sections of the community, but this does not equate to only presenting options that accord with public attitudes.

As previously discussed, at such time that detailed funding options are developed they will be subject to much more detailed and extensive consultation.

4Insight, the research company engaged to undertake the poll, will provide a full report of findings to the Minister for Health and Social Services (and shared with the Minister for Treasury and Resources and the Minister for Social Security) on 30 June. Since receiving your letter, a private briefing with the Panel has been arranged for Friday 7 July on this topic.

Note: at the Quarterly Hearing on 8 June, a question was asked about the whether the targeted on-line poll provided a 'back button' facility (i.e., allowed respondents to go back to review and / or amend their answers). 4insight have advised that when conducting a poll, it is best practice not to have a back button at all, and that this is common across all polls that they conduct. The nature of a poll is to garner a quick response from the respondent to capture their initial thoughts or feelings when presented with information or a question. Back buttons are more commonly used in detailed surveys, as opposed to attitudinal polls.

3. The intended publication date of the Q1 2023 Quality and Performance Report.

The intended publication date is end of June 2023.

4. Further data on the occupancy rates at Westaway Court.

- 56 units in total which are shared 50/50 with CYPES (28 units each).
- Current occupancy (07 June 23):

Unit	Number of units	Number vacant	Comments
Studio Flats	40	5	At time of writing, will be occupied over the weekend (HCS).
1 bed flats	7	1	
2 bed flats	9	8	The number vacant reflects that refurbishment has just been finalised with 1 family due to move in in June.

5. Further data on the status of recruitment within HCS and any identified trends.

Recruitment is a primary focus of activity in HCS. A new programme of work has been established with dedicated resource for three workstreams as described below:

Workstream	In scope	Outcomes
Mass Attraction Working Group	<ul style="list-style-type: none"> • Campaign planning for groups of vacancies. • Agency arrangements for permanent, oversight, and planning. • Panel interviewing for key roles (e.g., nursing/doctors). • Attendance at recruitment fairs. • Microsite planning. 	<ol style="list-style-type: none"> 1. Create a clear plan for campaigns for the remainder of '23 and early '24 including attendance at fairs. 2. Setup a mass recruitment process for interviewing for sets of vacancies. 3. Agree agency relationships and have appropriate agreements and processes in place to recruit to perm roles. 4. Start to build collateral for a microsite and agree a timeline for this. Consider tactical solution in the interim.
Attraction channels for individual role recruitment	<ul style="list-style-type: none"> • Placing individual adverts in a structured way. • Increasing quality of adverts. 	<ol style="list-style-type: none"> 1. Clear processes around where to place adverts and how this is done e.g., NHS jobs.

Workstream	In scope	Outcomes
	<ul style="list-style-type: none"> • Clear pathways when no applicants received. 	2. Quality of adverts improved via review mechanism or increased resources.
Recruitment process (from approved vacancy to start)	<ul style="list-style-type: none"> • End to end recruitment process improvements • Better communication through the process • Improved documentation and policies in place 	<ol style="list-style-type: none"> 1. KPIs in place & monitored for end-to-end process. 2. Improved end to end process, agreement of minimum steps needed and financial controls, 3. Strong communication channels in place.

The intention of this work is to ensure HCS is competitive in attracting and recruiting colleagues in a timely and efficient manner providing candidates with the best possible experience.

At the end of May 2023, the vacancy rate across HCS was 17%.

Additional time is required to provide an update on vacancies for specific areas and any identified trends. It is expected that this information will be submitted on Monday 26 June.

6. An update on St Saviour Hospital programme of works/timeline.

Additional time is required to respond to this question; it is expected that a response will be submitted on Monday 26 June.

7. A briefing paper on the status of commissioning, contracting and projects in the policy pipeline.

It is assumed that the information being sought is an overview of current status of commissioning, contracting, and policy projects that are currently being developed as part of the Minister for Health and Social Services' portfolio. Please note that the policy pipeline also records legislation development activity across the portfolio.

Policy/Legislation	Current status
Health Funding Reform	<ul style="list-style-type: none"> • Preparation of the Jersey Health Accounts (JHA) is nearing completion, and a draft report is expected on 30 June. • The forecasting and scenario modelling exercise is also in progress, and it is hoped that initial projections will be developed over July. Ministers will consider outputs in October. • A public poll has been completed and will be presented to Ministers shortly. A private briefing with the Panel is scheduled.
Development of Women's Health Strategy	<ul style="list-style-type: none"> • Research on women's health strategies in other jurisdictions completed. • Work is currently focused, in partnership with Public Health, on the development of the Joint Strategic Needs Assessment on women's health: <ul style="list-style-type: none"> ○ Local data sets are being compiled and analysed. ○ Engagement with key service providers and professionals has begun.

	<ul style="list-style-type: none"> ○ Preparations for the first phase of public consultation continues. An online survey, focus groups, and meetings with health and care professional are planned over August, September, and October. ○ Phase 2 consultation on the actions for inclusion in the strategy is planned over March/April/May 2024. <p>Women's Health strategy with underpinning action plan to be published end of Q2 2024.</p>
Review of Termination of Pregnancy (ToP) Law	<p>Preparation for public consultation continues:</p> <ul style="list-style-type: none"> ● Online survey due to go live June. ● Interviews planned through July/August/September with those who have experienced a termination of pregnancy (interviews to be conducted by the British Pregnancy Advisory Service (BPAS) who are well practised in the extreme sensitivities of the subject matter, the requirement to protect anonymity and maintain privacy, and ensuring the research is conducted following trauma informed and 'do no harm' approaches). ● Focus Groups with service users planned for early July and September. ● Meetings with health and care professionals planned for early July and September. ● Results and recommendations due end of year/early January 2024.
Review of Contraception and IVF Changes	<p>Research and preparation for public consultation continues and is due to run over September, October, and November with results and recommendations due by the end of the year.</p>
Amendments to the Mental Health and Capacity Laws	<p>Tranche 1 amendments to the Mental Health (Jersey) Law 2016 and the Capacity and Self-Determination (Jersey) Law 2016 have been issued to the Law Drafting Office. Policy development work continues on the Tranche 2 amendments with policy officers meeting weekly with Mental Health Service colleagues, Law Officers, and States of Jersey Police to progress policy work on proposed amendments that aim to:</p> <ul style="list-style-type: none"> ● improve the functioning of the two laws; ● promote patient centred practice; and ● ensure the Laws reflect current best practice.
Adults Safeguarding Law	<p>Work to scope a potential new law that focuses on protecting adults at risk, safeguarding, and providing for the needs of carers has commenced.</p> <p>Officer and stakeholder advisory groups meet frequently to progress the policy development work that will underpin the policy approach and desired effects of the proposed law. It is envisaged that work to determine the scope of the law will be completed by end of 2023, in order to progress to developing law drafting instructions in 2024.</p>
Assisted Dying Law	<ul style="list-style-type: none"> ● Proposals being updated in consultation with the Council of Ministers following Phase 2 consultation public consultation (July 2023).

	<ul style="list-style-type: none"> • Ethics review on updated proposals scheduled for August-September 2023. • Amendments to proposals post ethics review scheduled for September/October 2023. • Draft proposals to be shared with Scrutiny by early November 2023. • Draft proposals to be lodged early December 2023.
Health System Governance	<ul style="list-style-type: none"> • HCS board proposals adopted by Assembly. • Interviews for NED early – mid July. • Recruitment commencing for substantive Chair end June / early July.

Commissioning and contracting are focussing on six key areas including:

1. Community Health & Social Care framework.
2. Emotional Wellbeing.
3. End of Life Care.
4. Advocacy.
5. Dementia Strategy.
6. Primary care for vulnerable adults and out of hours care.

For further detail please see [appendix](#).

8. What the criteria are for determining whether a clinical consultation should be in person, virtual or by telephone.

Telephone and video consultations are increasingly common in modern clinical practice (driven more recently by Covid-19) and enable patients to stay at home or at work rather than coming to the hospital. Telephone and video consultations are also offered by off-island specialists to avoid Islanders having to travel to the UK for a short consultation.

Whilst most frequently used in primary care, telephone consultations are now commonplace in outpatient clinics within secondary care.

Telephone consultations may be used for a variety of reasons:

- Routine consultations (primary care or outpatient clinics).
- Triage (e.g., to determine the urgency of a referral or assessment).
- Follow up (e.g., to discuss test results).
- Out of hours consultations.
- Chronic disease reviews.

Telephone/video consultations are being particularly considered for:

- any condition/scenario where a telephone or video consultation protects vulnerable populations, such as older patients and patients with comorbidities who are at increased risk if they do contract Covid-19.
- medical certificates or issuing repeat prescriptions for medicines.
- mental health consultations, counselling, and similar services.
- routine chronic disease check-ups, especially if the patient is stable and has monitoring devices (if required) at home.

- any consultation where the trade-off between where the benefits of receiving a home-based consultation outweigh the need for a patient to attend hospital for the consultation.

The final decision on whether a telephone/video consultation is appropriate and in the best interest of the patient, stays with the treating clinician. Clinicians may decide to see the patient in person after a telephone/video consultation.

9. Clarification on who the Corporate Services team are, what their involvement is with exit interviews and which department the team is located in.

The current exit interview is an online process across the whole of the Government of Jersey that is managed via the Employee Experience team located in People and Corporate Services, Cabinet Office.

The information from the exit interviews is shared with the HCS' HR team for analysis and reported back into HCS.

The whole online process is being reviewed and revised with an expectation that a new process/form will be in place by January 2024. Please note that corporate HR policy does not rest with the Minister for Health and Social Services, rather it rests with the States Employment Board, chaired by the Chief Minister, and supported by Constable Jehan and Deputies Barbara Ward, Bailhache, and Millar.

In the meantime, the HCS HR team offer face to face exit interviews with leavers.

10. An explanation of the current responsibilities, purpose, and functions of the Change Team.

The purpose of the Change Team is to work alongside the existing executive officers in HCS to provide the additional capacity and expertise required to address recommendations of the Clinical Governance Review and lead the turnaround activity in key areas of risk highlighted in the clinical governance review.

Detailed written objectives, which have been developed and approved by the Chief Executive Officer, include:

- Development of a robust clinical governance framework (including development of set of quality metrics / improved incident review process).
- Development of a framework clarifying medical workforce accountabilities to public and private patients.
- Development of a paid for services strategy.
- Reviewing the incident review process to ensure aligned to international best practice.
- Establishing and improving public and patient involvement.
- Development of a Financial Recovery Plan.
- Development of an integrated approach to quality and financial improvement.
- Development of a workforce plan.
- Improvements to transactional HR (recruitment / employee relations case work/ use of agency and locums).

11. The length of the contract with IMS Maxims for the current Electronic Patient Record (EPS)?

The length of the contract with IMS Maxims for the provision of the EPR is 10 years.

I do hope the above responses are of use to the Panel and please do not hesitate to contact me if I can be of any further assistance.

Yours sincerely,

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Appendix

Briefing Paper HCS commissioning and contracting – 2023.

1. Introduction

Commissioning is specifying (analysing and developing services/strategy), delivering/implementing (securing/contracting) and monitoring services at a strategic level to meet the health and care needs of Islanders. The process utilises the total resources available to deliver the desired outcomes.

In 2022 the government published the first Jersey Health and Care Commissioning and Partnerships Strategy which was developed with a range of partners and stakeholders.

The strategy describes how commissioners and providers intend to shift resources to meet the needs of Islanders, proactively create the right environment for Islanders to meet their health and care needs and work in partnership delivering the right care, at the right time, in the right place. It identifies the commissioning intentions as:

- To move resources to meet the health and care needs of Islanders.
- To proactively create the right environment, empowering Islanders and their families to manage their own health and care needs.
- To work in partnership to generate innovative, comprehensive, preventative health and care models.
- To support people to access the right care, at the right time, in the right place.
- To enable co-production, inclusive of 'equals by experience', in order to deliver care that provides best outcomes.

The strategy is supported by the following principles that have been co-produced by contributing partners:

- Placing the Islander at the centre of all our services.
- Starting with prevention and Public Health.
- Partnership working, co-production and co-design.
- Developing high quality and evidence-based services.
- Non-discriminatory and inclusive services.
- Integrated services that reduce duplication and waste.
- Asset-based model building on people, family and communities' strengths.
- Consistency and transparency on how we develop and monitor contracts/partnerships.

2. Current commissioning and contracting activity

	Activity	Current status
1. Community Healthcare and Community Framework	Young people sexual health service	Options paper developed with existing provider complete, commissioning strategy completed awaiting procurement strategy.
	District Nursing	Demand and activity modelling underway with the current provider and other sources
	Rapid Response and Reablement	
	Childrens community health	Existing charity closing June 2023. New service to commence 1 st July
	Lymphoedema Services	
	Drug and alcohol services	Working with existing provider, Commissioning plan, Service specification, Procurement strategy and procurement to be developed and implemented.
Framework development	Gap analysis complete, data modelling underway, framework to be produced	
2. Emotional Wellbeing	Mental health online platform	Procurement process underway, reviewing current and potential provision
	Counselling Services	Engagement sessions complete, Service specification and Procurement strategy to be developed with the existing on island services and implemented.
	Crisis Cafe	Commissioning plan, Service specification, Procurement strategy and procurement to be developed and implemented.
	Support services for carers of people with mental health conditions	Commissioning plan, Service specification, Procurement strategy and procurement to be developed and implemented.
	Provision of educational courses for people experiencing mental health issues and their carers	Work to commence with existing provider in Q4 Commissioning plan, Service specification, Procurement strategy and procurement to be developed and implemented.
3. End of Life Care	Implementation of GP 23 Phase 1: -Specialist community Palliative care service -In-patient services -Bereavement Services -Education Phase 2: -Hospice at home	Phase 1 in final procurement phase with final contract sign off planned in late Q2 early Q3. Design of phase 2 to commence Q4

	-Day & Out pt services	
4. Advocacy	Statutory Independent Mental health and SROL (significant restriction on liberty) advocacy	Commissioning plan, Service specification, Procurement strategy and procurement to be developed and implemented.
	Independent advocacy for individuals with neurodiversity	Commissioning plan, Service specification, Procurement strategy and procurement to be developed and implemented.
5. Dementia Strategy	Co-develop with partner organisations a Jersey dementia strategy	Initial stages completed including needs assessment, data analysis, engagement sessions and survey. Currently writing 1 st draft.
6. Primary care	General Practitioner medical service for vulnerable adults	Work to commence in 2024. Existing Vulnerable Adults scheme remains in place
	Out of Hours primary care services	Final stages of contract negotiations start date Q3.