


Jersey Care Partnership Framework

Creating a Governance Framework to
govern the implementation of the Jersey
Care Model

Partner Session

04 & 08 Dec 2020

The logo features the text "Jersey Care Model" in a large, white, sans-serif font, stacked vertically. The text is set against a dark teal background. To the right of the text, there are three overlapping circles in shades of blue, with the largest circle being a medium blue and the two smaller ones being a lighter blue. The entire logo is enclosed in a white border.

Jersey
Care
Model

What is this slide set for?

The following slides provide a draft proposed governance framework for the Jersey Care Model.

The Jersey Care Model will consist of numerous workstreams with several projects each and will change the way health and prevention services are delivered across HCS, primary care and the community including the private sector – with the aim of making them more person-centred.

To make this work, a wide range of stakeholders, from the public, private and third sector, will need to work together on a day to day basis. It is therefore important that oversight, strategic direction setting, service design and project delivery of the Jersey Care Model are conducted in a partnership approach, using co-design and co-production principles.

The following slides show what the governance framework for this partnership approach could look like. It has been drafted by a small working group consisting of GP representatives and HCS senior leaders. It has had input from the wider HCS team including clinical representatives but really needs the input from as many stakeholders and partners as possible.

The JCM programme team would be grateful if you could review the slides from your perspective and provide comments /thoughts/ amendments via the survey.

Some
questions you
may want to
consider when
reviewing



Does the overall concept make sense?



Does the concept of the groups make sense?



Do you feel anything is missing or is not necessary?



What are your thoughts on the functions of the groups?

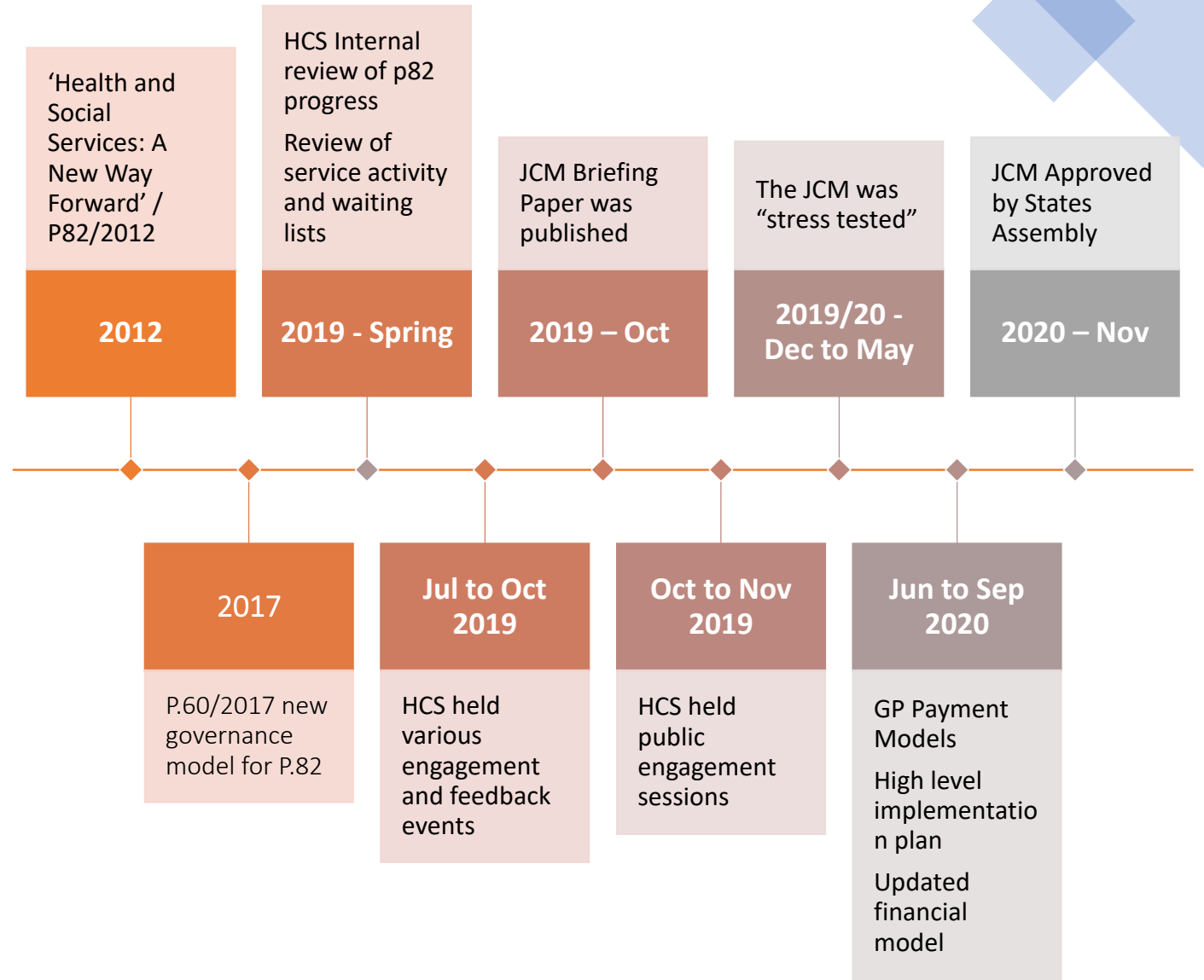


Consider to which group you could add detail for the ToR

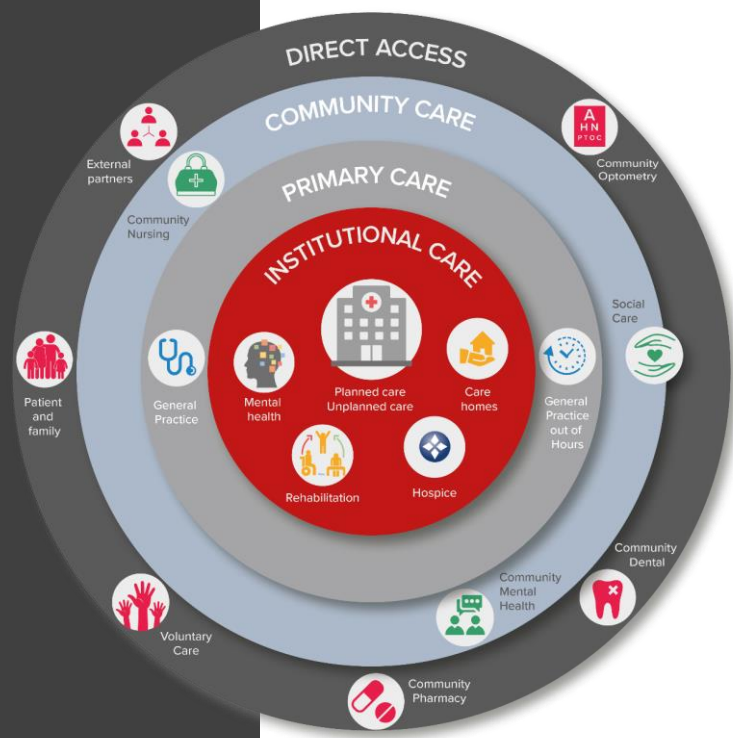


Would you be interested in joining any of the groups?

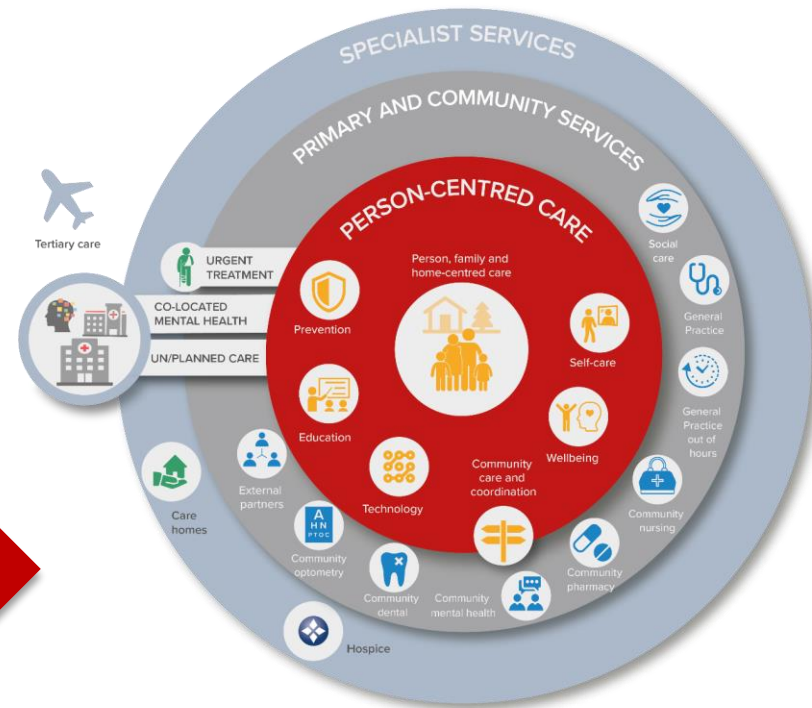
Background to the Jersey Care Model



What is the Jersey Care Model



Current



Future

What is the Jersey Care Model

Main objectives of the JCM

- Ensure **care is person-centred** with a focus on prevention and self-care, for both physical and mental health.
- **Reduce dependency on secondary care services** by expanding primary and community services, working closely with all partners, in order to deliver more care in the community and at home.
- **Redesign health and community services** so that they are structured to meet the current and future needs of Islanders.

Key Principles

- ✓ Focus on Prevention and Public Health
- ✓ Create independence rather than dependence, promote self care
- ✓ Moving Care into the Community
- ✓ Improving Long Term Condition management
- ✓ Shifting care from the community into the home
- ✓ There is no health without mental health. Mental health is just as important as Physical Health.
- ✓ Specialist services in hospital
- ✓ Repatriate services wherever viable to do so

The role of Governance



The Role of Governance

The need for connected healthcare

Jersey's healthcare system was set up primarily to provide episodic treatment for acute illness, but it now needs to deliver joined-up support for a growing number of older people and people living with long-term conditions. Health systems all around the world are having to adapt in response to this changing pattern of need. As a result, we need to work differently by providing more care in people's homes and the community, and breaking down barriers between services.

The Jersey Care Model is part of a fundamental shift in the way the health and care system is organised, it will enable us to collectively plan and deliver care to meet the needs of our population. The new system will give greater emphasis on collectively managing resources and performance and for changing the way care is delivered.

The role that governance plays in supporting connected systems

This multi-year programme of work required to transform services from secondary focussed services to community provision will require a transparent and inclusive governance. Governance will play a key role in supporting transparency, trust between all delivery partners and the achievement of a common goal.

Governance systems must be developed by the leaders invested in the success of connected care in Jersey. Good governance develops through collaboration in practice – what is fit for purpose at the start is not necessarily so six months later, so this will be an iterative process.

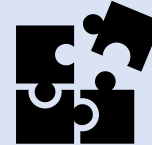
Programme Management to de-risk delivery of large-scale complex programmes

Fundamental to this work is the development of a governance structure that supports the implementation of the care model. Implementing the JCM will be a complex, multi-year transformation, which requires a rigorous programme management approach. While the content of projects may vary, having a consistent, recognised structure from initiation to completion which allows for efficient planning and management is essential to ensure the goals of the JCM are met successfully.



What is a governance framework?

- Governance is the collection of groups and processes used to operate and govern organisations or partnerships
- Using a partnership approach can drive greater transparency and understanding of healthcare strategies and common goals throughout the partnership.
- The governance framework provides a structure of the decision making process and accountability in a system. It allow us to have a clear understanding and oversight of each other's expectations, objectives, performance, risk appetite, and reporting requirements.
- Another aspect of governance is the clinical side of things, which includes caring for patients, managing clinical practices and administration. The role of governance in healthcare organisations looks a bit different than it does in other types of industries.
- Furthermore, it's a structure that holds boards and leaders accountable for continuously improving operations, clinical staff and processes, society and financial performance



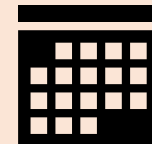
What are it's components?

- Minister & Team – Sets the policy direction, strategic objectives. Holds systems to account.
- Scrutiny – Holds the Minister & Team to account
- Independent Oversight Board - keeps the delivery of the Jersey Care Model under continuous external review.
- Strategic Partnership Board - The SPB will increase collaboration and integration between all stakeholders, and particularly focus opportunities to join up health and care partners. Sets the strategic direction for the programme
- Programme & Project Boards – The mechanisms for programme delivery, controls and progress reporting
- Professional Advisory Group - a source of independent, strategic advice and guidance to the JCM and other projects. It will assist them to make the best decisions about healthcare for Jersey.
- Service User Advisory Councils - a source of independent / ley / patient advice and guidance to the JCM and other projects. It will assist them to make the best decisions about healthcare for Jersey.



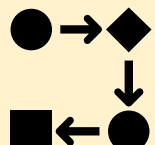
Why is it required?

- Setting out the governance framework allow organisations, professionals and advisory functions to know how to interact with each other and where to go to get decisions made
- Having in integrated governance framework across organisations allows greater collaboration, shared objectives and strategic direction. Without it in place there are limited methods of collectively improving the health and care system in Jersey.



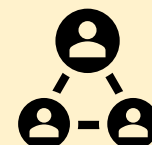
When will it be in place?

- Terms of reference for the inaugural meetings are planned to be drafted, reviewed and approved by the end of 2020.
- Inaugural meetings will be planned in Q1 2021 for the programme board, project boards and the Strategic Partnership Board
- The independent oversight board will be in place by Q2 2020. This will take a little longer as it involves recruitment / procurement and it also needs to be after the 1st Strategic Partnership Board so that it has input.



How does it work?

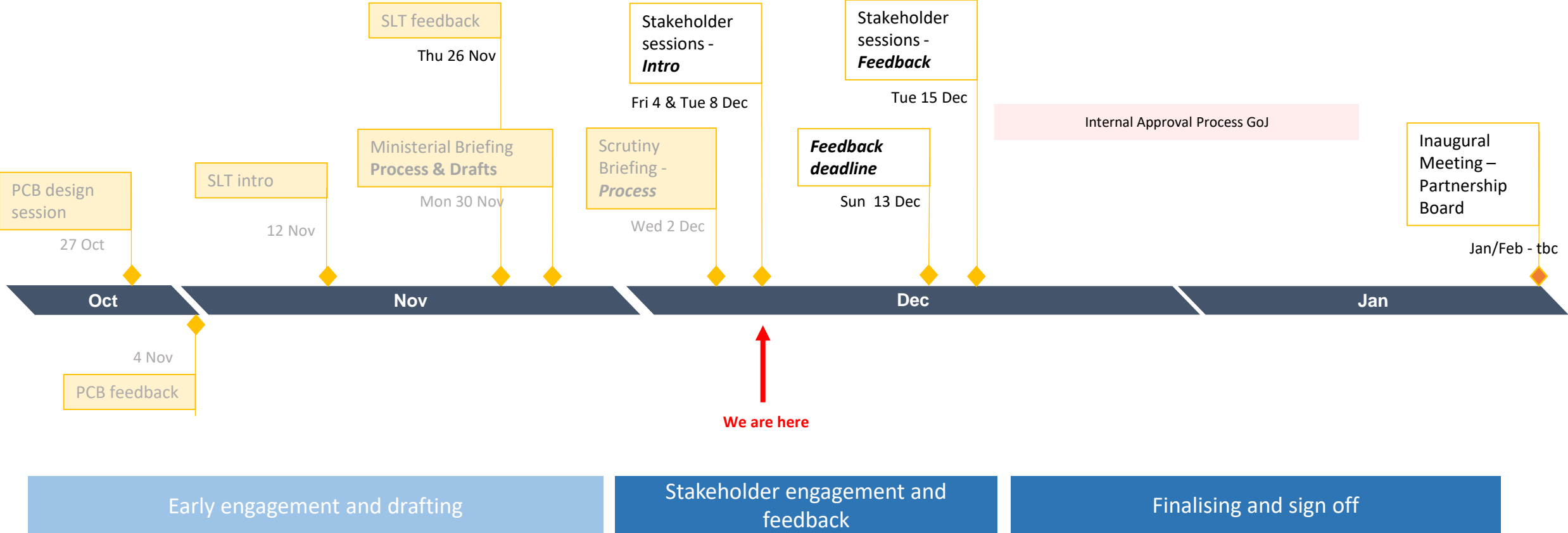
- The structure set out a hierarchy of accountable boards and supporting advisory groups which work together to set strategy, co-develop design, and enable the delivery of a coordinated change programme.
- The structure also interacts with the existing governance, e.g. Governmental, or existing organisational governance / management committees
- As a strategic body the PB has no formal decision-making powers at this stage and so any issues requiring a formal decision would need to be taken by representatives from member organisations exercising the appropriate authority. These decisions could be taken either outside or within the SPB forum. Decision-makers must legally retain the ability to disagree, or revoke decisions, so far as would be possible within the current framework.



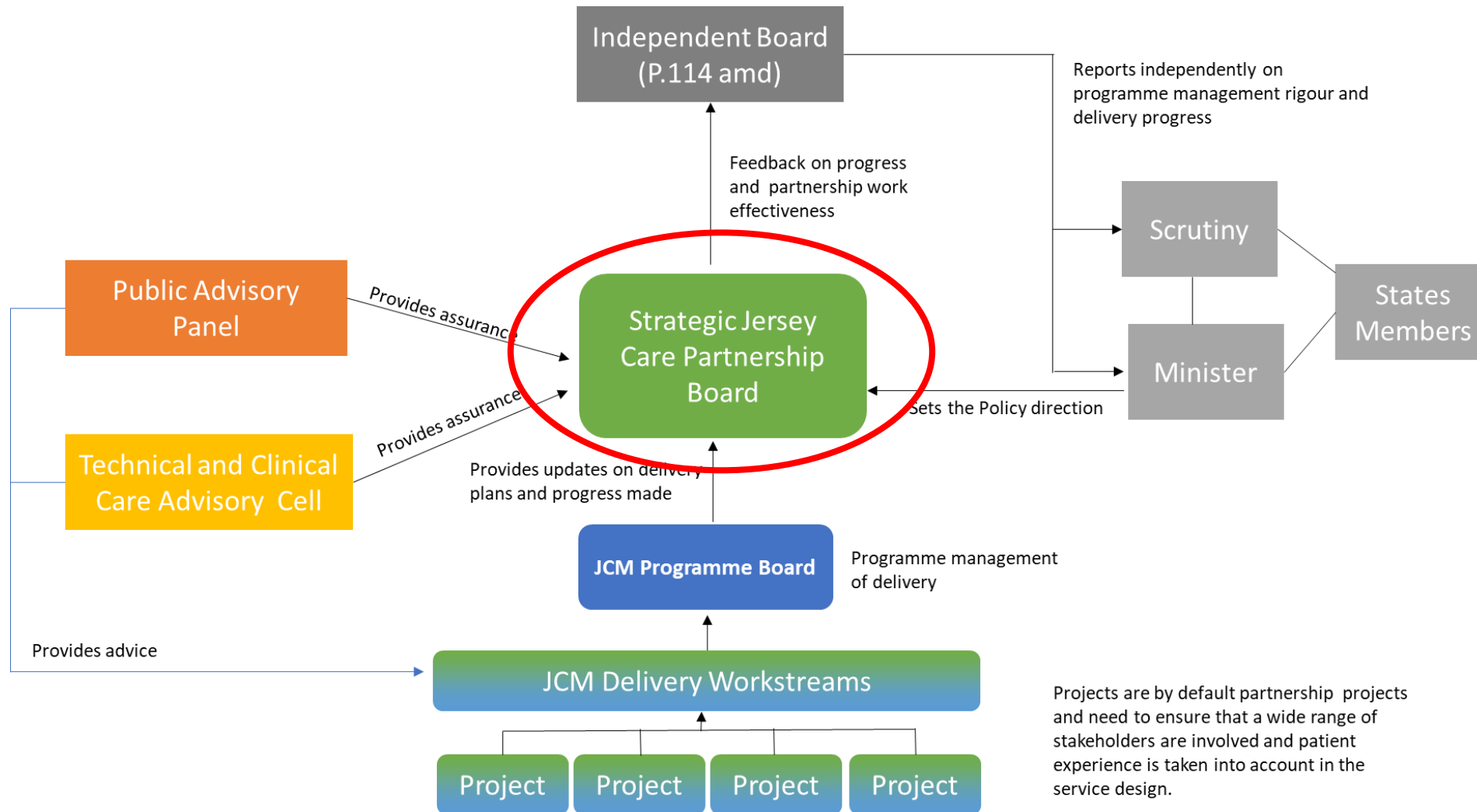
Who is involved in it's design and operation?

- Governance systems must be developed by the leaders invested in the success of integrated care in Jersey. Good governance develops through collaboration in practice – what is fit for purpose at the start is not necessarily so six months later, so this will be an iterative process.
- The voice of service users, patients, carers an the public must also be heard in this process. Both from a governance design and an ongoing advisory role.
- Once in operation, the governance system is meant to be inclusive and foster cooperation between partners. This will need to be balanced by practicality in operation.

Timeline – designing and agreeing the JCM Governance



Draft outline of the Jersey Care Partnership Framework



Purpose

Provides multi-stakeholder input and oversight of the strategic direction and delivery of the Care Model

Function

- Brings together delivery partners from across the Jersey health and care sector to collaborate, innovate and ensure a partnership approach of the care model delivery
- Ensures the programme delivers against the objectives & benefits of the Jersey Care Model
- Can request clinical or technical advice and patient/client experience input from the advisory panels
- Enables stakeholders to participate in the design and delivery process for the programme
- Supports the prioritisation of projects & workstreams in line with the objectives
- Oversees the progress of the Jersey Care Model, provides input and management of risks across organisations
- Supports the delivery element of the programme through championing JCM change within their own organisations.
- Provides challenge to the programme board on delivery related issues
- Provides self-assessment on partnership work effectiveness to the Independent board.

Out of Scope

- Financial fund allocation (negotiations to happen at project and workstream level)
- Policy decision making (Ministerial responsibility)

The Partnership Board will increase collaboration and integration between all stakeholders, and particularly focus on opportunities to join up health and care partners. Strategy and transformation in Jersey will be co-developed and locally owned, including early involvement of all relevant stakeholders, including clinical and public/patient input.

Membership will be open to all partners. All partners should commit to a supportive approach, sharing learning and expertise and thereby maximising transformation resources.



Linkage to member organisations

- As a strategic body the Strategic Jersey Care Partnership Board has no formal decision-making powers and so any issues requiring a formal decision would need to be taken by representatives from member organisations exercising the appropriate authority.
- Decision-makers must legally retain the ability to disagree, or revoke decisions, so far as would be possible within the current framework.
- Initially, the Partnership Board will operate in an advisory capacity, and members will be able to make collective, non-binding recommendations to accountable organisations, who will then take decisions in accordance with current governance arrangements.
- The aim is that recommendations will always be made by consensus of the membership;
- Any financial decisions will need to be taken by the member organisation themselves, in line with their existing obligations, governance and responsibilities.

SPB – Practical View – Example

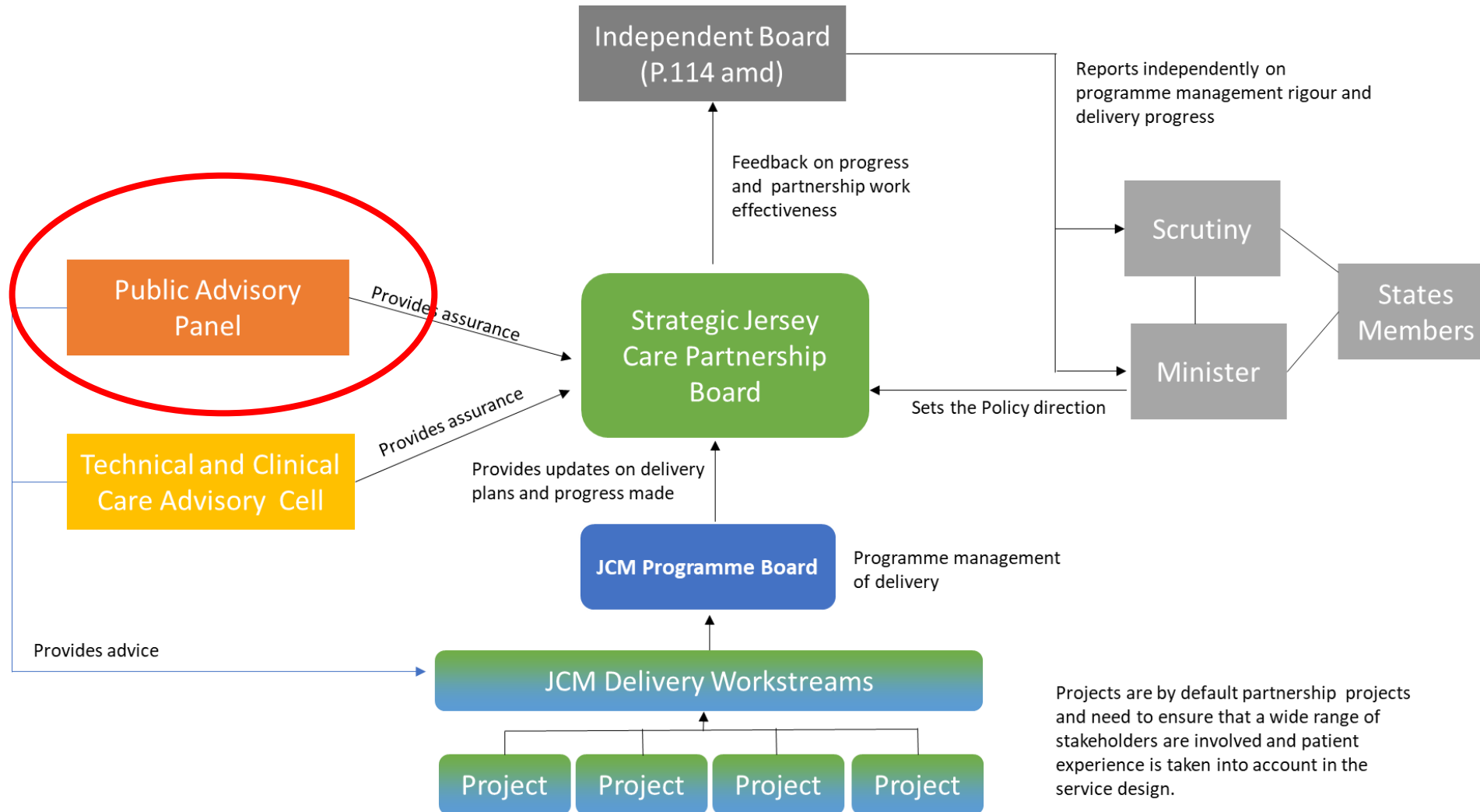
This is an example of a work plan for the Strategic Jersey Care Partnership Board and what members would be involved in.

Monthly / 1.5hrs / + papers review

Online virtual meeting (after 6pm)

Agenda	Board 1	Board 2	Board 3
Governance	TORs Review Scheduling & format Appointment of Chair	TOR Approval	Report to IOB
Prioritisation & Scheduling	High Level Plan Expressions of interest in projects	Tranche 1 plan Project Scope decisions	Project Plans
Projects initiation	Workforce strategy Digital Programme Intermediate Care Programme	Carer Strategy Digital Project X	Intermediate Care Project Y
Project updates – Spotlight Sessions	Out of Hours	Inflight Digital Project Z	Workforce Strategy
Programme report	Progress to plan Risks & Issues Financial position Escalations for resolution	Progress to plan Risks & Issues Financial position Escalations for resolution	Progress to plan Risks & Issues Financial position Escalations for resolution

Draft outline of the Jersey Care Partnership Framework



Purpose

Providing overall challenge and input from a lay person perspective, covering patient, carer and wider community experiences and views

Function

- To source patient/carers experiences to feed into service design and delivery for each project
- Will provide assurance to the Strategic Partnership Board on whether projects have sufficiently incorporated patient/carers feedback.
- It will assist to make the best decisions about healthcare for Jersey.

Membership

Depending on the option selected, see below

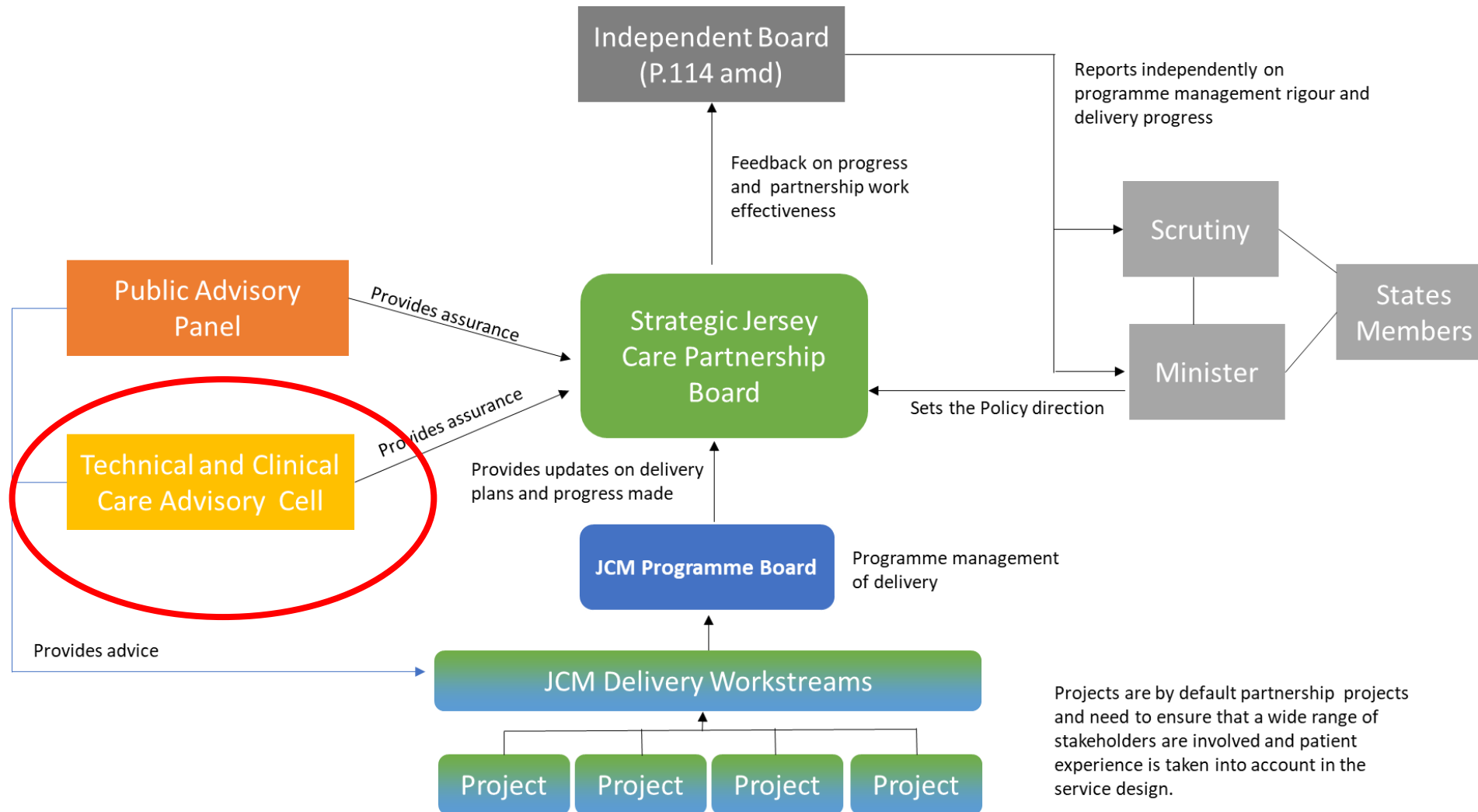
There are probably four options for this group

1. **Dedicated group of lay persons** appointed through public selection process
2. **Core of professional members** who are working with patients/carers/community
3. **Assurance function only** – checking that meaningful and sufficient engagement and consultation has happened in projects. Could be the same group as in option 2.
4. **A mix of the above**

See next slide for pros and cons for each option

Option	Pros	Cons
<p>1 Dedicated group of lay persons appointed through public selection process.</p>	<ul style="list-style-type: none"> • Dedicated group that will build up a good understanding of the overall health system over time. • Replicates approach of the OH user group 	<ul style="list-style-type: none"> • Limited view depending on own experiences and network. • No access to wider patient experiences. • May find it difficult to provide assurance on project proposals.
<p>2 Core of professional members who are working with patients/carers/community and can bring in patient/carer stories and the 'community view' through focus groups (for example Patient experience lead, CLS Community Services lead, Parish clerks, VCS reps)</p>	<ul style="list-style-type: none"> • Existing resources who can bring in a wide range of patient/carer stories which will be beneficial for projects and for the strategy board. • Ability to provide professional view on whether sufficient patient/carer engagement has informed service design proposals. • Standardised and well communicated approach when involving patients/carers 	<ul style="list-style-type: none"> • No permanent lay person involved in advice on projects – limited continuity.
<p>3 Assurance function only – checking that meaningful and sufficient engagement and consultation has happened in projects. Could be the same group as in option 2.</p>	<ul style="list-style-type: none"> • Ability to provide professional view on whether sufficient patient/carer engagement has informed service design proposals. 	<ul style="list-style-type: none"> • Projects are reliant on finding their own networks to include patient experiences which may feel uncoordinated by patients. • No actual lay person involved in advice on projects – limited credibility and professional bias possible.
<p>4 A mix of any of the above Together they form the assurance function when advice is needed on whether sufficient engagement has happened within a project and ensure a wide range of patients/users and carers are being heard and their experiences being shared.</p>	<p>Joins up all the advantages of the above options without making the group too large.</p>	<p>Mitigates the relevant risks and disadvantages of the options above depending on the mix.</p>

Draft outline of the Jersey Care Partnership Framework



Purpose

Technical and Clinical Care Advisory Cell will be a source of independent, strategic advice and guidance to the JCM and other projects. It will assist them to make the best decisions about healthcare for Jersey.

Function

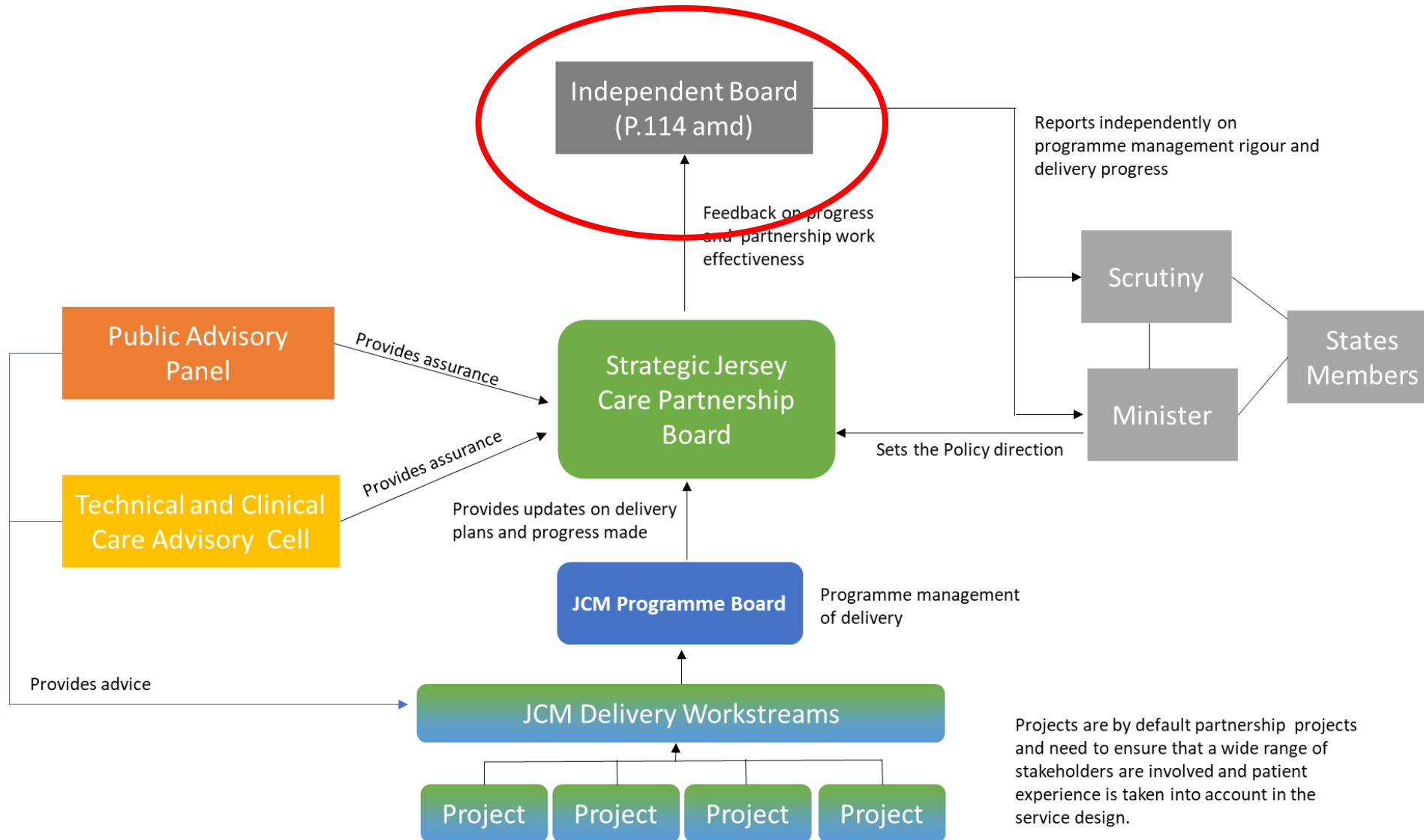
Professional clinical, technical and scientific advisory group that informs the strategy committee and the delivery workstreams with research, best practice and international case studies.

Membership

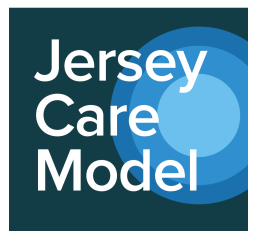
A core group of clinical, technical and scientific experts across partners to identify experts for specific topics to be asked and brought in (from on island and internationally)

- Membership should be multi-professional
 - ✓ Commissioners and providers
 - ✓ Social care
 - ✓ Physical and Mental Health
 - ✓ Professional, educational and third sector
- Based on strategic abilities, credibility and experience
- Membership is not intended to be representative by numbers
- Facilitates the creation of advisory groups on particular issues / topics

Draft outline of the Jersey Care Partnership Framework



Projects are by default partnership projects and need to ensure that a wide range of stakeholders are involved and patient experience is taken into account in the service design.



Purpose

As per P.114 amd/amd:

- to keep under continuous review the delivery of the Jersey Care Model and report to the Minister and the Health and Social Security Scrutiny Panel
- be responsible for agreeing monthly progress reports and the publication at the end of Tranche 1 of a detailed analysis of progress against set targets and a detailed look ahead to the delivery of Tranche 2
- Review all components of the governance framework to ensure each part is working effectively and to their terms of reference

Function

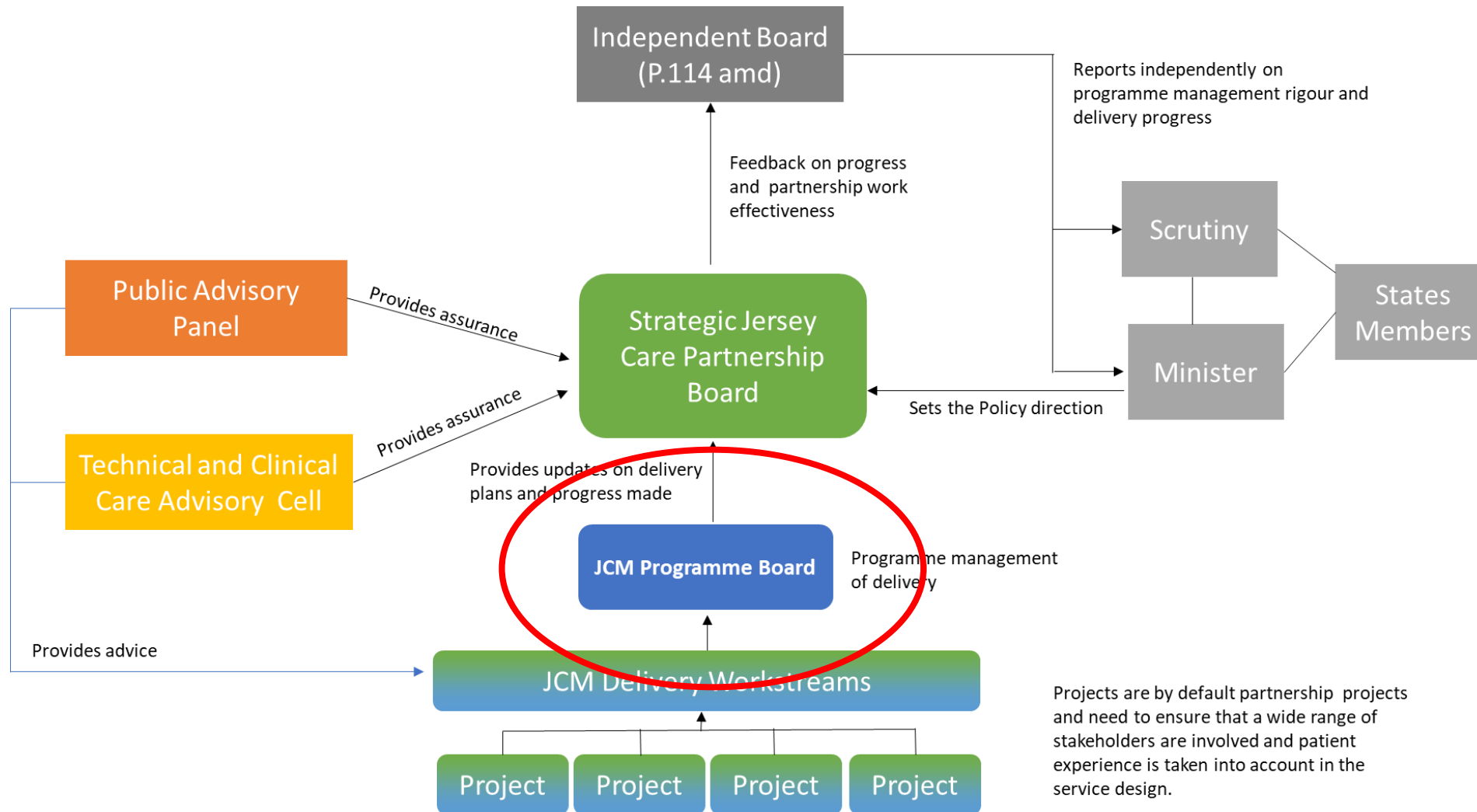
- With independent non-exec scrutiny and challenge/support on programme management to drive the delivery and highlight issues in delivery and programme management practice. *Further detail needs will be discussed and agreed with Scrutiny Panel.*

Membership

- Independent, non-executive directors / or external company providing the function

Option	Pros	Cons
1 Open recruitment to the positions – Local advert	<ul style="list-style-type: none"> Local interest in developing the system Would have local context Ease of access to resources for meetings etc 	<ul style="list-style-type: none"> Would need careful screening on candidates to ensure they are not conflicted directly or indirectly Potentially limited experience in the market for strategic oversight of a major programme Lead time for JD Job Evaluation
2 Off-island recruitment – UK Advert	<ul style="list-style-type: none"> Independent view not connected to Jersey institutions Deeper market for accessing relevant experience 	<ul style="list-style-type: none"> At present, would be more restricted in ease of access for meetings Less local context Lead time for JD Job Evaluation
3 Invited recruitment to the positions, e.g. via IOD Jersey or similar	<ul style="list-style-type: none"> More focussed recruitment targeted at NED resources with potentially deeper experience in strategic programmes 	<ul style="list-style-type: none"> May not necessary have the detailed programme management depth of experience Lead time for JD Job Evaluation
4 Combination	<ul style="list-style-type: none"> Open procurement advertised in all areas would give the widest options for recruitment Combination of on and off island resources would give a good balance to the board 	<ul style="list-style-type: none"> Would need careful screening on candidates to ensure they are not conflicted directly or indirectly At present, would be more restricted in ease of access for meetings May not necessary have the detailed programme management depth of experience Lead time for JD Job Evaluation
5 Commission the services (i.e. tender as a service)	<ul style="list-style-type: none"> Deep market place for programme management experience Depth of a company in terms of resources and experience Ability to procure specialist services 	<ul style="list-style-type: none"> At present, would be more restricted in ease of access for meetings Less local context

Draft outline of the Jersey Care Partnership Framework



Purpose

- Overseeing the delivery and implementation of the strategy across all workstreams and projects
- Reporting on progress of delivery and content of delivery plans for the next phase to the Strategic Jersey Care Partnership Board and the Independent Board

Function

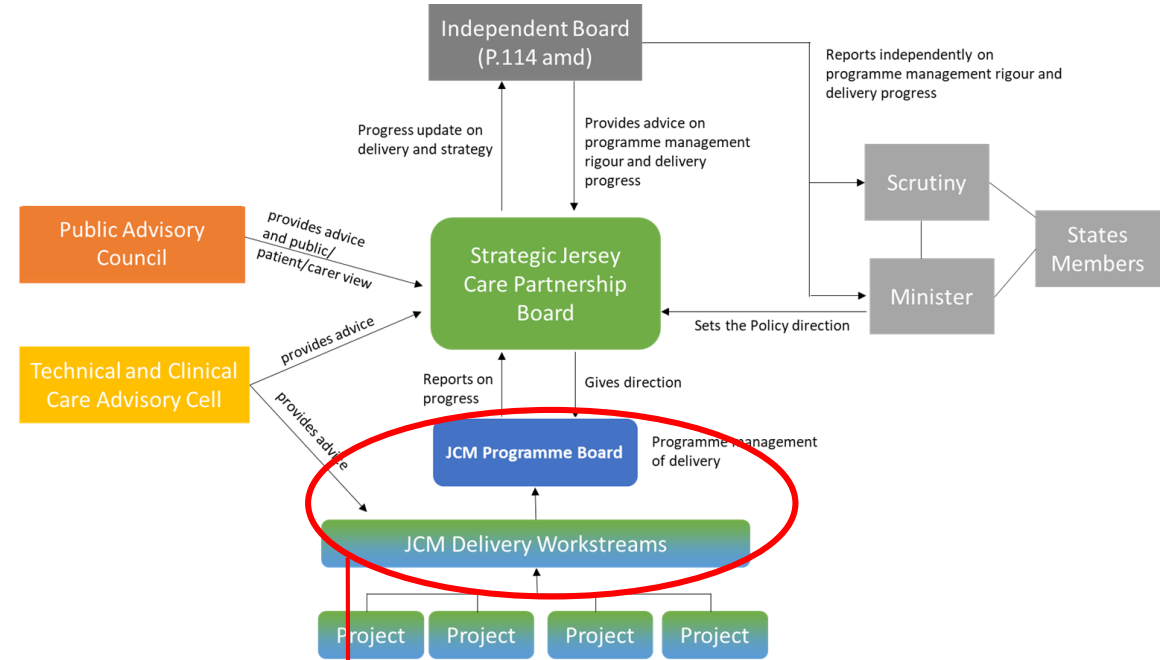
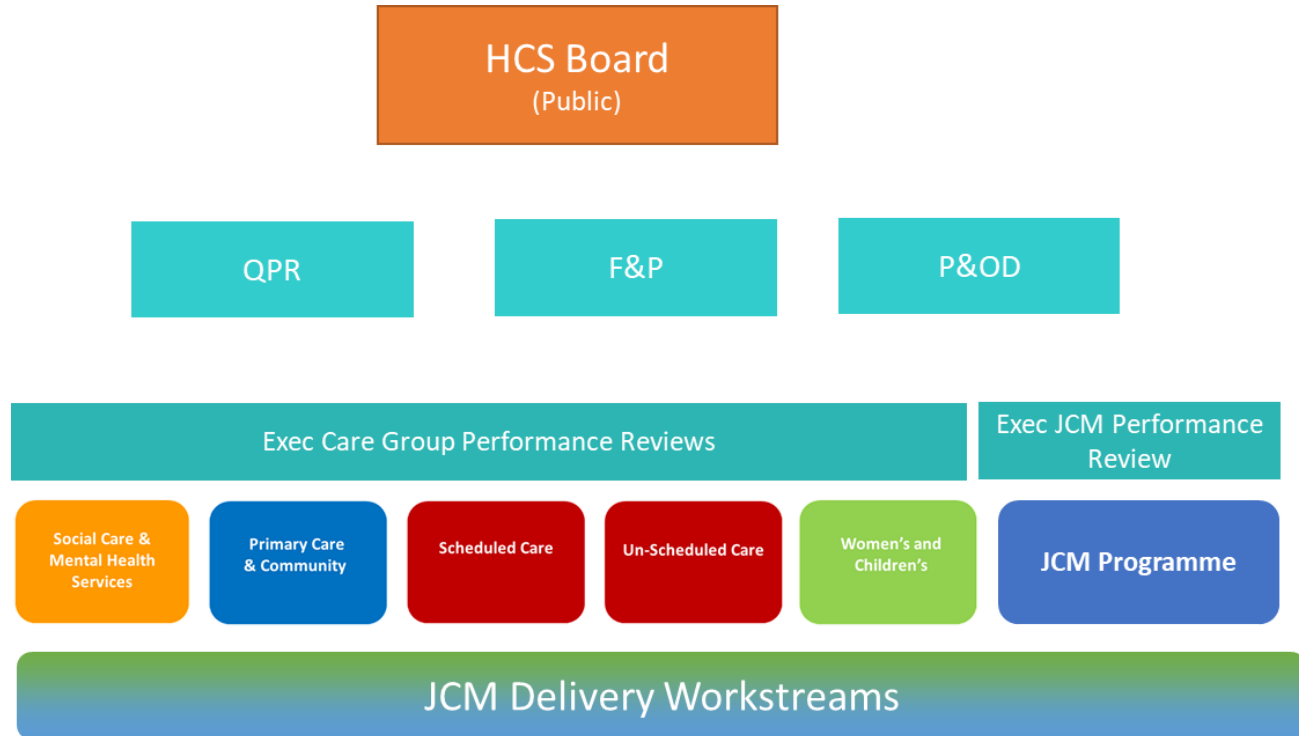
- Supported by the JCM programme management office (PMO) the programme board will ensure each workstream provides updates in a standardised format, highlighting progress made against objectives, resources used, risks, next milestones
- Challenges non-delivery and supports with solving barriers to delivery
- Ensures strategy is aligned with delivery and escalates any cross-organisational delivery challenges to the Strategic Jersey Care Partnership Board
- Ensures strategic direction and prioritisation as set by the Jersey Care Partnership Board is implemented through the workstreams

Membership

- Director General Health and Community Services
- Director Improvement & Innovation, HCS
- Group Managing Director, HCS
- Medical Director
- Chief Nurse
- JCM PMO Lead
- HR Business Partner
- Finance Business Partner
- Communication and Engagement Lead
- Project Sponsors by invitation

JCM Programme Board

Link and alignment with existing HCS Governance and Assurance Structure



See next slide for explanation



Link and alignment with HCS Governance and Assurance Structure

JCM Programme Board

HCS Board
(Public)

QPR

F&P

P&OD

Exec Care Group Performance Reviews

Exec JCM Performance Review

Social Care & Mental Health Services

Primary Care & Community

Scheduled Care

Un-Scheduled Care

Women's and Children's

JCM Programme

JCM Delivery Workstreams

Overall progress and comments from the F&P committee on the JCM are being included at the HCS Board

*Progress and performance for the JCM will be reported at the Finance & Performance Committee. Assurance and progress on JCM projects in relation to Quality and People are being included in the QPR and the P&OD committee.

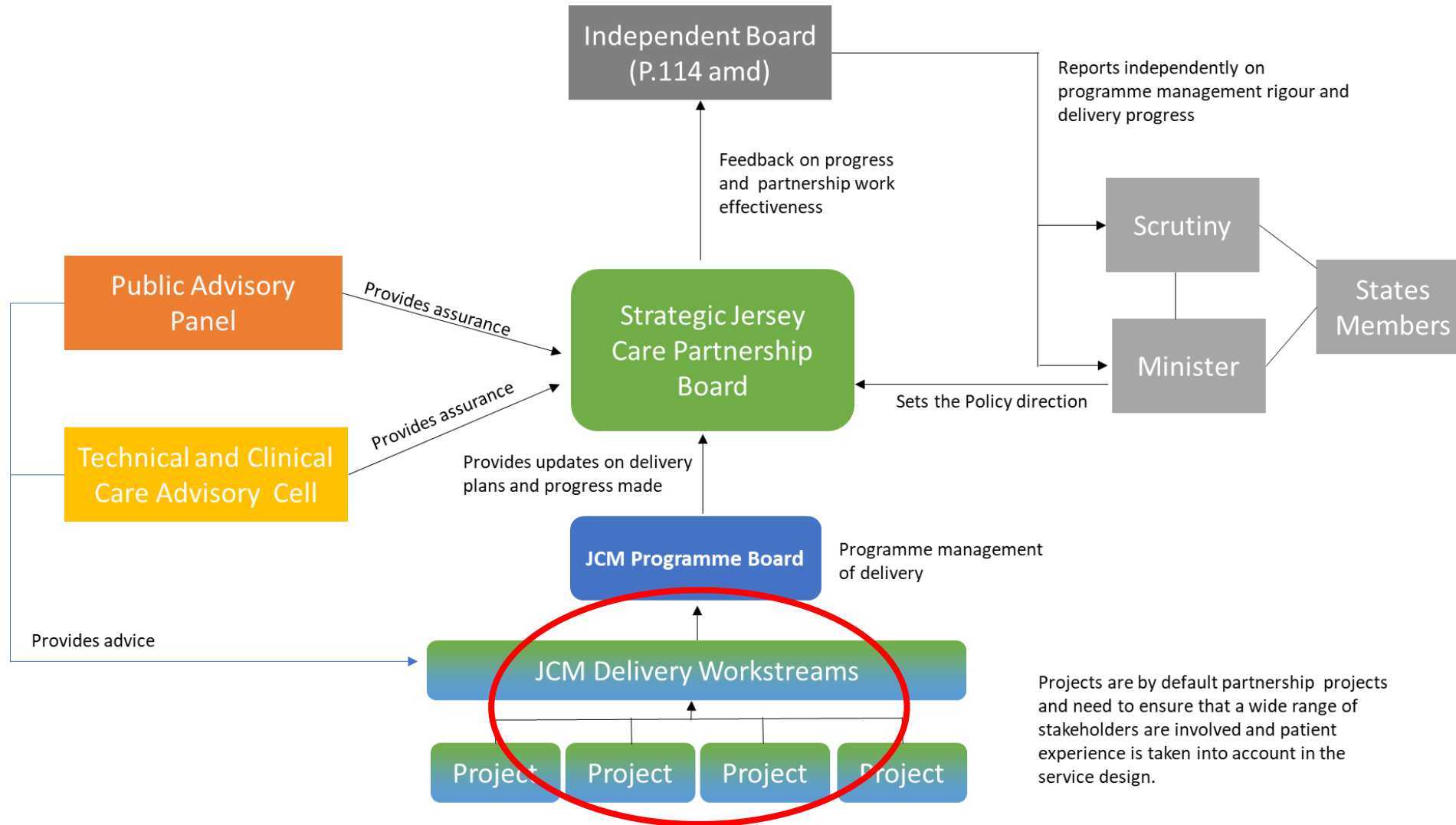
Each Care Group and the JCM programme overall are being reviewed with regards to their performance (operational/change/people/finances/risks)

JCM Workstreams and projects feed into relevant Care Groups.

*It's expected that partner organisations will refer to their own internal governance arrangements when involved in any change activities, e.g. for quality, safety, or financial governance.



Draft outline of the Jersey Care Partnership Framework



Projects are by default partnership projects and need to ensure that a wide range of stakeholders are involved and patient experience is taken into account in the service design.

Purpose

- Delivering and implementing the Jersey Care Model Delivery Plan

Function

- A set of delivery workstreams that deliver the strategy. Each workstream has their own delivery board which reports back to the PMO (Programme Management Office) on progress, resources, milestones, risks etc

Membership

- Each workstream to be structured as a programme/project with dedicated roles (SRO, senior user etc) and must include a clinical lead
- The Board will comprise of the Project Sponsor (the person ultimately accountable for programme/project success), the Project Manager and relevant stakeholders associated with the design, build and operational delivery of the project's outputs.
- It shall also have finance representative on the Board

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Would you be interested in joining any of the groups?



Q&A

What Happens Next?

- Please provide your feedback through the dedicated survey – will be sent out with the slide pack
- Survey – Closes Sunday 13th
Summary Session – 15th Dec @ 6.30 pm
- [Please click here to complete the survey](#)
- Final version including the membership details will be distributed in January after sign off from the Minister and the Health and Community Services Board





END
Thank You

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