Health and Community Services

Health and Care Partnership Board
Terms of reference consultation

Feedback report

Background

From 3 April to 1 May 2025 Deputy Tom Binet, Minister for Health and Social Services ("the Minister") consulted key stakeholders on the draft terms of reference for the proposed Health and Care Partnership Board.

The draft terms of reference were developed in response to a previous consultation on proposals for the development of a more integrated health and care system for Jersey. The previous consultation took place in October and early November 2024[1]. The draft terms of reference, as released for consultation on 3 April, are set out in Appendix 1.

This report provides a high-level overview of the consultation feedback.

Consultation

The terms of reference document was distributed to the health and care providers via email on 4 April 2024. This includes distribution to:

- Home Care and Care Home organisations (Jersey Care Federation members and Jersey Care Commission registrants)
- GPs
- Primary Care Board
- Pharmacists
- Third Sector providers
- Dentists (Jersey Dental Association)
- HCJ executive leadership team (including public health)
- HCJ senior leadership team
- Ambulance Service senior leaders

[1] Integrated Health and Care System Consultation Feedback Report

On 4 April, the terms of reference were also circulated by email to the Health and Care Advisory Board, Council of Ministers, Scrutiny and the States Assembly.

Prior to circulation on 4 April the terms of reference had been shared with the Primary Care Board who had provided some initial feedback. Their pre-circulation feedback was reflected in the version of the terms of reference distributed on 4 April.

Providers were also invited to attend four on-line briefing meetings with the Minister. Feedback was received in these meetings in addition to via email.

Public consultation
The Minister determined that public consultation was not required as the focus of consultation was on service providers not service users. Public consultation will be required to support whole system strategy development and health and care funding reform – two key initiatives that will be taken forward by Partnership Board once established.

Feedback

The feedback received is categorised below in broad themes. As the consultation process was based on face-to-face discussion / email correspondence, as opposed to a survey-based consultation, it is not quantitative in nature.

As with all consultations, the feedback provided represents varied and often conflicting views.

As much of the feedback received was captured during engagement meetings, some of the information set out below represents the content and intent of what was said, as opposed to being verbatim quotes.

1. Power to amend terms of reference

Multiple respondents commented on the inevitable, evolving nature of the Board and the requirement to ensure the terms of reference are amenable by the Board to reflect its learning about its role, functions and contribution.

- *"We will only learn what the Board can achieve, and should focus on, by getting on and doing it"*

- *"Terms of reference are paper exercises."*

2. Statutory nature

The consultation document stated that the Board would be non-statutory. Several respondents were concerned that the lack of statutory provision would result in the Board being sidelined or disbanded. Others indicated support for establishing the Board in the short term and considering legislation in the longer terms.

- *The Board should be statutory to protect against the short-term political cycle. If it requires legislative change then this should be a priority.*

- *The TOR allow for the Board to disbanded with agreement of States Assembly. It could be dropped after next election? Why? Is there any way to protect it?*

- [As the Board is*] a* non-statutory entity, we recommend further clarification on how its recommendations will be formally reviewed, adopted, or actioned by the Minister, Council of Ministers, or the States Assembly.

- *Unless the Board has a statutory role, there is no obligation for the Minister to take recommendations on organisation or funding.*

3. Size of Board

Several respondents expressed concern that the Board was too big, but these concerns were often tempered by recognition of the need to be inclusive.

- *Its big, perhaps too big, but everyone needs to be on it.*

4. Working groups

It was recognised that a signification proportion of the Board's activity would be conducted in working groups with non-Board members, and that this needed to be better reflected in the terms of reference and associated budget. It was further suggested that the working groups would, over time, provide a structure for organised, systematic consultation and inclusion of all Island health and care providers.

- *Real activity will take place in the working groups, and those groups provide a means to reach all services and all users.*

5. Balance of members

Multiple respondents agreed that the non-government members should outweigh the government members (at least 1 more). However, this was tempered with concern that reducing GoJ members to retain balance could have a negative impact.

- *If you reduce GoJ members to compensate for non-GOJ members you may just end up with an ineffective board – focus on doubling up non-GoJ members if necessary*

6. Types of members

There were multiple suggested changes to the proposed Community Partners. These often conflicted:

- *Won't get a dentist; probably don't need*"
- *Dentists need to be there, are often overlooked*
- *An end-of-life provider is important*
- *Why occupational health, and whose occupation health provider will this be?*
- *Allied health professionals more important that occupational health*
- Need community therapy; the people who sort out equipment loans
- Where is the focus on mental health providers?
- Don't need a separate care home and home care provider.
- Absolutely need both a care home and home care provider

One respondent commented on Executive Board members, stating that the Ambulance Service and New Hospital Facilities Projects should be represented on the Board, either as members in their own right or through a HCJ service executive.

7. Role of Community Partners

Several respondents said the terms of reference need to further clarify the role of Community Partners.

- *Make it really clear that Community Partners are not sector representatives. They are professionals working in a specific sector who provide information and intelligence about that sector.*

- *Community Partners will gather sector information, and communicate information, but are not required to facilitate cross-sector consensus. This would be an impossible task.*

- *Amend the terms of reference to clarify matters related to sector working (or provide the person specification alongside them to aid understanding)*

8. Non-executive directors

It was suggested that at least one or two non-executives should sit on the Board in addition to the Chair (and Community Partners) to help ensure independence.

- *The Chair's role is onerous. Need at least one more NED to support them. That NED should be from Jersey, if the Chair isn't*

- *Second one of the existing Advisory Board NEDS onto the Partnership Board, on a temporary basis to help get things up and running*

9. Services users / lay representatives

There was some suggestions that the Partnership Board should include a lay person / service user as a member, potentially a person who is a family carer. It was also suggested that the existing HCJ Patient and User Panel be recast into a whole system panel (and in doing so consideration was given to Ireland's National Patent Representative Panel)[2]

- *We commend the emphasis on engaging with service users, families, and carers. A clear commitment to health equity and inclusion should be articulated within the TOR to ensure fair representation of Jersey's diverse population needs. This could be clearer*

- [We must work] *hard to really make sure that people living with a long-term condition or disability, their friends, family and carers have a voice and are listened to and included.*

- *The UK has many excellent examples of partnership boards that include the input of 'experts / equals by experience' who are supported to contribute by dedicated staff*

10. Third sector providers / charities

Varied comments were made about the numbers and types of third sector (charity) representatives on the Board.

- *Need at least 2 third sector members. One that provides commissioned services, one who is providing essential front-line services to islanders that are funded completely independently of GOJ.*

- *Run the risk of too many charities on board, focusing on charity issues not provider issues*

- *Needs equal numbers of third sector and private sector providers*

11. Exclusions from membership

Different views were expressed as to whether people who derive a financial benefit from the provision of health and care services should be excluded from membership, with concerns

[2] https://www.hse.ie/eng/about/who/national-services/partnering-with-patients/national-patient-representative-panel/

express that blunt rules would exclude good candidates (for example, current business owners and retired GPs).

One respondent raised concerns about excluding people who are GoJ employees (*or person similarly contracted) from being a Community Member on the basis* holding an employment contract with GoJ is likely no more a conflict of interest that having a financial interest in the health system more generally

12. Board Chair

Mixed views were express about whether the Chair must be an on-island chair, with some noting the additional costs associated with an off-island Chair.

- *Organisation not mature enough to have an on-Island Chair. We benefit from externality and have much learning to do before we can contemplate an on Island Chair. This should be the aspiration for the future*

- *We believe that it should be a requirement that they have a detailed understanding of the Jersey health and care system. We recognise this may limit the pool but there are enough people out there who fit this description.*

13. Renumeration

A small number of consultees commented on the proposed rates of renumeration. Thos who did generally stated that the levels of renumeration were too low for both the Chair (£420) and Community Partners (£200 per day), although some stated that all the roles should be voluntary.

- *The role is worth more than £200 per day, so pay more or pay nothing.*

- *Health professionals who run a business will need locum cover to participate. £200 would leave most out of pocket – as pharmacy locum is £400 per day*

- *Community Partners should only be reimbursed if not commissioned by Government as already paying a proportion of their management costs. Where we are not paying management fees this is different.*

14. Selection process

Mixed views were expressed on board member selection process. Some stated that the Jersey Appointments Commission should be involved in the selection process for all candidates but the majority, who expressed views, express a preference for sector-based selection processes (except for the Chair). Comments were predominately driven by the notion that the Partnership

Board is about cultural change (government and providers working together; with government respecting partners contribution) with Appointment Commission involvement being perceived as contrary to that principle.

- *Selection by peers; providers must have faith and confidence in their sector's Community Partner*

- *Must have clear selection criteria and process where two or more providers from a single sector wish to act as Community Partner*

- *Put onus on sectors to choose IF appointable*

- *Without the JAC, there won't be a fair, transparent process*

15. Board arrangements

Various amendments to the Board arrangements were suggested.

- *Ministerial response to annual plan should be published to support accountability*

- *Board minutes should not be published as may include sector / commercially sensitive information, but a summary of discussion and agreed actions should be provided*

- *Meeting dates must be set a year in advance*

- *Board meetings should be in private at first, whilst members settle into the role, with a view to holding all, or part of the meeting, in public in the longer term. If meetings are in public must ensure this does not impact healthy debate and prevent some providers from speaking up, for fear of saying unpopular things.*

- *5 working days for publication of Board papers is not long enough to allow those who work full time to prepare. 10 days should be the minimum.*

- *The Board Secretary should not be employed by HCJ to help provide a degree of independence. All administrative support should be provided by the central government office / by the Ministerial Team.*

- *Para 64 needs to be clear that all Board members will do induction and training for at same time, not just Community Partners*

16. Role and remit

Numerous respondents made comments related to the role and remit of the Board as set out in the terms of reference. These often sometimes in direct conflict with each other.

- *The remit is too wide, will it actually get anything done?*

- *The remit currently seems too broad. People have read as determining strategy and operations. Is this correct?*

- *Huge agenda. The Board needs to do the things set out in the ToR but make it clear it won't be doing everything on day one; it will prioritise work through its annual plan*

- *Be clearer about what the point of the board is - to make sure things are joined up and not duplicated and to ensure change happens.*

- *Restrict year 1 to develop health and care strategy (*with an emphasis on preventing ill health and developing integrated care). O*ne priority to focus on.*

- *Resolving issues of operational complexity should be the work of officers rather than the Board, with the Board agreeing the general direction and monitoring the progress of implementation.*

- *The terms of reference suggest the Partnership will recommend direction and principles rather than specific services. Is the proposal that commissioners will make recommend specific services that are needed for the Board to ratify and recommend to the minister?*

- *TOR says the Board will recommend the funding requirements (amounts) and funding sources (who pays and how). This is not a role for the Board, it is for Ministers and the Assembly. Although the Board may be consulted.*

- *What funding streams does the Board have under their remit – will there be some form of partnership of purpose to support the work of the Board given the number of different stakeholders?*

17. What else should the Board do?

Some respondents raised additional matters for Board action / consideration.

- *There is nothing about focus on delivery of a quality service and nothing about culture to allow professionals to feel safe in their working environment. These are two key issues which have been absent in the current system.*

- *Jersey Strategic Needs Assessment: the Board should champion the JSNA, oversee its progress, then recommend to Ministers what should be taken forward once the final JSNA document is available.* Note: this was tempered by comments that, whilst needs

assessments are important the existing *JSNA steering group took up too much time from participants*

- *Need to mirror the UK's integrated care system's commitment to supporting research and innovation/ The Health and Care Act 2022 sets new legal duties on ICBs around the facilitation and promotion of research in matters relevant to the health service, and the use in the health service of evidence obtained from research[3]. The ICS design framework sets the expectation that in arranging provision of health services, ICBs will facilitate their partners in the health and care system to work together, combining expertise and resources to foster and deploy research and innovations[4].*

18. Clarifications on matters relating to role and remit

Some respondents suggested that matters related to the Board's role needed to be clarified

- *There is some blurring of the Boards role in an "advisory capacity": Inspection/ regulation should sit as a separate entity, Safeguarding Partnership Board should sit as a separate entity. The Board may have a role in ratification but it will not have an advisory role in these areas.*

- *We support the inclusion of risk management and emergency preparedness within the Board's responsibilities. However, the TOR should specify how the Board will coordinate with existing GOJ emergency response frameworks to ensure a robust and agile response to emerging public health risks.*

19. Wider determinants health ministerial group

A number of respondents express support for the proposed wider determinants health ministerial group.

- *Ministerial group is only referenced in the diagramme* [in ToR]. *Needs to be part of the terms of reference*

- *How does the Board manage issues that have significant interdependency with other non-health and care services, such as housing, education, employment etc?*

20. Relationships / accountability

A number of respondents sought clarity as to matter related to accountability and the relationship between the Partnership Board and others.

[3] (https://www.legislation.gov.uk/ukpga/2022/31/contents/enacted)
[4] (https://www.england.nhs.uk/publication/integrated-care-systems-guidance/#heading-13)

- *Need to make it clearer that that Minister is ultimately accountable and may reject Board recommendations*

- *The Board should be able to publish a work-plan without Ministerial "agreement prior to publication". One would expect discussion, but we are at risk of leaving the Board "toothless" if the Minister has the ultimate veto.*

- *Who holds the Chair to account, is it the Health Minister? Do we assume the Health Minister holds ultimate accountability to the Chief Minister, the electorate and the States Assembly?*

- *Does the Chair have any form of delegated authority from the Minister?*

- *How will the Partnership Board work with the existing Board? Does accountable to the other?*

- *How do independent organisations protect their sovereignty in this model especially those who receive no govt funding? Do they become subservient to the Board?*

21. Raising concerns / managing conflict

Multiple questions were raised about managing conflict amongst Board members, and between the Board and the Minister.

- *What if there is a concern raised by the Board about the Minister – is there a route to take this through?*

- *The execs all work for HCJ but many will have an island wide remit. How can conflict of interest be avoided – a finance director for a department with a significant overspend is going to be conflicted when considering the resource overall on health and care?*

- *How is conflict managed bearing in mind we are a small island? Relevant for most, including existing commissioned services sitting on Board.*

- *Its important that the approach to managing conflicts of interest mirrors the public finance manual approach and extends beyond the individual him or herself. The ToR allows for this to be fleshed out later.*

22. Performance review (Board and members)

Various comments were received on matters related to the Board and Board member performance review.

- *Consideration should be given to the role of the Care Commission or other regulatory bodies in providing external validation of recommendations and implementation plans; in addition to system risks.*

- *The proposal to publish a high-level work plan and key performance indicators (KPIs) is welcomed. To strengthen accountability, we recommend specifying how performance outcomes will be benchmarked against international best practices, and the frequency and format of public reporting on service improvements and Board decisions.*

- *Board annual review must be independent, as opposed to a self-review process*

- *Introduce evaluation of each member's effectiveness (self-assessment and review by the Chair) nothing onerous, online assessment for ease)*

- *The cultural aspirations* [public sector values] *are aspirational but not unrealistic. The only observation is how they'll be measured this could be clarified for better accountability.*

Next Steps

The Minister will, having considered the feedback received, present a updated version of the terms of reference to the States Assembly for their consideration. The States Assembly will then decide whether to establish the proposed Partnership Board.

Health and
Community Services

Appendix 1: DRAFT TERMS OF REFERENCE AS RELEASED FOR CONSULTATION

Health and Care Partnership Board
Terms of reference consultation

Background

During October and early November 2024, Deputy Tom Binet, Minister for Health and Social Services ("the Minister") consulted key stakeholders on proposals to develop a more integrated health and care system for Jersey. Central to these proposals was the establishment of a new Partnership Board of health and care service providers. This proposal received high levels of support subject to more detailed proposals being developed.

The Minister has now produced draft terms of reference for the Partnership Board (as set out below) and would welcome feedback from local health and care organisations.

Recruitment and renumeration of Partnership Board members

The draft terms of reference provide for the appointment of an Independent Chair. It is envisaged that the Chair:

- will be contracted to work 24 days per year at £420 per day
- 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)
- will be appointed by the Minister further to a selection process overseen by the Jersey Appointments Commission.

In the event that a candidate for the role of Chair has a financial interest in, or derives financial benefit from, health and care services provided in Jersey, consideration will be given as to whether that interest may impact on their independence and credibility.

The draft terms of reference provide for the appointment of up to nine Community Partners as Partnership Board members. The Community Partners:

- will be contracted to work 14 days per year for £200 per day
- will be appointed by the Minister further to a sector-by-sector selection processes
- must be from one of the sectors / professions as set out in the draft terms of reference.

It is anticipated that the 14 days of activity will include:

- 4 Board meetings per year (half day)
- 4 working groups meetings per year (half day)
- 4 sector engagement events per year (half day)
- time to prepare for meetings plus Board development activities.

Full person specifications for the Chair and Community Partners will be produced after the terms of reference have been finalised.

How to provide feedback

The Minister will be inviting Jersey Health and Care organisations, via email, to attend consultation meetings which will take place between 4 April and 25 April.

If you are unable to attend a meeting, you are welcome to email feedback to Ruth Johnson (r.johnson@gov.je) or let us know if you want to speak face-to-face about the proposals and we will endeavour to do so.

The deadline for feedback is **Thursday 1 May 2025.**

Next steps

The States Assembly will need to decide upon the establishment of the proposed Partnership Board. It is envisaged that the terms of reference (amended to reflect feedback as appropriate) will be presented to the Assembly on 13 May for debate on 24 June 2025. In the event the Assembly decides on its establishment, work will then commence on selection and appointment of Partnership Board members.

Health and Care Partnership Board: DRAFT 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.

3. Partnership Board members will work together to:

    a. understand the health and wellbeing needs of local people

    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 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 efficient and effective (value for money)

        - how to support our health and care workforce to act at the top of their profession

- 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.

4. In doing so the Partnership Board will recommend:

    a. to the Minister the services that are needed in Jersey (now and into the future) and how those services should be organised

    b. to the Minister and the Council of Ministers how affordable services may be funded.

Responsibilities and tasks

5. The Partnership Board will:

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

6. In doing so, the Partnership Board will:

    a. provide clear recommendations to the Minister on matters related to:
        - priority services including matters related commissioning and contracting (policy and priorities)
        - priorities for change
        - workforce requirements (skills, experience, capacity)
        - facilities and equipment requirements
        - data, digital and technology requirements
        - legislative requirements / amendments
        - funding requirements (amounts) and funding sources (who pays and how).

b. 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

c. 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.

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

a. 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

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

c. produce and publish a high-level work plan (to be agreed by the Minister prior to publication. The work plan will set out key performance indicators related to:
   - its work and performance
   - the service improvements to be realised through its agreed solutions, and the outcomes for service users

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

8. The Partnership Board may also advice on matters related to:
   a. emergency preparedness / service resilience
   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).

10. For clarity:
    a. only the Partnership Board or the Minister or may initiate a programme of work by the Partnership Board
    b. 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

11. 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 executive directors

    b. 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

    c. 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)

    d. 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

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

    f. ensure the Partnership Board's behaviour is consistent with the public service values (Appendix 1) and that high standards of personal integrity are maintained by all Board members.

12. To support the Partnership Board in the 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 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.

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

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

Working groups

15. The Partnership Board may establish any working groups it considers necessary to supporting delivery of its work and which accord with the responsibilities of the Partnership Board.

16. The Partnership Board:

a. must develop terms of reference for any such groups, setting out the tasks to be undertaken and the associated reporting requirements
b. appoint members to its working groups, which may include other providers, interested parties or people with relevant experience (whether or not this includes one or more Board 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 membership, role, and reporting arrangements. The Partnership Board must work in accordance with them.

18. The terms of reference must be reviewed by the Partnership Board on an annual basis, or on request of the Minister.

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.

Performance review

22. The Partnership Board represents a new way of working for Jersey. The Minister and Board members must, therefore, be alive to the potential need to flex and refine the Partnership Board's working practice.
23. In addition to reviewing its terms of reference (as set out above) the Partnership Board shall arrange for periodic reviews of its performance to ensure it is operating effectively. This may be at the request of the Minister.

24. Having undertaken any review 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

25. The Partnership Board will consist of the following members:
    a. Independent Chair
    b. Partners in the provision of health & care
    c. HCJ Chief Officer
    d. Selected HCJ Executive Directors.

26. All members will be voting members (see *Voting* section). No person can vote at a Partnership Board meeting other than a Board Member.

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

28. The total number of Government Partners and HCJ Executives must be no more than the total number of Community Partner Members (ie. the Chair plus Community Partners members will be at least one more than the total number of members who work for Government). The number of Government Partners and HCJ Executives may need to be reduced accordingly.

Partners in the provision of Health & Care

29. There will be up to 10 Provider Partners in total. This will include Community Partners and Government Partners.

30. There will be up to 9 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. Occupational Health
h. Other Third Sector services provider
i. Other (tbc pending consultation feedback).

31. In addition to the 9 Community Partners, Government of Jersey's Children's Services will also sit on the Partnership Board as a Government Partner.

32. Appendix 2 sets out information related to the responsibilities of Partnership Board members.

33. Appendix 3 sets out information related to the appointment, removal, suspension of Partnership Board Members.

Executive Directors, HCJ

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

35. To include Executive Directors with responsibility for enabling whole system working:
    a. Medical Officer for Health
    b. Director of Public Health (if different from MOH) or Director with responsibility for Primary care (if different to Medical Officer for Health)
    c. Island Chief Nurse & Allied Health Professions Advisor
    d. Chief Pharmaceutical Advisor
    e. Finance Director
    f. Workforce Director
    g. Digital Director (Chief Information Officer)

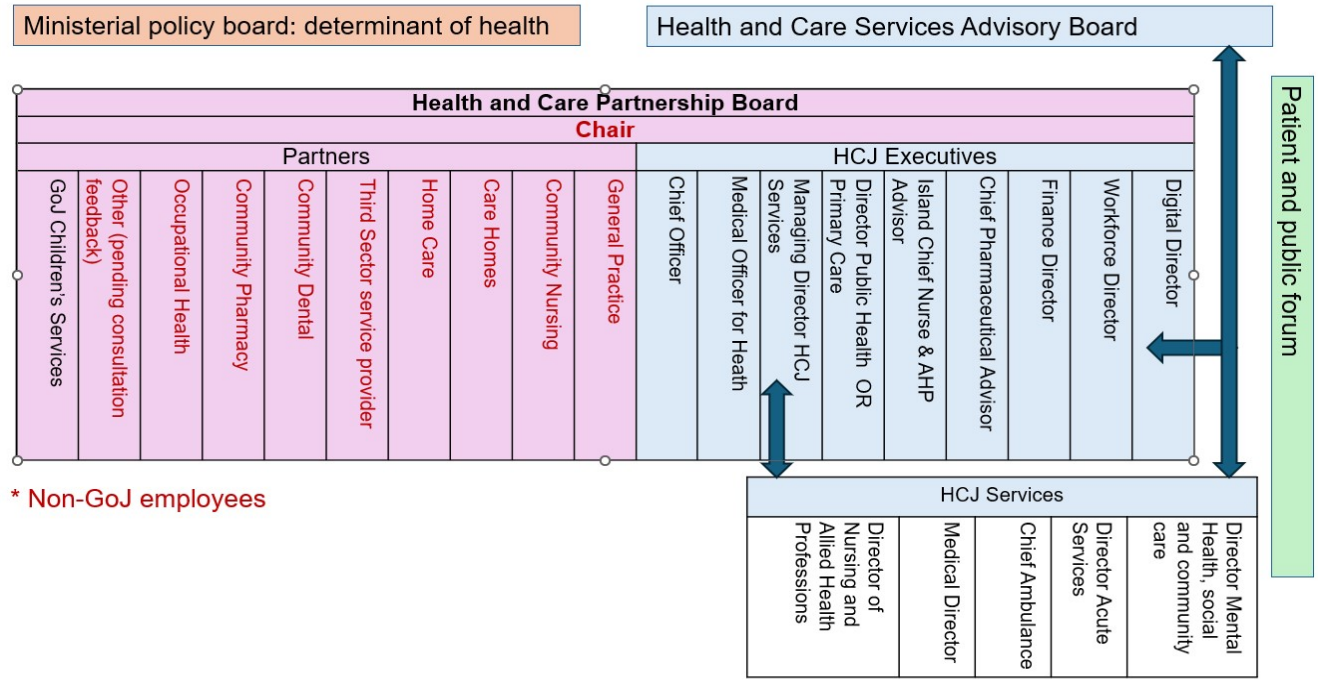
36. Executive Directors with responsibility for HCJ service provision:
    a. Deputy Chief Officer / Managing Director with responsibility for HCJ Hospital Services; Mental Health, Social and Community Services; Ambulance Services

37. Standing Attendees (no Board voting rights)
    a. Director with responsibility for improvement, innovation, strategic planning and projects
    b. Director with responsibility for health policy

c. Senior officers with responsibility for contracting and commissioning (services and population level)

38. Invited attendees (no Board voting rights) who may attend Board meetings in an advisory capacity on an invitation basis for relevant agenda items:
    a. Director New Hospital Facilities Programme
    b. Services Director with responsibility for Mental Health, social and community care services
    c. Services Director with responsibility for Acute Services
    d. Chief Ambulance Officer
    e. Medical Director
    f. Director of Nursing and Allied Health Professions.

39. In addition to Executive Directors other Community Partners may, by a decision of Chair in consultation with Board, also attend Board meetings as standing attendees (or, as required).



Meetings

Number of meetings

40. The Partnership Board will meet 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 (in addition to Standing Attendees).

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 transacted at a meeting unless more than half the Members are present and there is at least one more Community Partner (which may include the Chair) than Executive Director and GoJ Partner.

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 Deputy 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. The Deputy Chair or Interim Chair does not have a deciding vote and, in these circumstances, the matters must be reverted to a future Board meeting. 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 decision vote.

Reporting

49. The Minister may require the Partnership Board to report on such matters and at such intervals as determined, 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 of a meeting, 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 summarizing all matters discussed at a Partnership Board meeting, and all agreed actions (except where the matter is a confidential matter) will be published by the Chair after each meeting.

57. 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 personal or business interest 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 (or the Deputy Chair if the Chair declares an interest). The Partnership Board may develop policies and procedures related to the management of conflicts of interest.

58. Minutes and board papers shall usually be published not less than 5 working days in advance of each meeting.

Data, information, and confidentiality

59. 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.

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

61. 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

62. 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.

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

64. The resources required will include those related to:
    a. remuneration of the Chair
    b. remuneration of Community Partners to compensate 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 all 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).

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

Appendix 1: Jersey Public Sector Values

All Partnership Board members will need to demonstrate a strong personal commitment to the following values and behaviour statements

We are respectful

We care about people as individual and show respect for their rights, views and feelings.

We are better together

We share knowledge and expertise, valuing the benefits of working together.

We are always improving

We're continuously developing ourselves and our services to be the best they can be for Jersey.

We are customer focused

We're passionate about making Jersey a better place to live and work for everyone.

We deliver

We're proud of Jersey as a place and are passionate about shaping and delivering great public service.

Appendix 2: Responsibilities of the Partnership Board members

General duties of all Partnership Board members

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

    a. come together to plan how to improve the health and wellbeing of people who live in Jersey

    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 sustainability for the 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)

    j. ensure the Partnership Board operates in accordance with its terms of reference.

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. For the purposes of transparency, the Chair will publish an end-of-year report describing delivery against its annual work plan, and the Minister will publish a response to that end of year report.

5. 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.

6. 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 Chief to consider if any action is required.

7. 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 HJC Chief 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

8. In addition to the general duties set out above, Community Partner's 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 Partner's role specification sets out full details of the role and duties

HCJ Chief Officer duties as a Partnership Board Member

9. The Chief Officer of the Department is:

   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 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 Chief Officer's responsibilities as accountable officer, chief officer and GoJ employee. In the event that the Partnership Board wishes to take an action that involves a transaction which the Chief Officer believes will infringe on their responsibilities as accountable officer, the 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

10. 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 Chief Officer for:
      - supporting the 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

11. Where the Chair or a Community Partner has concerns which contact through the usual channels of the 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 HCJ services Board and, where relevant may escalate to the Minister.

12. 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.

13. This above is in lieu of the appointment of a Senior Independent Director.

Appendix 3: Appointment, removal, suspension of Board Members

Appointments

1. The Minister shall appoint the Chair of the Partnership Board. The Jersey Appointments Commission will oversee the appointment process.

2. The Deputy Chair will be the HCJ Chief Officer.

3. The Minister may appoint any member of the Partnership Board to act as Chair whilst a substantive appointment is made or in the longer-term absence of the Chair (Acting Chair)

4. The Minister shall appoint the Community Partners, in consultation with the Chair if appointed.

5. The selection process for 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:

    a. 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)

    b. consult the Jersey Appointments Commission with a view to mitigating the risks that may arise through selection processes that divert from accepted public appointment processes.

6. Each sector-based process must include:
    a. interview of selected candidates by a recruitment panel that is chaired by an Appointments Commissioner
    b. the recruitment panel must include the Chair (if the Chair is in post)
    c. the recruitment panel recommending appointable candidates to the Minister post interview
    d. the Minister determining whether to appoint the candidates recommended by the recruitment panel.

7. The Minister shall not appoint a Chair or Community Partner:

a. unless satisfied that the person:
   - meets the role specification (see separate document)
   - has a strong personal commitment to the Nolan Principles of accountability, probity, openness and equality of opportunity and to Jersey's public service values and behaviours statement (Appendix 1)

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 person has a financial interest or may financially benefit form 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.

8. The Chair and Community Partners shall be appointed for a 3-year term. The Minister may extend the appointments in accordance with the policies of the Jersey Appointments Commission, which currently provides for a maximum 9-year term of office. In extending the appointments of Community Partners the Minister must consult relevant sector providers.

9. Government Partners and Executive Officers are automatically appointed by reason of their employment.

<u>Removal or suspension</u>

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

11. 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.

12. 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.

13. Prior to removal or suspension, the Minister must consult the 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.