States of Jersey

The States of Jersey Department for
Health & Social Services

Public Health Directorate

Draft REGULATION OF CARE (JERSEY) LAW 201-
Report of Stakeholder Consultation

MAY 2014

Draft REGULATION OF CARE (JERSEY) LAW 201-

Response to Stakeholder Consultation

1. Introduction

1.1 The draft Regulation of Care (Jersey) Law 201- is primary legislation that enables a new framework for the regulation of health and social care to be established in Jersey.

1.2 New legislation is necessary as it's been known for some time that the existing Laws are inadequate, fragmented and out of date. There are currently significant gaps in regulation that allows high risk services to operate without any monitoring of the safety, standards and quality of care provided to vulnerable people. Additionally inherent conflicts exist within the current structure with the Minister for Health and Social Services responsible for providing, commissioning and regulating care.

1.3 The policy underpinning the draft Law is based on responses from stakeholders to a Green Paper Consultation published in 2010[1] and is described in a States Report published in May 2013[2]. The provisions in the draft Law are also based on fundamental principles of good regulatory practice including:

- INDEPENDENCE – separation from political considerations and any undue conflicting stakeholder influence
- COMPETENCE – both in technical and regulatory expertise
- ACCOUNTABILITY – to government as well as the general public achieved through transparency, prohibiting conflicts of interest, providing for appeals and subjecting the regulator's conduct to scrutiny

1.4 The draft Law is the first step in the development of a new regulatory framework for health and social care and contains powers for the States to enact Regulations which will be required to be in force before any new regulation of services takes effect. In particular the draft Law:

- Transfers responsibility for regulating health and social care from the Minister for Health and Social Services to an independent Commission
- Sets out how the Commission will be appointed
- Requires providers of care services to be registered by the Commission, describes the registration process and enables the Commission to apply appropriate conditions to registration to maintain standards
- Enables Regulations and standards to be written about the quality of care services

[1] States of Jersey Department for Health and Social Services, Regulation of Care (Jersey) Law 200-, Report of Stakeholder Consultation, January 2010
[2] States of Jersey, Regulation of Care Proposals, R42/2013

- Describes the Commissions powers to inspect services
- Explains the enforcement procedures and appeals process

2. Consultation Process

2.1 The consultation on the draft Regulation of Care (Jersey) Law 201- offered interested parties an opportunity to identify any particular concerns with the proposed powers that will be put in place to enforce a new framework for regulating health and social care in Jersey. The consultation also enabled stakeholders to comment on any other technical matters that may arise from the draft Law.

2.2 It was emphasised that the draft Law is only the first stage in the creation of a comprehensive regulatory regime for health and social care. Further consultation will be included as part of drafting subsequent Regulations setting out the detail of the activities to be regulated and specific obligations that will be placed on providers and managers of health and social care services.

2.3 The consultation took place between 25 March and 30 April 2014. A copy of the draft Law and explanatory report (Appendix 1) were sent to forty two stakeholder groups (Appendix 2). A press release and copy of the consultation documents were made available on the gov.je website.

2.4 The Health, Social Security and Housing Scrutiny Panel were briefed about the draft Law and stakeholder briefing sessions were held on 9 and 23 April 2014. Meetings with individual stakeholders or organisations were held on request.

2.5 Nine written responses were received from the consultation comprising:

- 7 from providers/managers/staff of various health and social care services including private and voluntary sector
- 1 from a States department
- 1 from a charitable organisation

2.6 Three meetings were held comprising:

- 2 briefing sessions with a total of 24 attendees
- 1 briefing with a representative of a stakeholder group

2.7 Three telephone enquiries about the proposals in the Law were received and an article with comments from a representative of a stakeholder group was reported in the local press

3. Overview and Summary of Consultation Responses

3.1 Generally the response to the draft Law was positive with most respondents fully supporting the need for new legislation. Written comments included:

- "At the outset may I confirm that we warmly welcome the proposed Law and the charity commends the Minister for Health and Social Services for introducing this legislation….We applaud the fact that all domiciliary care providers will also be subject to this new legislation, in addition to all States-run care homes and activities"
- "The need for modernisation of existing legislation was fully accepted and the segregation of supervisory functions fully understood so there was no dissenting views on overall framework, indeed the intended law would provide, over time, a level playing field both at States and Private Sector for the first time, which was a welcome move"
- "The chairman….has welcomed the Health Department's proposals to introduce a new Law…..says that she is 100 per cent behind the proposals and described the changes as 'desperately needed'"
- "I am so glad to see this legislation. It is truly frightening to see the vulnerability of many of our clients and to see this is being addressed to improve their safety is very welcome news"
- "Trust agrees with the sponsors of the new law that the existing Laws are 'inadequate, fragmented and out of date. In particular the Trust supports the transfer of responsibility for regulating Health and Social Care from the Minister for Health and Social Care to an Independent Commission…..agrees that there exists and inherent 'conflict' under the present arrangements manifest in the dual role of the Minister both commissioning services and delivering services……Consequently the Trust supports the creation and appointment of an Independent Commission to undertake the development of the regulatory framework for care services…..In relation to the inspection of activities the Trust also supports the proposal that where possible and prudent, the inspection reports are accessible by the public, thereby encouraging a greater degree of transparency for the work the Trust undertakes than at present"

3.2 A number of issues about aspects of the proposed legislation were raised and several themes emerged.

3.3 <u>Inspectors' skills and competence</u>

- The first, raised by several consultees, concerns the competence and qualification of people appointed to inspect services regulated under the Law and in particular that there is no requirement in the Law to ensure that inspectors have appropriate skills, knowledge and experience.

Comment
This point is accepted and the draft Law amended to ensure that people inspecting services have the necessary qualifications and skills to undertake the role

3.4 <u>Inspection Powers</u>

- A number of issues about the proposed inspection powers were raised by one consultee and that the powers may not be human rights compliant.

Comment

A proper regime of inspection of regulated services is essential if the regulatory regime is to be successful. Careful consideration has been given during the development of the draft Law to ensuring that the powers of inspectors appointed under the Law are comprehensive, but are subject to safeguards and limits that ensure they will be exercised in a proportionate manner. All new legislation is required to be human rights compliant; the draft Law has been the subject of a human rights audit by the Law Officers Department, who are satisfied that a statement of compatibility can be made by the Minister when the Law is lodged.

- A further point raised by this consultee referred to inspectors' proposed powers of entry into an individual's own home where the person being cared for did not have capacity to consent to the inspection and specifically in cases where there was more than one individual living at the premises. This consultee also made reference for a need to define 'capacity' in the Law and ensure that appropriately qualified clinicians would determine capacity.

Comment

Where a person is being cared for in their own home, the inspection powers may sometimes need to be exercised, even though the person being cared for can't consent to that. In circumstances where there is cause for concern about an individual's welfare, but where a premises is occupied by more than one person, this must be taken into consideration. The relevant section of the proposed Law therefore is amended to apply only in situations where the individual receiving care is the 'sole' occupant with the exception of excluding as a co-occupier anyone who is registered to provide a Regulated Activity.

The draft Law is not the appropriate legislation to set out definitively how to determine whether a person has capacity to make a particular decision. The Health and Social Services Department is developing proposals for a Capacity Law in Jersey that would cover this issue and it is expected that a public consultation will take place on those proposals later this year.

Until any new legislation is brought forward, the Health Department has adopted a mental capacity policy, which is based on best practice from the UK and elsewhere. . The Department expects that inspectors would be versed in best practice with regard to the assessment of mental capacity and the amendment requiring inspectors to be appropriately qualified and skilled (see above) may cover provide some assurance in that inspectors will be competent to assess capacity.

- This consultee further raised concerns about the right for a police officer without a warrant to accompany an inspector.

Comment
This power is consistent with the UK Health and Safety at Work legislation and is necessary in cases where there is the possibility of obstruction to an inspector carrying out his or her duties under the Law.

- Another consultee suggested that inspectors should speak to next of kin as part of the inspection process.

Comment
The range of people consulted with as part of an inspection will be further strengthened in policy drawn up by the Commission and it is envisaged will include next of kin, other family members, friends, other agencies involved in the person's care, e.g. social worker, GP, District Nurse, Advocacy Worker.

The reason for including a statutory power to interview individuals receiving care (with their consent) within the legal inspection framework is to ensure that any obstruction of this power by a registered person would be an offence. This is to make certain that providers and managers cannot conceal poor practice and prevent individuals receiving care reporting to inspectors concerns or complaints about the service.

- Three consultees raised issues about the inspection powers to access and remove documents. One consultee was concerned that inspectors have the right to remove <u>any</u> documents or records and other items and could enter an individual's private room and 'take away just about all their personal possessions'. Other comments related to inspectors seeing personal information and the proposed powers conflicting with professional guidance issued to health care professionals about sharing confidential information.

Comment
The draft Law does not give inspectors an unfettered power to remove people's personal possessions. While a number of different things can be done in accordance with these powers, the powers are limited by the requirement that the purpose of exercising them must be to check compliance with the requirements imposed by the draft Law and the meeting of standards set in relation to the legal requirements

There is no conflict between the provisions of the draft Law and the professional guidance issued to health professionals about sharing information. In some cases an inspector will require access to medical records in order to assess whether the registered person is complying with statutory requirements and meeting standards and this is consistent with General Medical Council (GMC) guidance. The GMC advise that various regulatory bodies have statutory powers to access patients' records and the duty on the doctor is to ensure that any disclosure is required by Law.

The draft Law also contains safeguards relating to any personal and confidential information obtained by the Commission that relates to and

identifies an individual. It is an offence under the draft Law for a person knowingly or recklessly to disclose any confidential information except in specific circumstances where there is a legitimate reason for doing so.

- Two consultees made positive reference to the current inspection process, one written and one in a briefing session. Both expressed the hope that the new regime would follow the same ethos. The following was stated about the benefits of inspection:
  "The Trust hopes that the broad thrust of the present inspection regime may be retained and developed. It is our experience that the present arrangements afford providers opportunities to both pause and reflect on the provision of service, as well as being able to harness through the inspection mechanism, expert information and advice from the regulatory authorities. It is in the discussions (between the provider and the inspector) on how to overcome identified deficiencies in the provision of service where the real value of the present inspection regime is to be found"

Comment
It is part of the underpinning legislation policy that the proposed Commission will undertake its regulatory functions with the same ethos as the current inspection process which will include supporting and encouraging service improvement rather than being limited to compliance monitoring.

3.5 Essential Services operated by Health and Social Services

- One respondent believed that essential services included all services provided by H&SSD and that the regulatory regime is fundamentally different for equivalent H&SSD and private or voluntary providers.

Comment
The respondent misread the draft Law. An essential service is one that is only provided by H&SSD in Jersey, for example A&E or the Ambulance Services. Care homes are operated by a range of providers therefore those provided by H&SSD are not defined as essential services.

3.6 Appeals Process

- Two consultees raised the proposed appeals process, in particular that the only route to challenge a decision of the Commission is by appeal to the Royal Court with no 'less formal' intermediate stage where appellants can argue their case for example to a sub committee of the Commission.

Comment
The draft Law includes a right of representation to the Commission about any decision the Commission intends to take with reference to registration, application or varying of conditions, suspension or cancellation of registration. Only once this representation has been made (or in the absence of any representation) does the decision take effect and there is a

right of appeal against the decision to the Royal Court. In this context, it would add unnecessary delay and expense to introduce a tribunal or other adjudicative step before an appeal can be taken to the Royal Court against the decision of the Commission.

3.7 Appointment of Commissioners from places other than Jersey

- One consultee questioned the disqualification for appointment to the Commission of anyone connected with health and social care provision from Jersey, Guernsey and the Isle of Man (IoM) and suggested that the Commission needs to have an understanding of the local primary care provision.

Comment
This restriction is based on the need for the Commission to be (and seen to be) independent, technically competent and accountable which best practice indicates is achieved by prohibiting any potential conflicts of interest and ensuring that the Commission includes a high level of specialist expertise. The reason for inclusion of Guernsey and the IoM is to ensure this independence and accountability is maintained in the event that in future a joint Commission with Guernsey and IOM may be established.

The draft Law does not preclude the Commission seeking advice from local providers and expertise (it has the power to 'appoint such officers, servants and agents as it considers necessary for the discharge of its functions) to inform decision making however, the important issue is that final decisions by the Commission will be by individuals who are independent of any undue conflicts of interest.

3.8 Issues relating to future Regulations

A number of issues were raised relating to the content of future Regulations resulting from the draft Law, and comments made that respondents would like to be consulted on these before they are lodged with the States. These included:

- "We appreciate that the Primary Law must be ratified first and that the Regulations will themselves be defined as the second stage of the legal process. Indeed we believe that the Regulations will ultimately determine the quality of the Law as a whole (and we) very much look forward to playing an active part in helping to define the Regulations"
- "the passage of the Law is to be seen as a first step in the development of the new regulatory framework. In this context the Trust would ask that the consultations with regard to the follow on regulations, standards, fee structures etc. be lengthier that the present consultation process"

Comment
Regulations under the draft Law will contain the details of what constitutes a regulated activity and requirements with which providers and managers will be required to comply. It is recognized that stakeholders will be important participants in commenting on all proposed future Regulations, and

accepted that they will also be involved in the development of the Standards.

3.9 Fees

Four respondents mentioned fees that the Commission can apply to registered providers, in particular the following comments were made:

- "The Management Committee were enquiring as to how this affects our registration fee"
- "Fees must be set at levels that will ensure the long term sustainability of the Commission and its work"
- "one issue, pending the release of presumably more detailed regulation in due course, was the cost of regulation and fees. Whilst we can see that there is a wish to introduce more of a sliding scale relative to size of business, any business based tariff for a charity such as ours which has to raise donations for capital costs….just about keeps pace with day to day running costs, would be hard to bear…. Given all the circumstances therefore, whilst the principles one is trying to achieve are commendable, indeed necessary, we would ask that charitable organisations….are exempted from an additional regulatory fees as might be intended, as we would regard the imposition of such to be inequitable.
- The issue of fees was raised at the first briefing session again in the context of exemption for voluntary sector providers.

Comment
The fees charged in due course by the Commission will be those published by the Commission or prescribed by Chief Minister by Order. Before fees are published by the Commission, they will be required to consult the Chief Minister and to publish a report explaining what the fees will be.

It is not anticipated that voluntary sector providers will be exempt from the need to pay fees. Although their continued contribution to health and social care provision is very important, it also has to be recognised that they charge fees themselves and operate in a commercial marketplace alongside other private providers who would be required to pay fees. Further, both voluntary and private providers of care give rise to the same need for proper regulation and inspection.

3.10 Individual providers of a Regulated Activity

- One consultee a briefing meeting raised the matter of an individual caring for a person in their own home, whether this carer would fall within the definition of providing a Regulated Activity and if so what training would be required.
- This issue was also raised in a written response: "It is important to enable an individual who is well known to a person with dementia, but who is not a healthcare professional, to become an approved provider. Fair and reasonable standards need to be set concerning training and qualifications required.

Comment
The details of what will be defined as a Regulated Activity will be set out in future Regulations and there will an opportunity for further consultation on this matter. However it is intended that Regulated Activities will include a person who is employed and paid to provide nursing or personal care to an individual in his or her own home. The standards and training requirements will also be subject to further consultation however it is anticipated that a minimum level of training will be required. There is provision within the draft Law to set a timeframe for the carer to achieve the required qualifications and skills.

3.11 Whistle blowing

- One respondent stated "The Regulations should enable an individual to be a 'whistleblower', without fear of recrimination"

Comment
This will be addressed in the Regulations and Standards as these will set out in more detail what will be required of the provider and manager.

3.12 Workforce demands versus population restriction

- One consultee raised a concern about the projected increased demand for care workers and the limitations placed on population increase by the States.

Comment
The projected increase in the demand for care workers is a consequence of the predicted demographic changes. The demand is already apparent and growing; the draft Law and subsequent Regulations are a necessary safeguard to ensure that these carers are safe and competent.

APPENDIX 1

REGULATION OF CARE (JERSEY) LAW 201-

CONSULTATION ON DRAFT LAW

REPORT

Executive Summary

This consultation seeks the views of stakeholders on the draft Regulation of Care (Jersey) Law 201- ("the draft Law"). The draft Law and subsequent Regulations will provide a new framework for the regulation of health and social care in Jersey.

New legislation is essential as the existing Laws are inadequate, fragmented and out of date. There are currently significant gaps in regulation that allows high risk services to operate without any monitoring of the safety, standards and quality of care provided to vulnerable people.

The passage of the draft Law would be just the first step in the development of a new regulatory framework for health and social care. The draft Law contains powers for the States to enact Regulations which will be required to be in force before any new regulation of services takes effect. The purpose of consulting at this stage is to identify any particular concerns with the powers that will be used to put in place and enforce the new framework and any other technical matters that may arise from the draft Law. While Stakeholders are welcome to make comments on any part of the draft Law, it is important to recognise that the draft Law is only the first stage in the creation of a comprehensive regulatory regime for health and social care. It is anticipated that further consultation will be appropriate before Regulations are lodged to set out further details of the activities to be regulated and the specific obligations that will be placed on the providers and managers of health and social care services.

The policy underpinning the Law is based on the response to a Green Paper Consultation published in 2010[3] and is described in a States Report published in May 2013[4].

The draft Law:

- Transfers responsibility for regulating health and social care from the Minister for Health and Social Services to an independent Commission
- Sets out how the Commission will be appointed
- Requires providers of care services to be registered by the Commission, describes the registration process and enables the Commission to apply appropriate conditions to registration to maintain standards
- Enables Regulations and standards to be written about the quality of care services
- Describes the Commissions powers to inspect services
- Explains the enforcement procedures and appeals process

Introduction

The draft Regulation of Care (Jersey) Law 201- is primary legislation that enables a new framework for the regulation of health and social care to be put in place in Jersey.

The existing Laws date from 1978 and 1995; since then the structure of health and social care has changed significantly and the expectations of those using services have increased. There is now much greater emphasis on the use of domiciliary care, the safety and quality of provision of care and a requirement for good governance and transparency. The inspection and regulatory regime in the UK is also focused more proactively on encouraging the incremental improvement of services rather than solely on regulatory enforcement. As a result there are a large number of deficiencies with the provisions contained in and made under these existing Laws. Of the utmost importance, these Laws leave domiciliary care (i.e. care

[3] States of Jersey Department for Health and Social Services, Regulation of Care (Jersey) Law 200-, Report of Stakeholder Consultation, January 2010
[4] States of Jersey, Regulation of Care Proposals, R42/2013

provided to support people in their own homes) and care provided by the States of Jersey unregulated. A further consideration is a lack of regulatory independence.

Under the existing framework the Minister for Health and Social Services is responsible for providing and contracting or commissioning health and social care as well as regulating. There is an inherent conflict of interest in this arrangement with departmental pressures to provide and fund care at the lowest possible cost in services that it also regulates to improve and maintain standards. This dual function would become untenable in the event of H&SSD services being regulated as the Minister would effectively be regulating services that s/he was also responsible for delivering. The Green Paper Consultation confirmed this view with only 6% of respondents indicating that regulation should continue to be the function of Health and Social Services.

In view of the above change is required to maintain public confidence in the regulation of health and social care.

The new Law will enable the inclusion of currently unregulated activity such as personal and nursing care provided to people in their own homes and services provided by H&SSD and others that are currently exempt from existing legislation.

The department's policy underpinning the proposed Law has relied on the contribution of stakeholders who were given an opportunity in 2008, to provide their views and help shape the new legislation. Consultation responses to the Green Paper were generally supportive of the department's policy direction and also suggested some additional areas to be considered.

The outcome of the consultation informed the key policy objectives for the proposed Law; now incorporated into the draft Law which:

- provides a single consistent legislative framework for the regulation of health and social care in Jersey

- creates a regulatory body in the form of a Commission that will be independent of strategic policy makers, providers and commissioners of health and social care.

and provides for:

- Regulations to include health and social care provided by the Health and Social Services Department, other States of Jersey departments, district nursing services and premises operated by medical and dental practitioners, which are currently unregulated

- Regulations to include nursing agencies, domiciliary and primary care within the same regulatory framework as other health and social care provision.

- Regulations to ensure that the health, safety and welfare of individuals is protected and that there is a focus on outcomes for the individual.

- Regulations to ensure that those managing services and working with people in need of health and social care have appropriate qualities, skills and expertise to be safe and competent practitioners.

- Regulations to enable the States to enact enforceable requirements concerning the provision of care and enable the Commission to set care standards, in the form of approved codes of practice, so that the requirements and the needs of individuals are met

- Regulations to ensure premises offering health and social care are fit for purpose and conform to best practice standards and guidance

- Regulations to require health and social care services to develop robust quality assurance and governance arrangements

- Regulations to ensure the publication of reports on the outcome of inspections and investigations and that these are easily accessible to the public

- Regulations to establish a fee structure that is proportionate to the size and complexity of the service

- Regulations to enable a flexible risk based inspection regime that maintains public confidence

The policy is summarised in a States Report R42 lodged in May 2013 and can be accessed at www.statesassembly.gov.je/AssemblyReports/2013/R.042-2013.pdf

Proposed Regulated Activities

The draft Law is the first stage of introducing a new regulatory framework for health and social care and is essential to enable Regulations to follow. The Regulations will set out in detail the services and activities included within the regulatory regime and the requirements those running such services must meet.

Following approval of the draft Law, types of activities that over time are likely to be covered by the scheme of regulation include:

- short or long-term hospitals, general or specialist medical, surgical, psychiatric and substance abuse hospitals, mental hospitals, rehabilitation centres, and other institutions which have accommodation facilities which provide diagnostic and medical treatment to inpatients with any of a wide variety of medical conditions

- medical consultation and treatment in the field of general and specialised medicine by general practitioners and medical specialists and surgeons. Dental practice activities of a general or specialised nature and orthodontic activities

- activities not performed by hospitals or by practicing medical doctors but by paramedical practitioners legally recognised to treat patients

- cosmetic procedures or techniques undertaken by medical or non medical staff that may create hazard to health

- social care primarily provided in the community by a variety of professionals and support workers

- provision of social work, personal and nursing care, protection or social support services to children or adults in need or at risk, or adults with needs arising from illness, disability, old age or poverty

- residential accommodation combined with either nursing, personal, supervisory or other types of care

- children's homes providing social assistance

- care services directly to clients in their own homes

- social work activities to children and adults

Order and Phasing of Regulating Specific Activities

To ensure that the implementation process is not overwhelmed by the size and complexity of the task, the regulations for various activities will be brought in over a realistic and manageable time frame.

The key drivers setting the implementation timetable include the high risk of unregulated domiciliary care at home and the introduction of long term care funding which relies on the regulation of particular health and social care activities.

Consequently it is proposed to bring in the appointment of the Commission and Regulations pertaining to long term care homes, group homes, and personal care workers, nursing and domiciliary care agencies, including those provided by HSSD and other States departments as the first phase of implementation during 2015 – 2016.

The provisional timeframe for phasing the regulation of other services, such as hospital, social services and primary care estimates implementation by 2020.

Funding the Regulatory Framework

The current Professional and Care Regulation function is funded through Health and Social Services with a small contribution (approx 2.5%) raised annually in registration fees. The fees charged at present are nominal and not related to the size and complexity of the service or the level of associated regulatory activity undertaken by officers.

It is intended to introduce a fee structure comparable to other jurisdictions. This will include increasing the initial registration fee to an appropriate level that reflects the responsibility and accountability of providing such a service. In addition there will be an annual fee based on the size of the service rather than the current approach which is a minimal flat fee applied to small group homes and large care homes alike.

Applying a more realistic fee structure to providers in Jersey, together with the existing States funding will fund the new regime.

Draft Law Provisions

The effect of each of the provisions of the draft Law is set out in detail in the Law Draftsman's explanatory note and is not repeated here.

Briefing Sessions

There will be two briefing sessions where stakeholders will have an opportunity to ask questions about and comment on the proposals. These will be held:

1. Wednesday 9 April 2014, 6.00pm – 8.00pm, Halliwell Lecture Theatre, Education Centre, Peter Crill House, JGH

2. Wednesday 23 April 2014, 6.00pm – 8.00pm, Halliwell Lecture Theatre, Education Centre, Peter Crill House, JGH

A briefing about the draft Law will also be arranged for States Members

Consultation and Responses

The Consultation begins on 25 March 2014 for six weeks ending on 30 April 2014

If you require any further information about this consultation, or wish to make a response to the proposals in the draft Law, please contact:

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APPENDIX 2

List of Stakeholder Consultees

All States Members
Health and Housing Scrutiny Panel Members
Care home providers
Care home managers
Nursing agency providers
Domiciliary care providers
General Practitioners
Independent Medical Practitioners
All Dentists
H&SSD Corporate Directors
FNHC
Laser Therapy Providers
Cosmetic Techniques providers
Jersey Fire Service
States of Jersey Police
Jersey Vetting Bureau
Employment and Social Security
Chief Officer Home Affairs
Prison Governor
Independent Safeguarding Partnership Board
MENCAP
Self Advocacy Jersey
MIND Jersey
Independent Mental Health Advocate
Jersey Autism
Jersey Association of Carers
Age Concern
Alzheimer's Society
Headway
Jersey Stroke Society
Motor Neurone Disease Association
Jersey Society for the Disabled
Jersey Parkinson's disease Society
Cystic Fibrosis Trust
Jersey Association for Spina Bifida
Jersey Asthma and Respiratory Society
Jersey Epilepsy Association
Jersey Kidney Patients Association
Jersey Women's Refuge
Macmillan Cancer Support
Meningitis Trust
Multiple Sclerosis Society