

**Health and Community Services Board – (Public Part A)**  
**Notes of meeting on Monday 11 May at 03.00 p.m. – 05:00 p.m.**  
**4<sup>th</sup> Peter Crill House, Gloucester Street, St. Helier**  
**And via Office 365 - Teams**

In Attendance at Peter Crill House:		
Richard Renouf (Chair)	Minister for Health & Community Services	RR
Caroline Landon	Director General - HCS	CL
Robert Sainsbury	Group Managing Director of HCS	RS
Patrick Armstrong	Group Medical Director	PA
Darren Skinner	HR Director	DS
Michelle West	Associate Managing Director	MW
Rose Naylor	Chief Nurse	RN
In Attendance via Teams		
Isabel Watson	Head of Social Care & Chief Social Worker	IW
Judy Foglia	Family Nursing & Home Care (for Bronwen Whittaker)	JF
Adrian Noon	Primary Care	AN
Ruth Brunton	CEO Brighter Futures	RB
Emelita Robbins	CEO – Jersey Hospice	ER
James Le Feuvre	CEO – Mind Jersey	JLeF
Hugh Raymond	F&M Committee Chair / Assistant Minister for HCS	HR
Sean Pontin	Jersey Alzheimer's Association	SPo
Steve Pallett	QP&R Committee Chair / Assistant Minister for HCS	SP
Jeremy Macon	POD Committee Chair / Assistant Minister for HCS	JM
Lisa Cawley Smith	Note Taker (Executive Assistant to Robert Sainsbury)	

		Action
1.	<p><b><u>Meeting Formalities – Meeting Started at 03.00 pm</u></b></p> <p><b>Welcome and Apologies</b>            The Chair welcomed everyone to the meeting.            Apologies were received from:            Bronwen Whittaker (CEO Family Nursing and Home Care)            Dr Nigel Minihane (Adrian Noon attending)            Lauren Jones – Head of Finance &amp; Business Partnering            Andrew Carter – Governance &amp; Performance Analyst</p>	
2.	<p><b>Declarations of Interest</b>            No conflicts of interest were declared.</p>	
3.	<p><b>Chairs Report</b></p> <p>Nightingale Wing            Chair advised no report, but advised himself, CL and MW just returned from opening of the Nightingale Wing (Coronavirus Temporary Field Hospital) opened by H.R.H Princess Edward (Earl of Wessex). The Chair gave credit to all involved with the Wing and hoped that it would not be used, but it was the 'right thing to do' as it was better to be over prepared than under.</p> <p>Corona Virus            Chair advised how busy he and everyone had been recently. Believes 'we' are in a good position at the moment, having 'flattened our curve', due to the efforts of all of the Island, with Islanders staying inside and obeying the rules.</p> <p>Acknowledged that this has and will affect the physical, mental health and peoples' behaviour. We are now exiting from the stay at home order and this Board will be thinking about next steps in controlling virus whilst considering the hospital and health services.</p>	

	<p>Looking at getting Life back to some degree of normality or though it will be very different in many ways. Recognise that this could spread virus, so must be prepared, which 'we are' and constantly monitor. If necessary, can re-imposed restrictions, and deal with virus until vaccine is available.</p> <p>Chair acknowledge great support and the high level of work never seen before. Long hours, but very exhilarating to work in teams that are so motivated and dedicated, including all at this meeting.</p> <p>No questions raised.</p>	
4.	<p><b>HCS Director General Report</b></p> <p>The DG greeted everyone present, acknowledged the hard work of everyone and also effort of partner organisations (in particular regarding a recent incident). DG echoed Ministers thanks to Rose Naylor, Michelle West, and Simon Chapman who have been the Leads around building of the field hospital, fantastic in less than four weeks has seen this project come to fruition, which has been very complex, with many long hours.</p> <p>Had experienced some 'fairly wild' initiatives over last six weeks, particularly around GPs working with HCS, which AN will brief on. Working differently with partner organisations and special thanks and appreciation to all for help afforded and patience shown.</p> <p>Still in 'hot' hospital situation, although small numbers, currently seven cases across whole estate, which is fantastic news, hospital still operating, with no elective work, due to meet and discuss getting back to business as usual (BAU) and facing the complications.</p> <p>No questions raised.</p>	
5.	<p><b>Minutes</b></p> <p>Minutes of the meeting held on 10 February 2020 were taken as read and approved. Subject to amendment, add Adrian Noon as attended.</p>	<p>Action</p> <p>KP</p>
6.	<p><b>Matters Arising and Action Log</b></p> <p>The Board noted that there were no Matters Arising</p> <p>The Board noted there were 3 Actions. (10 Feb 2020 – Agenda Item 10) CL confirmed first action complete.</p> <p>(10 Feb 2020 – Agenda Item 16 – Resources-Island Wide Strategy / Joint Participation) CL informed this has been superseded by Covid, DS advised he and HL have a 'work force cell', now able to address previous problems of identifying staff in work/location, the Covid 'crisis' has enabled problem solving with i.e. PeopleLink the Human Resources database. Starting to gather data on workforce, voluntary and external sectors, which is helpful in developing workforce plan.</p> <p>Also, skill set assessments complete. Even with Covid, in better position with current information to move forward. Staff Bank – have doubled team, once Covid settles, will be in better place with recruitment to cover previous vacancies and reduce need for contingent labour (agency &amp; locum staff). Need to do work on medical workforce – ensure vacancies filled to reduce need for locum doctors which is a significant expenditure. Staff Bank has been opened up to independent sector so potentially saves funds in negotiations with agencies. Have additional three hundred staff, so significant workforce to deploy to independent sector, if needed, at a better rate.</p> <p>Questions RB After Covid, will there be discussion on community and voluntary sector about wider workforce strategy, in the not so obvious supporting partners? DS responded yes – will be at a point to really engage with community partners.</p>	

	<p>SP What extent on staff groups were looked at in survey, extended to social care workers?  DS Mainly nursing and medical roles, although IW has carried out phenomenal amount of work on social care, so will link in to get this information also, this will speed up the process.</p>	
7.	<p><b>Primary Care – AN</b></p> <p>A busy few weeks and learnt a lot – looking back at 08 April, review of vulnerable patients in the Community (those over 85, severe asthma, diabetes, COPD, heart disease). In just over eleven days GP's reviewed nearly 15,000 records and carried out consultations with patients. Work of great benefit followed up on 09 April with contract with General Practitioners, 106 signed up (providing 70 full-time equivalent GPs) to use. Good liaison with different groups, TPs working with Ambulances service. A community certification team, quickly established with Deputy Viscounts office, giving consistent certification process for those who passed away outside of the GH, which is positive in its assurance on the process for community deaths (60 deaths since operation), with better liaison with the Deputy Viscount</p> <p>Set up Urgent Treatment Centre (UTC) currently very busy, seeing on average 50-60 patients daily, weekend last saw 170 physically or via telephone (Sat just over 100 – Sun &amp; bank holiday Friday – 161 patients via at UTC, telephone or home visits).</p> <p>GP's have worked differently and worked closer with secondary care colleagues. Both found a positive experience, with great support for each other, and broken down 'barrier's between secondary &amp; primary care. In GP's surgeries as BAU, 60 have been put out in general practice with over 1,000-1,200 patient interactions a day.</p> <p>Clustered practices into three groups, with clinical lead and administration lead, great support for all whether working from home or practice, IT enabled remote working on EMISS system, such as video consultation (which can be stored on system), huge changes.</p> <p>Looking forward, lots of positives gained, a willing by GP's to work with HCS in different ways, so providing many opportunities to explore. GP's willing to work with HCS whilst maintain their practices. Must remain vigilant, hope no massive surge with Covid, but be prepared.</p> <p>Possible short term risk to Health in general, GP's will be 'front and centre' to go back over referrals, especially vulnerable patients, for quick care.</p> <p>The Chair advised pleased to hear about the checking back on the vulnerable patients.</p>	
8.	<p><b>Lockdown – PA</b></p> <p>Moving from level 4 to level 3 – soft lockdown. Main message:  To main physical distancing but increasing outdoor activities  Some non-essential businesses open (able to maintain physical distancing)</p> <p>Will be 4 weeks minimum between each level, so able to see impacts in two weeks, with degree of impact a further two weeks, possibly longer. Will be tension with balance between Covid and ability to deliver BAU. Likely to see affects of Covid for further 12-18 months. Hopefully will be a vaccine but no guarantee, so could be with us longer. Consideration on use of PPE, will need robust testing strategy in using PCR and Serology. Biggest challenge will be opening borders, been discussing with colleagues already.</p> <p>No questions raised.</p>	
9.	<p><b>Jersey Care Model (JCM) – RS</b></p> <p>Have draft output from PWC, had completed 11 week period analysis of JCM, including baseline assessment and ease of implementation assessment, analysis of quantitative data and good practice models internationally, feasibility assessment and leading to findings for consideration.</p> <p>Still areas needed further information, still reviewing elements of output, and since, Covid outbreak. Part of capture, to consider working around Covid.</p>	

	<p>Are 10 domains identified where Covid response is not full implementation of intended work, but different way of working, in terms of connecting system (as advised by AN about Primary Care), so similar with Social Care moving to 24/7 service, bolstering Domiciliary Care Sector and seen positives, with better 'join up' with the Care Home Sector. All themes which were wanted through the JCM – so processing more date/capture on this, too early to review yet. Will update further.</p> <p>No questions raised.</p>	
<p><b>10.</b></p>	<p><b>Impact of Covid</b></p> <p>The Chair wished to hear of the impact of Covid, and commented that much emphasis had been on the Finance industry (not just Jersey) but now increasing understanding of how important it is to re-prioritise, perhaps the economic system will turn, with a new direction? Those in the charitable sector its recognised incomes are drastically affected, with concern of sustainability. The Chair opened the floor for comments, firstly from our partners in the charitable sector.</p> <p>Points to discuss, impact of Covid on work, faced and met challenges, what is still needed and also more broadly looking toward the future, seeing services develop and how to we would like to see Jersey look in the future and any other views from other contacts:</p> <p>The floor was opened:</p> <p><b>RB – Brighter Futures</b> Funding seen significant impact – other charities funding is 'ring fenced' for particular activities, Funders not allowing/wishing to be redirected, unable to adapt services. Received very large donation which has enabled services. Changed service, contact with families has changed significantly and 1.2.1 contact has increased exponentially. Concerns over short to medium term impact, as lots of funders provide benefit due their 'bonuses', Finance sector affected, so longer term for grant funding, so how will we replace. Done lots of signposting and referrals and working with partners/agencies – so BAU but pulled others us, as families needed this. Immediate needs, access to The Bridge – when allowed to return (Midwifery using) access for skeleton staff arrangement – would be incredibly helpful.</p> <p>The Chair thanked RB for comprehensive view of challenges and there were no questions.</p> <p><b>JF - Family Nursing &amp; Home Care</b> Inline with RB's comments on how work has changed – very different practices, Adult services clinics closed, more home visiting. Following Risk Assessment, many have declined visits which is concerning. Home Care service declined, as families not wanting visiting carers at home. District nurses, worked hard to install confidence in patients, work in reducing visits to ensure more time spent with poorly patients. Child &amp; Family – largest effect, working very differently, not stopped providing face to face programmes – worked well. Concern over immunisation programme, were told to hold until September 2020 – but have ability/plan to continue, need clarity, as school nurses wish to continue programme to protect children, will feed in with commissioners and CYPES. Challenges have been for staff's anxiety due to Covid and issues over PPE (Personal Protection Equipment) and changing guidance – have reassured staff and supply of PPE issue resolved, had received public donations which has helped. Charities – had to cancel all fund raising activities, which significantly impact on 'arm of charity' that supports some services, e.g. Colour Festival, funds support paediatric care coordinator and CAP (Child Action Prevention) not sure whether will have funding. Staff have been amazing, working well together and adapting, queries escalated and answered quickly. Going forward, now aware of many staff having underlying health problems, so HR work to do. Working as a whole across Jersey, communication was confusing initially. Information and groups were set up but would have been helpful for charities to be involved earlier.</p> <p><b>Question</b> - The Chair queried about the declined visits and care. JF clarified Home Care Manager had contacted patients, and non-working relatives were picking up on the care, have ensured not left on their own.</p>	<p>Action</p>

Chair was understandable of staff anxiety and that initially with Covid, things were more chaotic but now more stable and thanked JF for comments.

**SP - Jersey Alzheimer's Association**

Similar to everyone, having to adapt and it has been challenging trying to engage with clients (having cognitive difficulties) who are struggling with messages/guidance on Covid restrictions. Have seen drop in contact, speaking to colleagues seems to be a trend. So been proactive in contact of clients, carers, family members and volunteers. Concerns about communication into Government system – queries on scope to produce beneficial literature, but no response as yet, which is frustrating. Memory Clinic closed early, and staff moved but left some carers unsure of who to speak with. Out in Community, some people may be unaware of services, that they could help with. Find older people will not ask for help, will 'sit this out' and stay home. Big success in supporting carers, honest communication in helping those in lockdown, whilst lacking services. Aware of 1,600 with dementia in Jersey. Varying success with getting some services online, not all clients utilise internet. Trying to reach out, in sending newsletter every other week. Not clear when able to put activities back together, will be some months, so looking at doing things differently, such as smaller groups. Group is important in supporting those with dementia – and do not wish for people to 'fall through the cracks' because of less support at present. Will learn from this, get strategy back on plan.

**Question** – SP asked if IW and team has seen low numbers?

IW had seen urgency on bringing referrals down, so could safeguard with Covid and have seen less referrals. Do have increase, since campaign on 'self-neglect'. Had a surge in communication/calls from Public concerned about neighbours etc. Now have a daily safe guarding cell, wishing to keep as working better with partners – multi-agency working very strong.

**Question** – SP to the Chair & Board – about urgent need for legislation (possibly base on UK) to support carers? As they are vital help the HCS and many unsure of rights/support available?

IW advised her contact with care group in London, UK, have been looking at and happy to link in. The Chair confirmed would like to hear on this topic of support for carers.

IW

**Question** Chair asked IW, have patients been discharged into care homes, where normally would go home?

IW Yes, has been a problem, prevented to do 're-enablement'(therapeutic work). GP's are taking extra measure to keep patients safe, keeping longer in residential care, without Covid would be released sooner, so some urgency.

**ER - Jersey Hospice**

ER wanted to note her congratulations and support of the efforts by all of the organisations involved, has been hugely impressive. Initially stopped day services and redeployed staff. Challenges on staffing (have Covid or self-isolating) have come through most workforce issues. As a charity, supported by 400-500 volunteers, majority over 65 years old, who were stood down, only 35 full time staff, so impact on services. Ongoing challenges regarding staff anxiety, noting the changing PPE Guidance and supply (this is resolved) but still anxiety, only so much resilience. Patients support in reducing home visits. Difficult decision but had to stop family visits to unit especially for end of life patients. Major impact shutting charity shops (especially funding) and cancelled all events for this year.

Positives – more collaboration with HCS, with different groups set up and other charity partners, very welcomed the desire to work together to the same goal. Early focus on Primary care and achieving GP contract was a fantastic win, but a lot of assumption that this would cater for positive diagnosis patients in the community and BAU, so little focus on nursing of these patients, whether ill or 'end of life' – had to push for and hope arrangements with FNHC will be agreed, this week, by commissioning. More work to be done on community services, but sense of different strands of work be brought together, as a small existing team (24/7 service). If surge in Covid, would need to recruit, as HCS staff are currently needed, so need focus, this could form a service going forward for the JCM (Jersey Care Model). Hopes all this will be taken forward.

The Chair thanked ER for comments and asked the Board to address concerns.

<p>RN advised in relation to respiratory team – only 3 nurses, and EL was surprised on the small size of the team. In relation workforce ban if a surge, was more theoretical. Once field hospital stress tested, it will be closed up and as DS advised, we are in a better position and aware of workforce and availability, will be in position to open up the Bank staff to support other organisations and use workforce differently going forward.</p> <p>ER would be helpful to feed into island wide strategy that DS is leading, the concerns were specific about patients needing nursing care in homes, which can be picked up with DS in due course.</p> <p>The Chair confirmed there would be future thought and consideration for strategies on providing workforce.</p> <p><b>JLeF – Mind Jersey</b>  Very busy to ensure clients were ok, utilising WhatsApp, Zoom, FaceTime and telephone, whilst worked for some, others miss the 1.2.1. contact. Going forward these mediums could be used. Some clients have preferred this support as more discreet. Younger clients more adept with this medium, so have invested in some equipment (especially with Youthful Minds).</p> <p>Concerns about what will happen next, like everyone else and brings heightened anxiety, so mindful to maintain mental health as well as physical. Clients expressing anxiety on going back into the workplace and integration, aware of in young clients about returning to school. Have to think about managing the ‘fallout’ and having levels of support not wanting to fall away. Government has provided financial support with those not allowed to work, will there be jobs still, will they be the same, so many things to consider and manage. Must be careful on messaging, not everyone has a nice environment with garden to exercise in and there has been a lack of sensitivity about some of the messages sent out.</p> <p>Concerned - Gap opening up strongly to get response from CYPEs with transfer of CAMBs across, there is a disconnect and commissioning process needs to start for those under 25 (believe RB raised last meeting) need to know who to interact with and the services. Older people are finding the isolation very difficult, (away from families and in latter part of their lives) three months lockdown is a long time.</p> <p>Will use IT technologies going forward. Pleased to have been able to commission Mental Health First Aiders to provide community support. Pleased to see Public Health function reinvigorated, hopes this continues (been very reassuring). Arrangements with GP’s working and people receptive, many comfortable with telephone consultations – so lesson for Talking Therapies, to give serious consideration to deliver therapy by telephone, WhatsApp, Zoom.</p> <p>Support SP’s comments on Carer’s legislation, Mind has pushed for carer’s laws and for carer’s to be recognised, acknowledged and supported. Work has been done, will share with IW, without carer’s we would be in a really mess, they have been heroic.</p> <p>JLeF added have fewer messages, clearer and quicker process to get items approved and signed off, many items out of date before reaching the mail drop.</p> <p>The Chair thanked JLeF – acknowledged lack of sensitivity from Government and will feed back the comments.</p> <p><b>Question</b>  RN regarding CAMBs, have started to work really well with the team, through Muktanshu Patil (AMD – Consultant Paediatrician and Neonatologist) and with Daniela Rafflo (Children’s System Redesign &amp; Delivery Manager), believes a good opportunity to ask about Mind Jersey’s involvement and to push as additional support – as they will be looking at delivering services. Currently are reporting reduction in referrals but expect to see a surge (especially when schools open). RN happy to link in with JLeF regarding this.  JM requested to be copied in and will chase up on the ministerial side at CYPES.</p> <p>HR queried cancelled events and the effects on charities, volunteer work and travel into the Island, the Government must make decisions on this, and get facilities back so able to get events going before end of year.</p>	<p>DS/ER</p> <p>JLeF/ IW</p> <p>JLeF/ RN JM</p>
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	<p>The Chair acknowledged HR comments and the challenges being faced.</p> <p>RS advised regarding the Impact Assessment, are starting to gather data on planned care appointments (outpatient services), starting to impact on Waiting Lists – analysing activity. Aware because of delays the anxiety and discomfort for patients. Also collecting detail on diagnostic waits, and impact on cancer services. Strong evidence of patients not presenting to A&amp;E departments in UK, but not same quality of data here, as UTC (Urgent Treatment Centre) is picking more activity than A&amp;E, but not same number seen as normal – could be good or bad. Gathering as much details, in preparation for the Operational Recovery Plan which RS/PA/RN are working on, with teams. Consideration to workforce, RS suggest linking in with JF/BW and ER – opportunity to utilise staff for out of hospital services.</p> <p>AN added not seeing acute/chronic disease incidents/cases/deaths at the hospital in several weeks, and agreed UK had reflected this also, queried as not seeing in deaths in community or normal activity and after conversing with colleagues, believes the work on screening (shielding) and protecting vulnerable patients right at the beginning of Covid, felt this has this has helped. RS believes this initiative and others will be looked at in future and added at present many patients when seen, its by a GP and Specialist sometimes, which probably is creating a seamless pathway with quicker diagnostics/outcomes. Have a long time to go with Covid.</p>	<p>RS JF/AR</p>
	<p><b>Wider Aspects – Thinking Ahead to the Future</b></p> <p>The Chair asked for comments, what Government should be doing, what would you like Jersey to look like, changes that could be made? Your vision.</p> <p><b>JLeF – Mind Jersey</b> Would like that mental health has same status to physical health, equally important and consider at same time of a physical issue. More integrated services – at the new hospital. More emphasis on a preventative agenda. Work to be done on ‘Alcohol’ (pricing). Accelerate work on seeing jointly GP/specialist (keep flexibility on where they work). More work on physical and mental health – exercise, responsibility of employers. Schools with preventative work. Finally, more work for carers.</p> <p><b>ER - Jersey Hospice</b> Would second everything that JLeF put forward. In addition, with the success in many recent initiatives can be used to advance the JCM, would like to see clear additional resources in place to make this happen. Really opportunity to look at reconfiguring services and addressing fact of aging population and need to redirect H&amp;C services to address this. Would like to see really evaluation of Covid is managed in the Island, including ‘at end of life’. Opportunity nursing organisations in the Island to work differently and together. Reconfiguration of services and funding models what are hoped for.</p> <p><b>Question</b> Chair asked about funding model and thoughts? ER advised there are separate organisations providing separate services, so more joint provision, will reduce costs in duplication (administrative/back office costs). Put in money to prevent the ‘worst’ is where money can be saved (money into community care and supporting those at home).</p> <p><b>SP - Jersey Alzheimer’s Association</b> Emphasised about looking after carers again. Ensure proper representation from Health &amp; Social Care across the Island, especially for Government departments to contribute to strategy and find time to come to meetings. Looking to develop services for younger people and those in early stages of illness. In a positive sense, embrace the ‘clap for carers’ and ‘to save the NHS’ as it’s the Health and Social Care sector that are ‘saving the day’, use as opportunity to reinforce and promote careers and job roles, take this collectively forward.</p> <p><b>JF - Family Nursing &amp; Home Care</b> Nothing really more to add as colleagues have said. Yes, to reconfiguring, remodelling of service so that it is ‘seamless’, and for those coming to live/work in Jersey, know that it’s a safe place to live and work.</p>	

**RB – Brighter Futures**

Nothing more to add, as covered by colleagues. Must take away how amazing (whatever sector) everyone has been phenomenal, been quite amazing – in stepping up, working differently, going above and beyond, feel very humbled by how every has worked, if we can harvest this, and move it forward. It not just what the Government can do, but what 'we can do' as a whole community – we have shown this, so let's keep it going forward when things are easier. Need to be mindful that some people are just getting through at the moment, and when this immediate crisis is over, and things normalise, we need to be there to support them.

Chair added agreement on people sustaining at a certain level, but then 'crash', so must be aware of this. Regarding comments on it is community (and not just Government). Also, acknowledged the wonderful voluntary sector, which is valuable and must be kept going, as services delivered are for and provided by the community. Chair agreed everyone had been phenomenal, Chair noted also from what he had seen with the Health sector, spending long hours serving the Island.

**Question**

Chair asked IW for thoughts as new to the Island?

IW was very impressed, coming onto the Island, very proud to work here. Community spirit has shown how we can all pool together, and has three priorities:

- 1 Make Safeguarding everybody's business (starting)
- 2 Multi agency working – wants to continue
- 3 Mental Health – high on agenda (focusing in adult care as challenges ahead).

Also, as to JCM feels we have already started, it's been very positive.

**AN**

Massive opportunity going forward, need to 'take a breath' as Covid may go two ways, as surge or not. So, chance to look around, learn from any mistakes and look how we can mould ourselves in future (Covid may be around for a while). Have to get core business back on track. Huge opportunities in Primary Care to help shape this, whether palliative care pathway (more support out of hours for patients to stay home). Work with all voluntary sectors and provide central point of medical support. Will be challenging, need to get GP's on board, but there is a really willingness to do things and benefit to patients is enormous.

Chair asked for comments from around the table.

**PA** would agree with a lot that had been said, would like to seamless caring system (boundaries broken down). Everything should be driven by quality. Should pay more attention to 'outcomes' more reflective on actions and how reflective they are. Talked about learning, need to become a learning community (not just on wrong things but being pro-active). Looking after staff and developing capacity on the Island (leading back to education), learn to do things better, which leads back to outcomes, must keep working together.

**DS** nothing further to add, believes all has been said.

**RN** In terms of the last couple of months, is that everyone is equal, and everyone has a vital roll to play, need to keep and harness going forward, not slotting back into bureaucracy. Should think about approach to governance and decision making in a more flexible and agile way, being more response to a speed of change (become use to during pandemic) has been a really benefit and driven people, decision made, and actions taken – e.g. the Field Hospital was built very quickly, been motivational to people. To note lowest sick rate amongst HCS staff, in a long time.

**MW** Nothing to add, but echoed RN comments on bureaucracy.

**CL** Echoed what colleagues have said, especially working collaboratively going forward.



	<p><b>HR</b> We will all learn a lot from this crisis, and if we can put all the positive together will be huge benefit in the future.</p> <p><b>Question</b> Queried – how important is it that the new hospital stays very much part of our forward thinking?</p> <p>The Chair advised it is a critical part of infrastructure of the Jersey health care system, but not the very centre of everything. Care and health in the community must be the centre now, to encourage people to look after themselves, and provide help.</p> <p><b>JM</b> Not much to add, thinking more holistically, going forward more communication, more feedback which enable to change things that may not have quite right. People having ability and confidence to come forward. Would add to JLeF comments, more resilience to help with mental health. 'Switching off' to come of the online media comments has helped, as some create panic.</p> <p>The Chair observed media has been good for connecting people but can be harmful too.</p> <p>The Chair asked, but no more comments.</p> <p><b>Round Up</b> The Chair thanks everyone for comments and good to hear from everyone and understand the challenges faced and the over coming of them. Thanks for the thoughts for the future, the wish to work together in a constructive way. We must take forward all this learning and what ever happens after this emergency, Health should come out as a priority, this is what people want. Great things coming out of the JCM and we have learnt much which will build into JCM. Thanks to all for today.</p>	
	<p><b>Date of Next Meeting</b></p> <p>The next meeting takes place on 08 June 2020 at TBC</p>	