Health and Community Services Board

Notes of meeting held 8 March 2021

4th Floor, Peter Crill House, St. Helier and via Teams

Present:	Deputy Richard Renouf (Chair)	Minister for Health and Social Services (HSS)	RR
	Deputy Trevor Pointon	Assistant Minister for HSS (TEAMS)	TP
	Deputy Hugh Raymond	Assistant Minister for HSS (TEAMS)	HR
	Caroline Landon	Director General	CL
	Robert Sainsbury	Group Managing Director	RS
	Rose Naylor	Chief Nurse	RN
	Steve Graham	Associate Director of People HCS (TEAMS)	SG
	Anuschka Muller	Director of Improvement Innovation (TEAMS)	AM
	Adrian Noon	Associate Medical Director for Primary, Prevention & Intermediate Care (TEAMS)	AN
	Isabel Watson	Associate Group Managing Director Adult Social Care & Mental Health Service (TEAMS)	IW
	Bronwen Whittaker	CEO Family Nursing and Home Care	BW
	Ruth Brunton	CEO Brighter Futures (TEAMS)	RB
	Gail Caddell	Acting CEO Jersey Hospice Care (TEAMS)	GC
	Matthew Doyle	General Practitioner (TEAMS)	MD
	Martyn White	Head of Communication HCS (TEAMS)	MWh
In Attendance:	Emma O'Connor	Interim Board Secretary	EOC
	Beverley Edwards	Head of Informatics HCS	BE
	Stephen Bull	Head of Change Project Management Office	SB
	Geoff White	Associate Chief Nurse (Professional Practice)	GW

Please note: *Minutes have been numbered in accordance with Agenda. Some items have been taken out of order.*

		Action
1.	**Welcome and Apologies** RR welcomed all to the meeting. Apologies received from, Patricia Tumelty — CEO Mind | Jersey Patrick Armstrong — Group Medical Director EOC advised that Sean Pontin had left the post of CEO Dementia Jersey & his successor was not due to start until May 2021. However, SP advised EOC that his successor will make contact re: HCS Board. RR advised that due to the current Covid restrictions preventing the Board meeting in person, it was not possible to deliver the patient / client story as the preference of the individuals who have expressed a desire in sharing their story would be to do so in person. This item will recommence once Public Health guidance permits.	
2.	**Declarations of Interest** No declarations of interest.	

3.	**Professional's Story** This item has been deferred due to last minute unavoidable cancellation.	
4.	**Minutes** RB has suggested some minor changes under the Brighter Futures item & emailed these directly to EOC. Pending these amendments, the minutes are approved.	
5. a. b. c.	**Matters Arising and Action Log** No matters arising. **CL will request a review of SALT** CL confirmed that the review had taken place which demonstrated that there are long waits in SALT. This will now follow the HCS governance process. Further understanding of the current position is required & this work will feed into the Quality & Risk Committee. If this cannot be addressed, then it will be escalated to the Board. However, RN will keep RB up to date. **SL to link in with FNHC & provide support re: TEAMS** AM provided an update. This is still under review involving M&D & FNHC to find a solution: this is a licensing issue. Currently four options available to FNHC to join the Board meeting, 1. Join through a non GOJ computer (using the link) 2. A smartphone (using the link) 3. Dial in using a phone 4. Attending in person AM advises closing the action as the issue of being able to join the Board has been resolved. The wider issues in relation to licensing needs to be resolved by IT & FNHC (outside of this meeting). BW suggested that a fifth option would be for FNHC to invest in TEAMS themselves. There was discussion around how these contracts had been agreed in the past & agreement that this had been a useful exercise and the learning from this would be used to inform future work in this area (commissioning). BF asked if progress could be reported back into the Board. RS stated that the context of the discussion goes beyond IT to include multiple corporate functions with opportunities for commissioned partners to be more formally part of. In agreement with AM, this needs to be incorporated into commissioning intentions & commissioning dialogue with partners. This could then be presented to the Board as a proposal. RR asked for this to remain on the action log at this time. **Director Modernisation to provide CEO FNHC with map of current HCS workstreams.** JF confirmed that she has spoken to J. Poynter who will provide the requested detail - structure around the governance. Agreement that this action can be closed.	
6.	**Chair's Report**	

	RR advised that Scrutiny Panel have launched a review of HCS Maternity Services. This is a welcome opportunity to highlight the excellent work of the department and to consider the challenges in the delivery of this service within the Island context. The Council of Ministers have issued the road map out of the Covid restrictions. However, continuing compliance with the guidance is required as there is a possibility that the reopening of activities may lead to a rise in cases. The vaccination programme continues to progress. RR thanked all of those involved in delivering this. The debate on migration took place last week where it was agreed to adopt a different policy. Individuals will be allowed into the Island to live / work based on permits for 9 months to a maximum period of 4 years. Without a further permit, individual would not be able to gain residential qualifications in the Island. This could have an impact upon HCS due to the reliance on parts of the workforce with skills unavailable in Jersey. In response to this a submission made by HCS to the policy development board on the needs of health and care in Jersey has been considered. Following the maximum four-year period, consideration will be given to the social and community benefits to the Island, not just the financial return. Further extensions could then be granted. RN asked if this is any further opportunity to comment on the migration policy. RR advised that it had been formally adopted as a policy, but this will be a staged programme: the next step is the adoption of a population policy which will be a broader piece of work & this will be consulted on. HR added that the road map is welcomed and asked for his thanks and appreciation to be noted as a significant amount of work would have been required to produce this.	
7.	**Director General's Report** CL advised that there are no significant updates (due to the short time frame between meetings). RR invited questions from Board members – nil raised.	
8.	**View from the Bridge (Partner Organisations)** Jersey Alzheimer's Association SP sent his apologies. Brighter Futures • RB advised that work was progressing well although at capacity, if not beyond capacity. To accommodate this, 11 more groups & sessions have been added to meet the demand in increase of babies under 12 months. • The training video for the third sector sessions has now been completed. • The perinatal pathway is moving forward. There is currently a focus on paternal mental health & linking in with the 'How are you Dad' campaign. Paternal mental health is often overlooked so this approach is very much supported. • Relevant aspects from the recent Children cluster meetings, - High rate of youth offending in Jersey & the need for high quality prevention, early intervention, deterrent & diversion. Underlying causes can include mental health issues, substance misuse which will impact upon health services.	

- The Silkworth therapeutic service for 13-18 years old is progressing to support young people with mental health problems and drug & alcohol misuse.

RS stated that the impact of youth offending is experienced across CYPES, Police, Adult Social Care (family services). This requires a cross-collaborative review & support across all services as there is an urgent need in this area. In response to RR's question, RS responded that more work is required to understand if this is because of the pandemic. RB stated that Jersey had a higher than expected rate of youth offending (on a par with UK inner cities) which has been intensified because of the pandemic.

RS advised that as there has been investment in psychology services, particularly complex trauma pathway, it is recognised that some of this work needs to be reorganised to ensure that it is family focused. Psychology support has been used recently to help colleagues within children's service to focus on key areas of escalation and difficult behaviours.

Jersey Hospice Care (JHC)

GC updated the Board members on the following,

- Working with Associate Director of Improvement & Innovation to understand what the new commissioning framework will look like. Reviewing the service specification for what can be provided by JHC in totality & how other organisations can be incorporated into this model. Looking to understand what can be achieved with other providers to design a service that supports patients & families not just at end of life, but those living with life-limiting illness. Discussions have already commenced with BW.

- The recruitment of a Consultant in Palliative Medicine / Associate Specialist was successful although difficulties in the process were encountered. GC commended JP for the assistance provided in this matter. GC explained that this consultant role is Island wide & therefore in line with the Jersey Care Model.

- A significant increase in referrals has been noted from the community and the hospital.

- GC happy to share the JCC reports with the Board at the next meeting. GC felt assured by the whole process.

- GC requested time on a future Board agenda to appraise members of the work around Children's Hospice. This is now progressing to Stage 2: planning around the building. GC is focussed on the service & what will be delivered, recognising that children palliative care is very different to adults. GC looking to engage other stakeholders in both physical and mental health to establish what could be delivered for the community.

- Assisted dying debate: GC has met with the policy lead to discuss what the process of development will look like. JHC has a clear position statement in relation to this & remains neutral so that members of the community have no reservations about accessing JHC services. GC spoke with the policy lead about the importance of establishing a balanced viewpoint when considering the composition of the Citizens Jury. Baroness Finlay & Robert Preston who are both experts in this field have written a book & given their permission for a copy of the book to be made available to each member of the Citizens Jury.

RR thanked GC & welcomed the sharing of the JCC reports with Board members & supports the addition of the Children's Hospice to a future agenda. RR acknowledged that assisted dying is a sensitive, complex subject. The purpose is to ensure that a well thought, representative view of what the Jersey community may wish for. The use of

participatory democracy is a methodology that has been adopted in other jurisdictions to establish what the community may want by engaging representative members from the community. The jury will be guided by appointed experts. There will be an independent panel to ensure objectivity. The interest groups will have an opportunity to present their cases. The jury consisting of volunteers will meet over 10 (3 hour) sessions. If appropriate, recommendations will come from this jury to the States Assembly. The jury report will be presented to the States Assembly for consideration.

GC welcomed this approach & emphasised the importance of ensuring that jury members have the right information to draw informed conclusions. RR advised that it was also very important to ensure that older adults & those that are vulnerable are protected and valued.

CL thanked GC for the update & feels encouraged that the JHC building (Clarkson House) is being viewed as a vehicle of care rather than a care destination.

BW echoed GC reflections of the JCC process having recently undergone inspection. BW suggested that it be valuable for all those who have undergone the process to share this experience with the Board.

Family Nursing and Home Care (FNHC)
BW advised the Board of the following,

1. There have been a couple of key appointments: Elaine Walsh has been appointed as the Director of Finance and Amanda De Freitas has been appointed as the Head of Human Resources.
2. There has been a focus on resuming BAU aligned with the five-year strategy. June 2021 represents the mid-point of the five-year strategy.
3. There is a review of Health Visiting (HV) services. During Covid, HV service was affected more than any other service in the way that service delivery had to change in response to the restrictions. There has been a lot of learning that has come from the Institute of HV. Feedback has also been received from service-users.

   The model of delivery will form part of this review & include the possibility of training HV / School Nurses in Jersey 2022. Also looking at the possibility of providing development posts due to the difficulties in recruiting to HV posts.

   Virtual platforms are being explored as although clinics are popular, the numbers who can attend are restricted & this is putting pressure on the home visit team.

   In terms of safeguarding and children in need, now finding that some families who coped well than initially, are now requiring more support. This adds pressure to the HV / School nursing side of the service.

   Preparing for the new corporate parenting role with potential changes to legislation & understanding what this means for FNHC. FNHC already work to the United Nations rights of the child.

   Extending the provision across District Nursing & Rapid Response to a 24-hour nursing model. Working on the recruiting to expand this provision into a bespoke service.

RR thanked BW for this update & invited questions. CL asked if the HV & DN review aligned with the Jersey Model Care, highlighting the benefit of collaborative working. BW is planning to meet Susan Devlin & Daniella Raffio in relation to children & will meet RN to discuss the nurse education. CL keen to ensure that PA & RN are involved as their portfolio is Island wide.

	RR commented that we are learning day by day how much children have been impacted by the feedback & thanked BW for the work of FNHC. <u>MIND Jersey</u> PT sent her apologies. <u>General Practice</u> RR welcomed MD to his first HCS Board meeting. MD stated his main reflection is, 1. The workload on general practice: Seeing over 2000 patients face to face per day which is encouraging when compared to UK colleagues who are conducting most of their work remotely. This is in part due to the low number of covid cases. RR thanked MD for the work of GPs in looking after Islanders & invited questions. CL highlighted the value of having the voice of Primary Care at the Board emphasising that there were links into the HCS governance structure that could be further explored. MD advised that following the recent work around mental health / wellbeing during Covid, conversations have begun with AN to explore data which would provide a greater understanding of this. This could then potentially be extended to include any medical condition. AN thanked RS for the presentation at Operations, Performance & Finance Committee meeting which triggered the conversations with GP colleagues & there is learning for both HCS & general practice. CL suggested AN / MD link in with A. Carter to explore the possibility of a Primary Care dashboard. RS stated that the recent work of B. Edwards / P. Ahier transcended to CYPES & this could be correlated into a whole system picture to include primary care. RS advised that ED attendance was sustained at over 550 patients on weekly basis (over a three-week period): this is quite high. This demonstrates how each part of the system impacts upon the other but currently there is no system escalation of activity to facilitate this interface. Ideally, this could be progressed through the operational hub. There was general discussion about the visibility of this work & it was agreed that initially AN & MD would meet with RS to understand the mental health data. GC also pointed that as JHC & FNHC both use EMIS, there was an opportunity to explore the impact of other services.	
9.	**Quality, Performance & Risk Assurance Committee Report** RN took the report as read. Following Board approval Feb 2021, the focus of this committee has changed. The performance element has transferred to the new Operation, Performance & Finance Committee. Quality, Performance & Risk is now Quality & Risk. The risk section of the agenda & reports will expand in the future. The main points, 1. Regulation of care with the JCC. Currently in the process of registering 17 areas. There are a couple of areas where there are challenges in relation to the physical environment but continuing to work with the JCC in addressing these. 2. The designated lead for safeguarding presented a quarterly report (Q4 2020) & this highlighted a whole system feedback approach to both adult & child safeguarding. The biggest issue of note is the Covid impact upon Islanders mental health demonstrated in the report.	

	3. Maternity services have achieved the UNICEF Baby Friendly Initiative Level 1 Accreditation & continuing to progress the work to have a fully operational maternity voices partnership forum in the very near future. Work is ongoing to ensure that it is representative of the local population. RN invited TP to make any comments. TP thanked RN & welcomed the increased monitoring of risk. The report was noted.	
11.	**Operations, Performance and Finance (OPF) Assurance Committee Report** AM advised that she had Chaired the inaugural meeting of the OPF Committee, noting that it was a good meeting with a continued focus on providing assurance. Key items, 1 Performance data presentation from B. Edwards (Head of Informatics HCS). The monthly performance dashboard has been updated & in addition an in-depth presentation about mental health services was provided. This was useful & engaged committee members in discussion including the strategic impact: meetings have been scheduled with Public Health & CYPES to progress this. BE has been asked to present an in-depth analysis of a particular area at each committee meeting. Also looking to incorporate this into the Care Group Performance Reviews. 2 The operational Hub function was presented by James Mason (General Manager Medical Services), providing a good level of assurance. 3 The patient tracking list has been presented & work continues to progress. 4 General support for workforce and finance is a challenge for all care groups due to vacancies / limited resources from a corporate perspective. This is being addressed & will monitored through this committee to ensure that the Care Groups are supported to manage & deliver what is required. RR thanked AM & invited questions. No questions raised. The report was noted.	
12.	**People and Organisational Development Assurance Committee** RR invited SG to present. SG apologised for the later availability of the paper but in the current cycle, the POD meeting occurs 2 working days before the Board takes place. Key points, 1. The committee is continuing to evolve. There is a plethora of information reporting into the committee providing a baseline of the current position & directing focus on understanding & assurance on workforce issues going forward. 2. The action tracker is now up-to date as is the risk register which represents workforce risks which are seen across the organisation. 3. The meeting was started with the BeHeard survey which was the first time that most committee members had seen this. Following this there were some good presentations & discussions around three of the key areas which will help in the response to the BeHeard: wellbeing, organisational development & Team Jersey. For the benefit of non HCS Board members, RR asked SG to explain what the BeHeard survey is. SG advised that the BeHeard survey is the GOJ staff engagement survey conducted mid-2020. The results have now been released across GOJ. Survey content included questions around leadership and management, well-being and morale. Action plans are now being developed to respond to the results; this work is ongoing. 4. Robust data is now available for HR metrics including turnover, starters / leavers / sickness absence rates & reasons for sickness absence. These are the key	

	metrics required to understand & manage the workforce. This dashboard will be the basis for any reports that are provided to the committee. 5. The risk register was reviewed & there are two risks which are scored > 16. Posters have just been delivered to SG advising what staff need to do to register for EU settlement scheme. These will be displayed across HCS over the next week. The second risk relates to training & development & the availability of a simulation suite / classroom availability to deliver training. An action plan for mitigation is in place & progressing. 6. The Head of Further Education provided a detailed presentation of the activity within this department. Alongside this, the Director of Post Graduate Medical Education presented an overview of activity & work undertaken to resolve issues raised by Junior Doctors. 7. The revisions to the terms of reference are in the final stages & anticipating that the committee will agree these at the next meeting. RR thanked SG for his presentation & invited questions. GC asked if it would be possible to share the HR dashboards with other stakeholders to start to cross reference in terms of recruitment, retention. SG advised that he would be happy to do this & this was encouraged by RR. The report was noted.	
13.	**Jersey Care Model Governance Framework (slide annexed)** SB in attendance for this item. AM advised that the papers contained the final set of terms of references (TOR) for the proposed groups within the framework; these have been developed following engagement work & in consultation with the Law Officers Department (LOD). These documents have followed the HCS internal assurance process & now presented to the Board for final approval. SB added that once the governance framework is in place, work can commence to deliver the JCM. SB explained that seeking Board approval of this framework. RR asked what the next steps are following this approval. AM advised recruitment to the Independent Oversight Board. Timeframe May / June 2021 to commence the first Independent Oversight Board meeting following the appointment of members. The Clinical and Professional Advisory Forum will be Chaired by the Group Medical Director HCS. The User Experience Panel will be Chaired by the Chief Nurse. The Chair of the Jersey Health and Care Partnership Board will be recruited to. RR invited questions; no questions raised. Board member approval sought & granted. 1. Jersey Health and Care Partnership Board - APPROVED 2. Clinical and Professional Advisory Forum - APPROVED 3. User Experience Panel - APPROVED 4. Independent Oversight Board – APPROVED RR thanked AM & SB for the presentation.	
14.	**Advanced Clinical Practice Framework** G. White (Associate Chief Nurse, Professional Practice) attended to deliver the presentation (slides annexed). RN advised that this paper had been presented & approved at the People and Organisational Development Assurance Committee. However as this is an Island wide framework to adopt across the Island, Board approval is sought.	

	GW guided Board members through the presentation. AN asked if the intention was to develop ACPs locally or recruit from outside the Island. GW explained that this framework provides the flexibility for both, but this provides an opportunity for existing staff to develop with the education & support pathways already in place. AN advised that he has set up a similar programme prior to coming to Jersey & this provided an opportunity to invite some of these staff to Jersey to mentor & support the role. RS asked how this role would work in secondary care settings where there could potentially be advanced practitioners / Jr Doctors and middle grade all doing the same thing. How could this be navigated? GW advised this would be for the Care Group to determine through an understanding of their skill mix & what the requirement is. GW advised that there are currently two pilot projects. Firstly, within the 24-hour nursing service looking at the apprenticeship model in terms of recruiting an ACP to work along this trajectory. A post has been established in Drugs and Alcohol where there is an ACP to replace three GPs that would have traditionally prescribed opiates. This is working incredibly well & did so over the period of Covid activity. If the post had not been in place, there would have been significant challenges in caring for this group of patients. CL asked who has the oversight of the skills review within Care Groups. RN responded that this is incorporated within the workforce planning. RN will be liaising with SG. SG advised that considering this within the financial envelope is critical & need to understand what posts are being given up to create the ACP posts. RN explained that the role of the Chief Nurse Office has been around the development of the framework & the standards / quality set within this. The resource allocation element sits with the operational teams. RR asked if this is registerable qualification in the UK. RN responded not at present but internationally a recommendation is being made that it should be. RN will be writing to the JCC to discuss this. GW explained that Jersey made the non-medical prescribing a registerable qualification which was commended by the Nursing & Midwifery Council (NMC). This has proved to be a robust model in providing assurance in this area of practice. There are 28 non-medical prescribers registered in Jersey & anticipating the delivery of another programme later this year. In relation to strategic workforce planning, GC asked SG if there was a plan to be proactive or will it be reactive to vacancy. SG explained that it would be a combination of both. Vacancies can be used initially to start to introduce these roles & understand their value. This can then be used to introduce ACP into a skill mix before a vacancy arises. These roles can be introduced as part of the resourcing plan for this year as the strategic workforce plan will take at least a further nine months to develop. BW advised that FNHC have carried out a skills analysis with a competency framework & it is important to ensure that current workforce is working to the maximum of ability & capability within the competency framework. This will then highlight if any gaps exist. RS commented that if medical oversight of ACPs is required then this must be reconciled with the medical oversight of Junior Doctors, suggesting that Primary Care may have a role in this. GW advised that the NMC have changed the rule around this, where it used to be a designated medical practitioner, practice assessors can fulfil this role which will include other professional groups across the organisation. RR thanked RN / GW and commented that it is important to understand how care delivery can change in the future. RR invited further questions; no questions raised. • The introduction of the island wide multi-professional framework for the development of advanced practice – APPROVED • Endorsement of the paper - APPROVED	

	• Recognition of the generic JD - APPROVED The Board approved all recommendations.	
15.	**Any Other Business** No AOB raised. RR thanked all in attendance & for the contributions to the discussions.	
	Date of Next Meeting 12th April 2021. EOC confirmed this was in the diary.	