

Union Street | St Helier | Jersey |

Chair, Public Accounts Committee
Chair, Health and Social Security Scrutiny Panel
BY EMAIL

23 June 2025

Dear Deputy Gardiner and Deputy Doublet,

Re: Public Account Committee and Health and Social Security Panel

Revised Terms of Reference for the Proposed Health and Care Partnership Board

Thank you for your letter dated xx, and for patients awaiting mu

Incorporation of Stakeholder Feedback

Please find below an appendix which shows the amendments made to the Terms of Reference in response to the feedback received, where I have determined it is appropriate to make amendments. As set out in the published [Health and Care Partnership Board Terms of Reference Consultation Feedback Report](#) there are several issues on which there was a divergence of views, as is to be expected from a diverse sector.

Children's Health as a Board Priority?

As set out in the Terms of Reference, one of the 10 Community Partners will be drawn from the Community Nursing sector, and one from General Practice. Community Nursing and General Practice are significant, non-government providers of services to children and will ensure a focus on children's health and wellbeing needs.

Furthermore, as provided for in the Terms of Reference, others may be invited to attend Board meetings in an advisory capacity for all relevant agenda items. We would anticipate that this will include other providers of services to children and / or organisations that work to protect the interests of children whenever relevant.

Addressing Health Inequalities

Addressing health inequalities is a key concern of many of the stakeholders who sit around the Board. Reflecting our recent meeting, I have however determined health inequalities should be explicitly referenced in the terms of references (see Terms of Reference para 3a)

As discussed, (and as referenced in the draft Terms of Reference) a cross Ministerial Policy Group, focused on addressing the wider determinants of health and wellbeing is in the process of being set up. This is both in response to feedback from health and care service providers, and, in part, is aligned with the opinion that I expressed about wider Ministerial responsibility during the Assembly debate on the establishment of the Health Advisory Board, prior to becoming Health Minister. This Policy Group will bring together key ministers to discuss and consider how to address the causes of poor physical and mental health which drive many health inequalities.

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 quality diet, drinking alcohol and physical inactivity. Only 20% is shaped by health services, with the final 10% shaped by the physical environment.

Governance Structure and Conflict of Interest Management

Please provide further information on the proposed governance structure of the Board, including accountability mechanisms. Additionally, how will the Board identify and manage conflicts of interest and vested interests to maintain integrity and public confidence?

Governance structure

As described in the terms of reference:

1. *The Chair is responsible for the performance of the Board and for holding it to account (both collectively and individually) for discharging its responsibilities and tasks. The Minister holds the Chair to account for this responsibility.*
2. *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).*
3. *The Chair may appraise the participation of individual Community Partners in response to concerns and may report their findings to the Minister for the Minister to consider if any action is required.*
4. *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 HCJ Chief Officer to consider if any action is required.*
5. *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.*
6. *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 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*
 - c. *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.*

Conflicts of interest

As per the presentation to Scrutiny, it is an acknowledged risk that there is potential for individual Board members to have conflicts of interest, and for there to be conflict between Board members. It should be noted that these conflicts of interest probably exist, with, or without, the existence of the Board and, at present, must be managed without the formal apparatus that the Board will provide to deal with them.

In any event, to help mitigate this:

1. the draft terms of reference provide that:

- *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)*
- *Partnership Board must develop policies and procedures related to the reporting and management of conflicts of interest*
- *the Minister may not appoint a Chair or confirm the appointment of a Community Partner 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 with the Chair when making that decision (if appointed).*

2. The draft person specification for the role of Chair provided the candidate requires:

- *vision, wisdom, tact and experience to galvanise Partners and to maximise the benefits of collaborative working, shared decision making and innovative thinking. You will be conscious of the competing (and sometimes conflicting) demands on Members that may arise through their individual workplace and professional responsibilities. You will act as a critical friend providing a safe and confidential space to explore ideas or challenging or sensitive situations, and*
- *demonstrable ability to:*
 - *take an objective view, seeing issues from all perspectives, and support others to recognise and acknowledge the validity of differing perspectives*
 - *manage competing or different views (and / or conflict) and positively challenge individual Board members, and the Board collectively, to achieve the desired outcome even where difference exists*
 - *recognise Board members who champion the interests of their sector or profession, as distinct from the interest of Islanders, and positively challenge them to shift their focus*

3. The draft person specification for Community Partners:

- states that: *You will be conscious of the competing (and sometimes conflicting) demands on Board members that arise through their individual workplace and professional responsibilities and will be able to positively challenge them, and yourself, to shift focus to the needs of the Island as a whole*
- requires Community Partners to be able to demonstrate the ability to:
 - *manage competing or different views (and / or conflict) and positively challenge individual Board members, and the Board collectively, to identify desired outcome even where difference exists*
 - *be comfortable with conflict (competing views) and operate within conflict*

The draft person specifications have not been circulated as they may be subject to change pending decisions taken by the Assembly regarding the proposed terms of reference.

Best Practice Models

As discussed at our recent meeting, Partnership Board style structures are common in many jurisdictions (some examples detailed below) but the members and functions of those Boards vary between different jurisdictions. Jersey's proposed Partnership Board is not a direct replica of any other jurisdiction; it is a structure which has been developed in consultation with local providers to meet Jersey's needs.

- Health and Wellbeing Board – England and Wales
- Integrated Care Partnerships – England and Wales
- Local health networks - South Australia / Victoria
- City Health networks – France
- Health Partnership – Canterbury New Zealand

Support for Allied Health Professionals

As discussed at our recent meeting I am unaware of any existing group that represents or works to collectively promote the interests of allied health professionals (AHP) working across the Jersey health and care system.

This presents us with a challenge so officers will, over the summer months, work to make contact with AHPs to discuss how best to proceed. It is imperative that there is confidence amongst allied health professionals about processes of identifying an AHP Community Partner. I recognise that this may take some time, hence it is possible that the Partnership Board will be established without an AHP representative in the first instance.

Please note, HCJ will shortly be recruiting for a new Island Chief Nurse and AHP Advisor who will act as the professional lead for nurses and AHPs across the Island. The postholder will sit on the Partnership Board, also helping to ensure representation of issues related to the practice of AHPs

Health Advisory Board

2023 Advisory Board expenditure was £367,031 (of which £287,783 related to remuneration and expenses of Professor Mascie-Taylor as fixed-term Chair)

The 2024 Government plan provided £206,000 for the Advisory Board from 2024 onwards:

- 2024 Advisory Board expenditure was £117,915

- 2025 Advisory Board anticipated spend is £167,672 which provides a shortfall of £36,373. Anticipated part year costs of the Partnership Board are £32,253 as per the budget set out below
- 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.

	cost per unit	2025 costs (assume 4 months remuneration)	2026 costs onwards
Independent Chair remuneration (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' remuneration (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 function		£0	£0
Performance review		£0	£3,000
	Total	£32,253	£69,760

Appendix: Amendments to Terms of Reference

Please see attached the updated terms of reference. Where these have been amended in response to feedback received, the amended text is highlighted in red.

Yours sincerely,



Deputy Tom Binet

Minnistre pouor la Santé
et les Sèrvices Sociaux

Minister for Health and Social Services

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