

Health and Community Services (HCS) Board (the board)
Notes of the meeting on Monday 9 December at 2:00pm – 4:00pm
TEAMS Meeting

Present:	Richard Renouf (Chair)	Minister for Health and Social Services	RR
	Caroline Landon	Director General	CL
	Robert Sainsbury	Group Managing Director	RS
	Patrick Armstrong	Group Medical Director	PA
	Anuschka Muller	Director of Improvement and Innovation	AM
	Steve Graham	Associate Director of People HCS	SG
	Isabel Watson	Associate Managing Director Adult Social Care & Mental Health Services	IW
	Michelle Roach	Head of Finance Business Partnering HCS	MR
	Sean Pontin	CEO Jersey Alzheimer's Association	SP
	Patricia Tumelty	CEO MIND Jersey	PT
	Gail Caddell	Deputy CEO Jersey Hospice Care (deputising for Emelita Robins)	GC
	Andrew Carter	Governance & Performance Analyst	AC
	Geoff White	Associate Chief Nurse - Professional Practice (deputising for Rose Naylor)	GW
	Trevor Pointon	Assistant Minister for Health and Social Services (until 2:45pm)	TP
	<i>(jointly referred to as the "Board")</i>		
In Attendance:	Lee Bennett	Social Prescribing Lead & Mental Health Practitioner	LB
Minutes:	Emma O'Connor	Interim Board Secretary	EOC

Please note: Some items may have been taken out of agenda order.

Item no.	Agenda item	Action												
1.	Welcome and Apologies													
	<p>The Minister welcomed everybody in attendance and apologies were noted as follows:</p> <table><tr><td>Rose Naylor</td><td>Chief Nurse</td></tr><tr><td>Emelita Robbins</td><td>CEO Jersey Hospice Care</td></tr><tr><td>Ruth Brunton</td><td>CEO Brighter Futures</td></tr><tr><td>Dr Matthew Doyle</td><td>General Practitioner</td></tr><tr><td>Dr Ed Klaber</td><td>General Practitioner</td></tr><tr><td>Dr Adrian Noon</td><td>Associate Medical Director Primary, Prevention & Intermediate Care</td></tr></table>	Rose Naylor	Chief Nurse	Emelita Robbins	CEO Jersey Hospice Care	Ruth Brunton	CEO Brighter Futures	Dr Matthew Doyle	General Practitioner	Dr Ed Klaber	General Practitioner	Dr Adrian Noon	Associate Medical Director Primary, Prevention & Intermediate Care	
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2.	Declarations of Interest													
	No interests were declared.													
3.	Service-User Story													
	This item has been deferred until face-to-face meetings resume.													
4.	Professional's Story													
	<p>LB shared slides with the board. Highlights include,</p> <p>The intention behind social prescribing has been to look at a GP's perspective with patients which has been reviewed in holistic way. Pathways between GP and LB's intervention has allowed patients to self-manage their difficulties and provide whole patient support.</p>													

	<p>LB reiterated that social prescribing is designed to support and guide people with a wide range of social, emotional or practical needs, with an underpinning philosophy on improving mental health and physical well-being.</p> <p>Overall, the service tries to highlight issues or threats that the patient expresses so that they can create a better platform to build on and to ensure that the patient understands what is happening and how they can go on to receive the right type of support in the future. An agile intervention has been developed in response to this.</p> <p>The Minister enquired how many patients have been referred for this service to date. LB commented that he didn't have the numbers to hand, but could provide this information if required. The Minister also stated that this had been a pilot scheme and questioned when the project would end and who would be in receipt of the report. LB confirmed that the report should be available soon.</p> <p>GW commented that this work links in with the assurance framework and patient advocacy and would like to link in with LB regarding this, which was agreed.</p>	
5.	Minutes of the Previous Meeting	
	The board reviewed the minutes of the previous meeting held on 12 th October, which were agreed as an accurate record.	
6.	Matters Arising & Action Log	
	There were no matters arising.	
a.	<p>Deputy Director of Primary & Community Pathways to progress work in relation to the recovery and provision of support to the 65+ population in isolation to give them confidence to renage with others.</p> <ul style="list-style-type: none"> - Some progress has been made. Awaiting outcome of discussion between RN and B Sherrington. IT WAS RESOLVED to carry this action forward. 	
b.	<p>Head of Adult Social Care/Chief Social Worker to provide an update on progress with Jersey Talking Therapies.</p> <ul style="list-style-type: none"> - IW confirmed that the service is currently working on the waiting list, however numbers are being disputed. A meeting is due to take place this week with CP regarding full utilisation of physiologists and to ensure they are being utilised to the full. Plan is in place. 	
c.	<p>Director Modernisation to provide CEP FNHC with map of current HCS work streams.</p> <ul style="list-style-type: none"> - EB to liaise with Bronwyn regarding an update. 	
d.	<p>RS to provide an update as to the progression of the Suicide Strategy.</p> <ul style="list-style-type: none"> - RS stated that the situation remains the same where by the suicide alliance is still disrupted due to COVID. Continued to progress with internal training, and there has been a big focus on Orchid House. Prevention strategy will be further developed through the Mental Health partnership approach. Work in progress. 	

e.	<p>NDJ/AN to liaise to facilitate delivering service user story to the junior Doctors.</p> <ul style="list-style-type: none"> - NDJ complied with this request and the details has been passed on to AN. 	
f.	<p>SL to link in with FNHC & provide support re: TEAMS.</p> <ul style="list-style-type: none"> - There is a plan in place to assist FNHC with TEAMS. 	
g.	<p>CL will request a review of SALT.</p> <ul style="list-style-type: none"> - CL to liaise with RN who has been delegated this task. GW to link in with Therapies regarding status on SALT review. 	
7.	Chair's report	
	<p>The Minister reflected on how this has been a very exhausting time trying to direct the island through what has been a very difficult time. Unlike other jurisdictions we have been doing a high volume of workforce testing, which is increasing positive cases. We have a great track and trace team and we are able to identify those highlighted individuals more easily than perhaps we would if living in the UK. Measures have now been put in place last week regarding hospitality venues, mandatory mask wearing and people now working where they can from home will hopefully keep the virus in check.</p> <p>Christmas measures are currently being assessed, although it will be quieter than usual. It is hoped that a large number of the population will be vaccinated by Easter. The vaccine is currently being rolled out to Care Home residents and staff in the first instance. It is hoped that the population will be encouraged to receive the vaccine.</p> <p>There has been a change of personnel at ministerial leave, it was noted that TP is now the Assistant Minister and it is anticipated that he will undertake some of the duties that Steve Pallet represented.</p>	
8.	Director General's Report	
	<p>CL commented that she has had numerous meetings with partnership bodies and can confirm that the Care Model was approved on 3rd November. HCS as well as the partners have all had a very busy period with COVID and CL thanked everybody for their support.</p>	
9.	View from the Bridge	
	<p>There was no representation from Family Nursing & Home Care therefore a report was not provided.</p> <p>MIND</p> <p>PT a new initiative has been introduced in response to the crisis which is to increase support to care homes. The service has offered Zoom calls to residents and it is hoped that this can be extended to more homes going forward in the long term. CL questioned whether this could be extended further to other sectors. RS stated that if this could be co-ordinated it could work well.</p> <p>Currently trying to reduce the waiting list of young people in CAHMS and looking to start this work at the end of December/early January. There has also been an increase in peer support.</p> <p>The Minister enquired whether the service has all the technology they require to take forward the above project. PT confirmed that they have the relevant equipment and explained the process.</p>	

	<p>Jersey Alzheimer's Association</p> <p>SP commented that it has been a learning curve for most partnerships during these unprecedented times but it has also proved what people can do during this period let alone people with cognitive issues. There are positives in keeping in contact with people which is hoped continues after this period. Face to face sessions increased, however virtual sessions have now increased again. Previously once a month sessions were held, however this has now increased to twice a week which has been a great advantage.</p> <p>Currently approached different agencies and discussed items such as communication and how things can be improved or done differently in the future, which has been valuable feedback.</p> <p>When circumstances improve or get back to business as usual the service would like to revisit the dementia strategy plan again as this will affect many islanders.</p> <p>RS commented that it was discussed at the Mental Health Improvement Board regarding the partnership board and three key themes were identified as Adult Mental Health improvement plan, CAHMS and the dementia strategy in which this will be a specific feed into this board.</p> <p>CL confirmed that AM will take the lead on the dementia strategy and will link in with partners in the new year.</p> <p>There was no representation from Primary Care and therefore a report was not provided.</p> <p>Jersey Hospice</p> <p>GC stated that Emerita had resigned from Jersey Hospice last week. Some colleagues may have received letters to this effect.</p> <p>The day services continued to be suspended and patients are supported within the community. Whilst the service is suspended the model is being reviewed to assess whether it is fit for purpose and is being compared alongside the Jersey Care Model to see whether anything can be done differently. They are also working with HCS colleagues in reviewing processes and trying to avoid duplication and looking at a more leaner process. These models are being designed and discussions are in place regarding one island wide lymphedema service.</p> <p>GC has written an out of hours nursing proposal and now in discussions around this.</p> <p>The Inpatient Unit has been very busy, the service has struggled at certain points with staffing due to track and trace, but has continued supporting patients.</p> <p>Medical staffing updates include currently trying to recruit a Consultant. A Doctor within the Hospital is interested in specialising in palliative care. Putting together JD surrounding this and looking to support him in this role. This will then equate to having somebody dealing with Acute Palliative Care within the Hospital which is vital.</p> <p>It was felt beneficial if GC and RS meet regarding FNHC and partnership discussions. ACTION: RS and GC to organise meeting.</p>	<p>GC/RS</p>
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10.	Performance Report	
	<p>AC directed members to the report. Highlights include;</p> <p>The outpatient waiting list was recorded at 7,700 patients pre-COVID, however this has now exceeded 10,000. The outpatient referrals has not increased dramatically compared to previous years, which would indicate that it is not due to the demand being captured on the system. The PTL Group is currently reviewing these numbers, prioritising urgent patients and ensuring that they have their appointment dates booked in advance.</p> <p>It was reported that some departments have seen an increase in patient waiting times due to not being able to see patients face to face, where as other departments such as Urology have been able to liaise with patients via virtual/telephone consultations which has decreased their patient waiting times.</p> <p>However, the elective waiting list hasn't had the same increase. 2,900 patients were recorded this time last year in comparison to 2,514 this year. There hasn't been the same type of movement through the outpatient's waiting list and the processes and PTL have been different. For example there is a 6-4-2 process whereby bookings are reviewed in advance. The Theatre timetable has also been changed which is having a big impact on certain specialties such as General Surgery.</p> <p>It was noted that there have been a low number of births in Maternity, 61 births were recorded in November 2020. This is being reviewed by the Maternity Task and Finish Group.</p> <p>There has been an increase in the neutropolic ratio indicating that for every one patient that is referred, the service follows them up four times. Which is believed to be due to a lot of core and check work that was being undertaken during COVID, in which patients needed a face to face consultation.</p> <p>As winter approaches, it was expected that the ED conversion rate would increase, however this has been recorded at 16-18%, which is more or less in line with last year. However there has been an increase in admissions and length of stay which has increased by 17% compared to last year. This is because we have AHD, which is a pathway for medical patients who are seen in an inpatient location, who are usually seen and returned home through an ambulatory pathway.</p> <p>Mental Health occupancy appears to be reducing in Orchid House and other patient locations. This is thought to be an error due to difficulties with the data.</p> <p>Talking Therapies has noted a 35% reduction in patients waiting. A lot more information regarding this service will be captured going forward such as how many patients are waiting at different steps.</p> <p>It was noted that complaints are responded to within 28 days, however there is a significant increase in September compared to August. It was clarified that it is reported two months in arrears to allow for the actual response to the complaint. This continues to be monitored.</p> <p>The Minister questioned whether the outpatient waiting times would continue to grow whilst we have COVID. AC clarified that this was not expected to be the case. There are additional Consultants expected to join the organisation next year which will have an impact on waiting times, however if the Outpatients Department needs to close due to COVID, this will lead to less patients being seen face to face. The Minister then enquired if a Doctor and a patient had been vaccinated against COVID whether this would make a difference to close</p>	

	<p>contact services. AC commented that advice would need to be sought from the IPAC team and whether any necessary changes could be made.</p> <p>SP queried whether informatics from other departments such as Older Adult Mental Health has been captured or available. AC clarified that this information has not been included in this report. There is a conflict between systems used in order to obtain this data, but going forward this should be rectified and the data will be captured.</p> <p>It was stated that JNAS has been paused however it is hoped to be resumed post-COVID. Action plans are being continued with in terms of nursing assurance in all clinical areas. Developmental work is also underway with associations such as nursing staff at the Prison.</p> <p>PT enquired whether any data was kept on ethnic minority groups relating to Mental Health Services and whether this should be a part of the metrics. AC confirmed that this data can be pulled through if required, but is not usually used within standard reporting. PT felt this would be beneficial going forwards.</p> <p>RS commented that there is a need for island wide metrics and performance because we need to understand how all services are communicating with each other. It was felt that in 2021 partners should work together to develop what the framework may look like and how the data can be brought together as a collaborative data set, that all can understand and see where the shortfalls are within various services.</p> <p>RS was also concerned that some of the data may be compromised during a year in pandemic. The conversation rate in ED now appears to be slightly higher when compared previously and this had been quite static below 15%. This data needs to be reviewed and further analysed. Length of stay over 7 days indicates this has been significantly reduced compared to November 2019. 71 patients have been reduced which is an excellent achievement.</p>	
11.	Committee Report – Quality Performance & Risk Committee	
	<p>PA took the report as read and the following points of interest were expressed;</p> <p>The Maternity Task and Finish Group are delivering results and there has been significant improvements from the team.</p> <p>It was highlighted that there is a lot of work being undertaken regarding the highest risk around health & safety and management systems. It is hoped that the level of risk will reduce by Q1 2021.</p> <p>Serious incident themes and learning is being identified and improvements are being made.</p> <p>This has been a very busy year for Infection Control. There has been a much higher uptake for the Flu vaccine this year compared to previous years. This consequently has seen a reduction in the amount of flu cases that would normally be seen this time of year.</p>	
12.	Committee Report – People & Organisational Development Committee	
	<p>SG took the report as read and highlights include;</p> <p>The first pod committee met since February. The group focused on risks that have been outstanding since earlier this year and going forward will review wider workforce prophesies and expect statutory reports to the board to be more comprehensive. It is also hoped that HR metrics will be available to show sickness, turnover figures in which a draft presentation is currently being worked on.</p>	

	CL commented that SG will be leading on the workforce plan in the new year. In which an update should be available to board members by the end of Q1.	
13.	Financial Report	
	<p>MR presented the financial report and commented on the key points;</p> <p>Year to date position excluding any COVID expenditure is currently 1.1 million underspend from the period January to October. Including COVID expenditure, it equates to a 10 million overspend, in respect of 11.1 million funding which is still anticipated to be approved this month. However still on target to break even and COVID expenditure will equate to 32 million. The efficiency target was 9 million and 1.5 million has been achieved this year.</p> <p>The Minister enquired whether all COVID costs are being covered and not impacting on HCS budget. MR confirmed there is nothing impacting on the budget at present and all business cases will be finalised this week and funding will be drawn down this month.</p> <p>The Minister also commented on the zero based budgeting exercise and enquired about the findings. MR confirmed that a saving of 5.2 million is being reviewed by RS and CL which has been allocated for next year against the budget. The Minister requested if more details regarding this could be provided at the next meeting.</p> <p>ACTION: MR to provide more details regarding zero based 5.2 million saving for next year.</p>	MR
14.	Any Other Business	
	There was no other business.	
15.	Date of Next Meeting - TBC	
	The date of the next meeting is to be confirmed.	
16.	Meeting Closed	