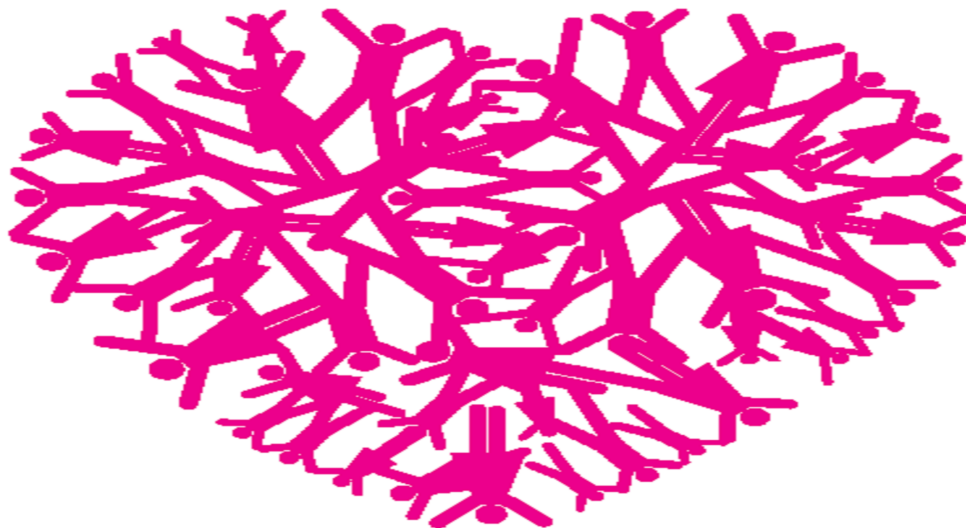


Health and Social Services Department

***Caring for each other, caring for
ourselves***



White Paper Consultation Report

September 2012

1 Executive Summary and Background

The *Caring for each other, Caring for ourselves* White Paper public consultation was launched on 28 May 2012 for an eight-week period.

The aim of the consultation was to create awareness of the proposals contained within the White Paper and provide Islanders was an opportunity to have their say.

The White Paper set out an ambitious programme of change, designed to address the current challenges Jersey faces in relation to the provision of health and social services. The aim is to ensure that our future services are not only safe, sustainable and affordable but that they meet the needs of Islanders, supporting their health and wellbeing.

This includes the provision of services that “wrap” around the individual, that are delivered in the community and in primary care settings – not just in hospital or institutions – and that give people the choice and the ability to get the right care from the right person at the right time. It includes a focus on four priority areas:

- Services for children
- Services to encourage healthy lifestyles
- Services for adults with mental health problems
- Services for adults and older adults (mental health; long term conditions; intermediate care; end of life care)

The proposed changes in each of four priority areas - plus a number of cross cutting workstreams - are set over a ten year period. This ten year period is then divided into three planning phases that fit the States of Jersey’s financial planning cycle.

The White Paper was developed in the light of feedback received from a Green Paper consultation exercise undertaken in 2011. Over 86% of those who responded to the Green Paper signalled their support for a fundamental redesign for services. The aim of the White Paper consultation process was to go back to those respondents, and others, to set out in more detail what that fundamental redesign would look like and ask for views of both professionals and members of the public.

Nearly 1,000 Islanders got involved in face-to-face meeting or focus groups and gave their views on the White Paper - including some people considered to be vulnerable or hard to reach. In addition over 100 individuals and over 20 organisations also provided written responses setting out what they think.

This feedback focused on six key “themes” that emerged as consultation progressed. These are: primary care; staffing and capacity; funding for the proposed changes; a new hospital; care in the community; and carers. Other themes also emerged and are set out in this report.

This feedback has been used to help refine the proposals for change which are to be set before the States of Jersey for debate in October 2012.

2 Introduction

2.1 The Report

This report summarises the feedback received in response to the *Caring for each other, Caring for ourselves* White Paper consultation which took place between 28 May and 20 July 2012.

This report is not intended to provide a complete list of each individual response. Its purpose is to set out the key points and themes that emerged from that consultation.

2.2 The Consultation

The consultation ran for an eight week period and a range of engagement methods were used such as public meetings, focus groups with key interest groups and staff drop-in sessions. People were also invited to respond in writing using the form in the back of the White Paper or via email.

The findings in this report relate to feedback captured across all engagement methods.

Overall, over 1,100 people engaged with or responded to the consultation. The majority of the engagement was face to face, with almost 1,000 people attending meeting or events at which the White Paper was discussed. In addition to this, approximately 3,500 copies of the White Paper were distributed and the White Paper consultation page on the www.gov.je website received 1,544 hits.

Formal written responses were received from more than 20 organisations in the Island, the majority of which were Third Sector organisations such as the Alzheimer's Association, St John's Ambulance and MIND Jersey.

More than 110 written responses have been received from individuals, representing views from all age groups. The age distribution of those who responded can be seen in Figure 1 below.

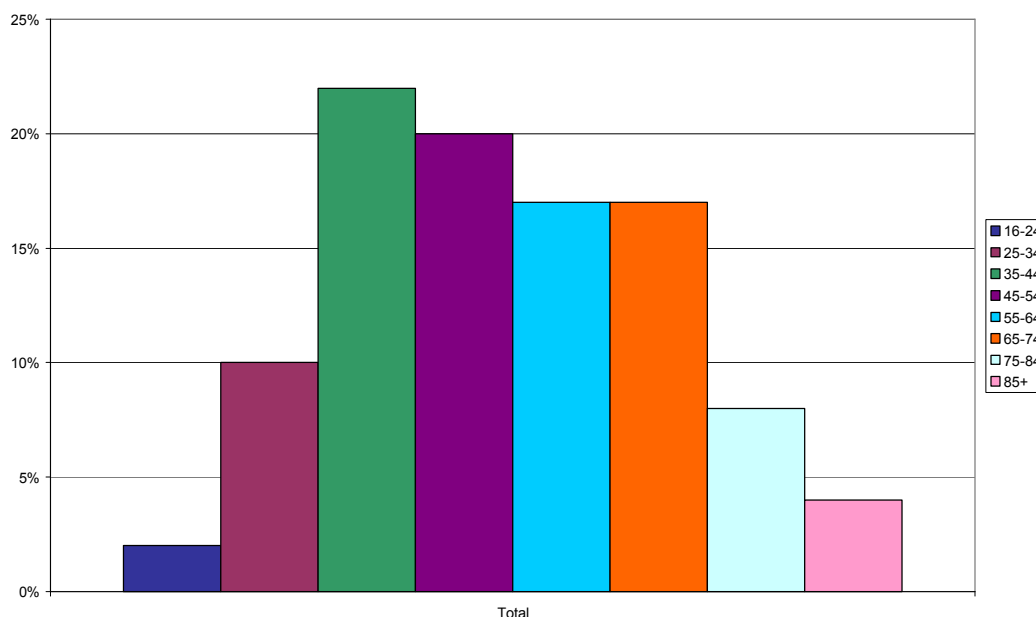


Figure 1 – Age distribution of respondents

It should be noted that not all those who submitted feedback provided their age so the graph does not represent all responses received and the figures will include small amounts of double counting as some people may have attended a meeting and also provided a written response.

The White Paper consultation does not provide a demographically robust sample of public opinion. People chose to take part of their own free will and therefore the views expressed cannot be taken as representative of the views of Islanders or all organisations as a whole. However, every effort was made to engage with as wide a range of people as possible in order to try and capture the diversity of Islander's views.

All responses received have been read and key points and themes emerging from meetings have been captured and reviewed.

This report is a summary of those views. It has been used to inform the development of the Report and Proposition which will be debated by the States Assembly in October 2012, and will also be used to inform future detailed planning as proposals contained within that Proposition are rolled out.

3 Background and Context

3.1 The Green Paper

In 2010, HSSD commissioned KPMG to carry out a review on the current provision of health and social care services in Jersey. This included assessing the potential challenges that lay ahead and outlining the steps required to ensure ongoing provision of good quality care. The review process included bench marking and comparison of best practice across a range of different jurisdictions.

The KPMG research informed the development of three scenarios, each setting out a different option in relation to how care could be provided in the future. These three scenarios were presented to States Members and the public via a Green Paper consultation, which ran from 31 May until 19 August 2011.

The Green Paper consultation included a survey setting out a series of 'closed' questions with two 'open' questions. This allowed quantitative data to be captured and analysed and statistical interpretations to be made of the 1,350 responses received.

Of the 1,350 people who responded the vast majority (over 86%) stated a preference for Scenario Three - a new model for health and social care.

3.2 The White Paper

The White Paper was then developed based on the findings of the Green Paper consultation. It set out in more detail what Scenario Three would look like over the next 10 years. The White Paper was underpinned by a number of Outline Business Cases developed in collaboration with a range of different stakeholders including HSSD staff, other States Departments, other health and social care professionals, Primary Care and Third Sector organisations.

The White Paper consultation was based around an "open" feedback question providing respondents with an opportunity to express their views about the proposals with the White Paper. The nature of information received is highly qualitative allowing ideas to be captured more easily but as a result is less amenable to statistical analysis.

4 Findings

4.1 Overview

The vast majority of feedback received, whether in writing or from meetings, shows that people are generally positive and supportive of the White Paper proposals and the suggested future direction for health and social services in the Island.

Key themes have been identified from all the consultation feedback and are discussed in more detail below.

4.2 Key Themes

The results from both written responses and views expressed at meetings have been reviewed and used to identify a number of key themes. Many of these themes are similar to those expressed in the Green Paper. The responses tend to be more comprehensive as the White Paper provided additional detail and also used the 'open' method of response.

Many of the issues and themes are overlapping, as would be expected when discussing a multi-dimensional issue such as health and social care. The most discussed themes relate to cross-cutting themes rather than individual services, for example primary care, workforce and funding.

What has also become evident is that there is a common thread emerging across most of the key themes – this relates to issues of social equality, fairness and access to services for all Islanders, but particularly for vulnerable members of society.

4.2.1 Primary Care

The White Paper proposes a move to increased provision of community based services. This will impact all aspects of current health and social care provision in Jersey, including primary care.

A number of responses received related to primary care issues, with the most common thread being GP charges. Many of those who responded thought that charges were too high and acted as a deterrent to accessing care, particularly to those on low-incomes or with children.

“Cost of visiting GP is vastly excessive, how can anyone on low-income afford nearly £40 for 5-10 minutes?”

“It is unacceptable in a civilised community that up to £40 has to be found in order to check your health...”

“Cost of GPs should be reviewed and be made more affordable to all...”

Rapid access to primary care particularly for under 5's was presented in the White Paper as an option for exploration. Ten of the written responses received referred to this and it was also frequently commented on in meetings, with strong support for the concept of either subsidised or free GP appointments.

“For children under the age of 5 GP visits should be free of charge.”

Some people felt this should apply to all children under the age of 16 or those in full-time education.

"I also feel that doctor's charges should be free (or dramatically reduced) to the under 16's – not under 5's (or while the child is in full time education)..."

"Children under 16 (no matter what their parents earn) should as a right have free access or at least pay a nominal charge of £5 to see their doctor."

Eight written responses were also received stating that these principles should also apply to the elderly and those with long-term conditions and disabilities, as they are most likely to need to access their GP on a more regular basis but may be deterred from doing so due to the cost implications.

"Disabled people tend to be on a low-level wage, how are they supposed to be able to pay for a GP visit plus the communication support they need when they go to the GP?"

"Help should be given to young children and the elderly with doctor's fees."

"I feel there should be a reduction in doctor's fees (visits at home in particular) for our senior citizens who may avoid calling a doctor and instead complicate conditions further."

Seven written responses raised similar concerns around the expense of, and access to, dental care, which was felt to be a key element of primary care missing from the White Paper.

"Dental care is completely missing from this plan."

"Some form of subsidy or financial assistance for those who cannot afford it would certainly go a long way to preventing poor dental health and corresponding dental illness/disease."

"The one aspect of our health service which causes concern, particularly in the poorer sections of the community, is the provision for dental services at an affordable price."

Ten written responses supported potential changes in the delivery of primary care, with people stating that the use of more nurses in GP practices was a good idea.

"More services should be provided in Primary Care and a lot can be undertaken by Practice Nurses not GPs."

"Nurses should do routine services such as take blood pressure and samples to relieve GPs and lower cost to patients."

"Qualified nurses working with GPs is a good idea."

Some people raised questions about the possibility of increased use of GPs in the hospital and more out-of-hours access. It was suggested that this, along with changes to GP fees, could help alleviate the pressure on, and the inappropriate use of, the Hospital's Emergency Department.

4.2.2 Staffing and Capacity

36 of the 133 written responses received raised issues relating to staffing and capacity. This was also frequently raised in meetings. Many respondents had reservations about the viability of the numbers of staff required to deliver the service changes outlined in the White Paper, with concerns about where skilled staff would be recruited from. 23 of those 36 responses related to the recruitment and retention of staff, particularly nursing staff, in light of the challenges that HSSD already faces in this area.

“The ethos of wrap around care is laudable but will require a vast number of staff, where are they coming from?”

“A comprehensive and challenging set of targets which seem to depend heavily on an increase in appropriately trained and skilled personnel, especially in the community. Where will they come from?”

“You have some great ideas, but who will do all these jobs? We have trouble now recruiting to replace staff, as any applicants change their mind when they realise how much it costs to live in Jersey.”

“I think the principle is very good. However, there would have to be an increased number of staff to make it work.”

“There is no doubt that the Island is going to require significant numbers of caring health-related staff to fill all the roles required in both public and private sector organisations, regardless of whether the target population receiving the care are in their own homes or are to be accommodated or served in clinics elsewhere.”

Pay and conditions were often linked to the concerns around recruitment and retention. It was felt that nurse pay should be reviewed, along with the development of affordable and appropriate accommodation for nurses coming to the island.

“Nursing salaries and conditions should be in line with other pay groups.”

“The other big need in these plans is far more staff, adequately trained in each aspect of the proposed services, and adequately paid to ensure their retention in a competitive world.”

“It is hard to attract nurses to Jersey because of the inequity of pay and the high cost of living...”

“...but we face a challenge to recruit, and the unwarranted public criticism over staff pay does not help matters. We should be able to reach into our pockets to reward medical staff and invest for our future...”

Training for health professionals was another point of discussion in ten of the written responses received. People wanted to know what skills were needed, the existing gaps and what training opportunities were available so Jersey could both ‘grow its own’ nurses and up-skill the current workforce for specialist roles.

“With regard to nurses I am at a loss to understand why Jersey cannot train more.”

“We believe that it would be helpful to carry out a skills review of the existing nurses on the island. This will help to identify any gaps and where additional resources are needed, either in up-skilling the existing workforce or in recruiting from outside the island.”

“Integrated services cannot be achieved without addressing the training and development needs of professionals working together...”

Alongside some of these reservations there were positive comments and recognition of the quality and hard work of staff currently working in health and social care.

“We think the care on the wards is very good and the nurses are very dedicated...”

“... I do think the present staff do a tremendous job, ever helpful and caring.”

4.2.3 Funding

The issue of funding and who should pay for care were key themes that emerged during the Green Paper consultation and continued to be a talking point throughout the White Paper consultation process. The White Paper sets out estimates for some of the additional money required in order to deliver Phase one of the service changes during 2013-2015.

The source of this funding was a topic of interest for many and the question of ‘where is the money going to come from?’ was often raised at meetings and expressed in many written responses.

“My concerns are who will pay for these services after phase one, will it be the middle earners?”

“Where will the money come from to provide these services?”

This often directly linked to concerns about the possible implications for tax and contributions increases. Generally, people who commented on this issue were not in favour of any increases being implemented, with three written responses stating that there should be a tax relief for those with private health insurance.

“Need to be careful about raising taxes and putting people off work. Clients we see are sometimes better off on benefits...”

“My only concern is how will it be funded and this should be done fairly across the population.”

“Taxing companies owned by offshore investors should be re-introduced, or a transaction tax on the billions that are traded through our banks every day.”

“...I suggest encouraging private health insurance by introducing (re-instating) tax breaks for those who are willing to pay for such cover.”

In relation to user-pays aspects of health and social care, in particular the provision of longer-term care, ten written responses felt that people who had paid into the social security system during their life time should not have to pay for their care or at least not have to sell their homes in order to pay for care, particularly in their old age.

“The current practice of taking elderly peoples’ savings and assets to fund their care in care homes should be stopped, as this is penalising people who are not a burden to the income support system.”

“Elderly people over the age of 65 who have made social security contributions all their life should be entitled to free care.”

“People in Jersey pay social security out of their income every month so they should not have to pay for any hospital treatment they might need unless they abuse the treatment.”

Means-testing was often discussed at meetings, particularly with staff groups, both from their own personal experiences and that of patients. There also was some reference to this in written responses. For those who offered a view, means-testing was not seen as a fair or favourable way forward.

“Care in the community is good in principle but how will this all be paid for? If it is means tested that would be so wrong. Everyone should be treated the same, not penalised for having saved during their working lives.”

Conversely, six of the written responses took the opposite stance around paying for care and services. These people felt that if there were a small individual price to pay for services, then that was acceptable. Feedback received from the Green Paper open questions also demonstrated that some people felt that paying for care would be inevitable in order to sustain a quality health and social services system in Jersey.

“Jersey is a low tax, low spend economy individuals must be encouraged to take personal responsibility not only for their lifestyle choices but also the funding of their healthcare.”

“...if one has to pay for some of our services so be it, we all need to be behind the States in what it is planning.”

“...although on an old age pension, I would be happy to contribute to some of the cost of home care.”

Some of the feedback questioned how the money would flow through the system and which service areas and providers would receive the money. This often came up during discussions with Third Sector providers.

Some responses suggested that a charge be applied to those who misuse services, particularly the Hospital’s Emergency Department which some felt was currently being inappropriately used. This also emerged in the feedback from the Green Paper.

4.2.4 New Hospital

The White Paper outlined the current pressures on Hospital facilities, which will increase as the population continues to age. The main pressures are around bed capacity and space and deterioration of the fabric of the hospital building.

Of the written responses received, 21 commented on the new hospital. Amongst these responses there was broad acceptance that current facilities were not fit for purpose and investment was required. Often these comments were linked to concerns about funding and where the money was going to come from.

Opinion was divided as to whether this should be a new build on a new site or the current site should be redeveloped and updated.

“The most important concern is certainly the building of a new hospital, as in no way do we see how it would be viable or practical to update the existing building.”

“Redevelopment of parts of the existing hospital would seem more appropriate, more cost-effective and proportionate, and much less disruptive than any relocation or total rebuilding.”

“Undoubtedly we need a new hospital structure in a more appropriate location otherwise more and more money will be wasted trying to patch together the flaws of this non appropriate building.”

“The one thing I feel strongly about is that the site the general hospital currently occupies, together with the remaining properties on the same block...should be redeveloped and upgraded...”

Many people who expressed a view on this issue suggested that if a new build on a new site was the preferred option, then existing States sites, such as St Saviour’s and Overdale, should be explored.

4.2.5 Care in the community

A move to more care in the community is at the heart of the White Paper. Community based care is the best option for many services and can also support hospital services to function more sustainably.

In general, the people who engaged in the consultation were supportive of a move to more community based care. The concept of people being given a choice about their care and the ability to maintain their independence for longer, should they so wish, was also strongly supported by most people. Respondents generally felt this was the right way forward for health and social services in the island.

“Currently it seems that vulnerable people are being guided quite strongly into full-time care, whether or not it is their choice, and so we applaud this change in attitude.”

“I think that everything that can be done to keep elderly people in their homes is an excellent idea.”

“I agree that we need more community services to help assist people in their own homes for as long as possible...”

“We think you have suggested a very good way forward, more work in the community to keep people in the community has got to be good...”

A couple of people at meetings, whilst still supportive of the direction of travel, did draw attention to some of the potential risks that need to be considered and mitigated to ensure that the elderly and vulnerable are safeguarded.

“I used to have a lot of faith in this method of caring for the elderly but now I’m not so sure...what I’m saying is that the elderly can easily be taken advantage of by-so-called carers.”

The issue of social isolation and the need to ensure that care in the community allows people ‘to live, not just exist’ was also raised in one written response and by a few people at meetings. At meetings a couple of people expressed the view that the community care option isn’t for everyone and health and social care services should be mindful of this when outlining care options.

“...the importance of socialisation should not be underestimated – I have seen the remarkable improvement in health of one UK relative when she began to re-experience social contact with others when moved into a home as opposed to being effectively isolated at home.”

More generally comments on the move to care in the community were often linked to concerns about funding and staffing capacity as previously outlined.

4.2.6 Carers

Of the 133 responses received, 17 responses referred to carers. Many people felt that more support was needed for carers, particularly as there would be increased reliance on informal caring as the population ages. The concern was that failure to do so could result in carers becoming patients themselves. An important aspect of support was felt to be the provision of more respite services. This was particularly highlighted in meetings with Third Sector groups.

Other responses suggested the need for more support both financially and in terms of providing advice, training and recognition for carers. For example, MIND Jersey suggested that a States subsidy should be made available to help carers receive basic training such as first aid.

“Would still like to see more support services available to carers.”

“Although it is not expected that a tax break for carers would cover all costs it would help and give some recognition to an undervalued section of our community.”

In discussions with St John Ambulance the important role played by young carers was emphasised and the need for continued cross-departmental working to support this group.

The Jersey Cheshire Home suggested that carers should be listened to more as often they had the best knowledge of the patients needs. In addition to this both the Alzheimer’s Friendship Group and MIND Jersey felt it was important that carers were able to be involved in the development of services and the decisions and care plans that affected their loved ones.

4.3 Third Sector

The Third Sector is frequently referred to throughout the White Paper as a potential provider of services in the new vision for health and social care in Jersey. The role of the Sector as both a partner and provider was recognised from an early stage in the development of the White Paper. Organisations were invited to contribute to the outline plans underpinning the White Paper. HSSD also offered all organisations within the health and social care arena the opportunity for individual meetings or focus groups, to discuss the proposed changes. Almost 20 of these meetings took place.

The majority, though not all, of the feedback received about Third Sector issues and the White Paper came from the Third Sector itself. It was decided therefore, that it would be more appropriate to discuss these points separately, as they are representative of a particular set of respondents, rather than amongst the emerging themes identified which were raised across all different groups. Where responses

and feedback related to operational issues specific to a particular organisation or service area, this has not been included in this report.

Generally, the Third Sector groups seemed to be supportive of the proposals with more information needed regarding the impact on their organisations. Many organisations were in agreement with the concept of working together with the States in partnerships to deliver services.

Four written responses from organisations and a lot of the feedback received in discussions with the Third Sector focused on working in true partnership with the States of Jersey. Many expressed the need for this relationship to be in a collaborative and integrated model.

“We would welcome the opportunity to work more closely with H&SS, with the aim of forming a true partnership to play our part in the H&SS reforms and to achieve greater efficiency and integration of services.”

“...we would urge HSSD to consider the following principles to ensure that health and social care is delivered to an exemplary standard...delivered in partnership – Third Sector agencies have significant experience of flexible service delivery...”

“...the relationship needs to be one of ‘equal partnership’ where charitable organisations are to provide services.”

There were a couple of cautionary notes from people at meetings and in written form about need for a change in culture, in order for partnerships to be established and successful.

“Partnership working is based on trust, shared vision, mutual respect and collaboration. For some areas this will require something of a cultural shift in working practices and mind set to achieve some very innovative ways of working.”

“There will need to be considerable shift in culture and engagement between States of Jersey agencies and the Third Sector if ‘working collaboratively’ is to be a fruitful and effective partnership.”

A couple of responses raised concerns about the reliance on the Third Sector in the plans and the Sector’s capacity and capability to deliver.

“We continue to be concerned about the suggestion that charities will bear an ever increasing amount of the overall HSSD expenditure.”

“Assumption that Third Sector will have the capacity and capability to take on significant roles.”

4.4 Other points raised in submissions

This section of the report addresses issues which arose in responses which, while not being as prevalent as the six main themes discussed above, were discussed on more than one occasion; and hence are included for this reason.

4.4.1 Equality and access

Issues of social equality and fairness were often mentioned in relation to the key themes, in particular around access to primary care and funding.

Equality and access issues were most acutely expressed by those groups who currently find access to services more difficult due to conditions such as hearing and visual impairment. These groups urged HSSD to be mindful of their needs in the design of services and facilities and also when providing information.

4.4.2 Wellbeing Centre

The concept of a wellbeing centre where people can access information and support from a single point was presented in the White Paper as a new service that would be developed during the early stages.

This was well received by many people who sent responses and also during discussions at meetings. Many Third Sector organisations expressed an interest in being involved and represented.

4.4.3 Mental Health

Mental health services and Improving Access to Psychological Therapies (IAPT) have been prioritised in the White Paper based on the results of the Green Paper consultation, during which many Islanders agreed with the question posed about mental health being as important as their physical health. Generally a lot of positive feedback was received in relation to these services being featured so prominently in the proposed new system for health and social care.

Some comments raised the need to remove the stigma associated with mental health issues and suggested these services should be delivered in a multi-purpose setting rather than a building “badged” as part of mental health services.

Others commented on the need to change perceptions of mental health and that a more positive approach around mental health and wellbeing should be promoted.

In public meetings, a view was expressed that traditionally mental health services have been perceived as a “Cinderella Service” and that this needs to change. It was hoped that the changes proposed in the White Paper would act as a catalyst for this.

4.4.4 Adult Special Needs Services

Six responses from staff working in adult special needs services expressed concerns about the lack of prominence of and funding for these services in the White Paper. These respondents commented on the poor state of current facilities and accommodation as well as the lack of resources which impacts on the support received by clients.

5 Conclusions

The '*Caring for each other, Caring for ourselves*' White Paper presents a vision of what health and social care in Jersey should look like in the future in order to meet the challenges presented by the ageing population.

Overall, the responses were supportive of the White Paper and the services identified as priority areas. Many points were raised during the consultation, and six themes emerged as most important for Islanders:

Primary Care

People were concerned about the current costs of accessing primary care and the associated potential negative impact of these costs on people's health and other services. Islanders want to see more affordable and accessible primary care, delivered by an appropriate mix of professionals.

Staffing and Capacity

Islanders were concerned about the quantities of nursing staff required to provide new services and suggested that better pay and training should be provided in order to recruit and retain both locally and off-island.

Funding

People had reservations about the source of funding and whether enough money had been identified to deliver the White Paper. There were some mixed opinions about potential increases to contributions either in the form of tax increases or more user-pays. Overall Islanders would like a fair mechanism that doesn't penalise people who have contributed to the system their whole lives.

New Hospital

There was general agreement that investment is needed as current facilities are not fit-for-purpose. Opinion was divided as to whether this should be a new build or a redevelopment of existing facilities.

Care in the Community

Islanders are in favour of community based care as, with people supported to maintain their independence for as long as possible by remaining in their homes and also being given choice about their care along with appropriate mechanisms put in place to safeguard patients and limit social isolation.

Carers

Respondee feel that more recognition needs to be given to the important role carers play and that a wider and increased amount of support, advice and training should be given to this valuable group in Jersey's community.

Other issues also emerged such as a wellbeing centre and the importance of mental health but these were not as commonly discussed as the six themes above.

6 Next Steps

6.1 States Debate

A Report and Proposition (R&P) based around the White Paper and the feedback received will be debated by the States Assembly on 23 October 2012. The States Medium Term Financial Plan (MTFP) will then be debated on 6 November. Assuming both the R&P and MTFP receive States support, HSSD will commence development and delivery of plans outlined in Phase One of the White Paper.

6.2 Commissioning Process

The role of commissioning is to ensure that services meet the needs of Jersey residents. The commissioning process involves identifying needs and designing services and then agreeing which services will be provided by whom. Full Business Cases will be the first step and will provide the detail around the services required going forward.

Development of these Full Business Cases will begin during September and October 2012 and will involve workshops around four service work streams: Services for Children; Services to encourage healthy lifestyles; services for adults with mental health issues; and services for adults and older adults.

Third Sector organisations, GPs and other providers will be invited to join these workshops in order to co-design the required services.

Appendix 1

The White Paper - distribution

HSSD printed 3,000 copies of the White Paper initially which were distributed to Third Sector organisations, faith groups, all schools, all parish halls, GPs, dentists, gyms, the Airport, all HSSD departments, Cyril Le Marquand House, Mourier House, Social Security, and to individuals who are members of the consultation database.

Copies were also distributed at the four public meetings held as part of the consultation process, and to any member of the public who requested one. Another 1,000 copies were printed of which over 500 were distributed by the end of the consultation period.

A 'Have your say' feedback page was included at the back of the document for people to fill in and send back to a dedicated Freepost address. An email address was also provided as another way to respond.

Public Meetings

Four public meetings were organised for Islanders to attend during the consultation period. Approximately 110 Islanders attended the four meetings.

The format of the sessions was a presentation on the White Paper, followed by a question and answer session. The sessions were hosted by the Minister for HSSD, an Assistant Minister for HSSD, the Chief Executive of HSSD and the Director for Service Redesign and Delivery. Members of the Ministerial Oversight Group (MOG) for the White Paper were also in attendance.

A range of Corporate Directors from HSSD attended the meetings in order to provide more detailed responses on some of the issues raised.

Trinity Youth Club	Monday 11 June (7.30-9pm)
Les Quennevais School	Monday 25 June (7.30-9pm)
St Paul's Centre	Monday 16 July (12-1pm and 7.30-9pm)

Communication and Engagement Methods:

HSSD Internal

Email was used to inform all HSSD staff (approx 3,000 people) about where to access copies of the White Paper and also information about public meetings and staff drop-in sessions. Pop up banners and posters were also used to advertise staff drop-in sessions.

In total 13 staff drop in sessions were held:

Jersey General Hospital (Launch to staff)
Jersey General Hospital
Overdale
Le Bas
Five Oaks
Sandybrook
The Limes
Cyril Le Marquand House

A 'Weekly Consultation Watch' was circulated by email to all senior level staff within HSSD. This provided a snapshot of key consultation statistics, activities carried out in that week and the planned activities for the following week. It also outlined the emerging themes from consultation as these developed.

External

Mainstream media routes were used to inform Islanders of the White Paper consultation process and raise awareness of the proposals. The local media outlets of the JEP, Channel TV, BBC Radio Jersey and 103Fm provided coverage around the launch of the paper and also advertised the public meetings.

All editorial coverage was free of charge, although paid for JEP adverts were used to let Islanders know about the public meetings and a banner advert on www.channelonline.tv guided viewers to the www.gov.je website which contained a dedicated consultation page.

Adverts about the public consultation and meetings were also placed in the St Helier, St Clement and St Saviour parish magazines.

E-copies were sent to all members of the public who are signed up to the States Public Consultation Register (over 500 people) and other Islanders who had consented to give HSSD their details during the previous Green Paper consultation.

The social media outlets of Facebook and Twitter were used to promote the White Paper. A Facebook page called 'Do you care about health and social care in Jersey?' was created and the HSSD Communications Officer used Twitter to guide people to the States website to access the White Paper and also to let people know information about public meetings. The States of Jersey twitter account also promoted White Paper events.

Quarterly meetings with GPs were set up with one falling during the consultation period on the 31st May. In addition colleagues working with HSSD met all GP practices during the consultation period. Sustainability of Primary Care was discussed as part of these meetings.

Two White Paper Steering Group meetings were held during the consultation period with representatives from:

GPs

Hospital (including Medical Directors)

Nursing

Finance

Social Security

Treasury and Resources

Community and Social Services (including Mental Health)

Appendix 2

Focus groups with organisations

Organisation
Age Concern
Breathing Space
Brighter Futures
Chamber of Commerce
dDeaf community representatives
Family Nursing and Home Care
Jersey Alzheimer's Association
Jersey Blind Society
Jersey Chamber of Commerce
Jersey Cheshire Home
MIND Jersey
Primary Care Body
Red Cross
Ridout
Silkworth Lodge
Silversprings
St John's Ambulance
Standing Conference of Women's Organisations
Triumph Over Phobia

Organisations who submitted a written response

Autism Jersey
Early Years and Childcare Partnership
Education, Sport and Culture
Family Nursing and Home Care
Good Companions Club
Jersey Alzheimer's Association
Jersey Blind Society
Jersey Carers Association Inc
Jersey Chamber of Commerce
Jersey Cheshire Home
Jersey Child Care Trust
Jersey Child Protection Committee
Jersey Early Years Association
Jersey Fertility Support
Mind Jersey
The Multiple Sclerosis Society of Jersey
Occupational Therapy - SNS
Parkinson's
Primary Care Body
Royal College of Nursing
St John's Ambulance
Stroke Association