Government of JERSEY

Integrated Health and Care System Consultation Process

Feedback Report

Background

1. During October and early November 2024 Deputy Tom Binet, Minister for Health and Social Services ("MHSS") consulted key stakeholders on proposals to develop a more integrated health and care system for Jersey (See Appendix 1 for proposals). This report provides a high-level overview of the consultation feedback.

Initial concept testing

2. MHSS tested the initial concept with small number of key stakeholder groups prior to wider consultation. This included face-to-face meetings and discussion with the following:

	Date
Council of Ministers	23 July 2024
Public Health Senior Leadership Team	2 September 2024
HCS Executive Leadership Team	2 September 2024
Primary Care Board	10 September 2024
HCS Senior Leadership Team	12 September 2024
HCS Advisory Board Non-Executive Directors	20 September 2024
HCS Medical Consultants (MSC)	25 September 2024
Council of Ministers	24 September 2024

3. Changes to the proposals were made during that initial concept testing phase, including changes related to the two Boards. It was initially proposed that the Services Board was a sub-committee for the Partnership Board but this resulted in the members sitting on the Partnership Board (e.g. GPs) bearing a degree of accountability for the quality of GoJ services. The proposed structure was therefore amended to provide for two separate Boards.

Consultation

4. The proposed arrangements for the integrated structure were subject to wider consultation, post initial concept testing. This included:

GoJ Internal	Health and Social Services Scrutiny Panel - private briefing	8 October
	All GoJ staff communication	*Our Gov* article published - 9 October (See Appendix 2) Key groups of GoJ staff directed to the article via email.
	GoJ Staff Q&A sessions with MHSS: (invited: HCS, public health, health policy, ambulance staff and union representatives)	21 October 22 October
	Other GoJ staff sessions HCS staff team talks	9 October; HCS Managers 10 October: public health staff 15 October: All HCS staff 16 October: Public Health
External stakeholders	Third Sector Providers meeting 1	10 October
	Jersey Care Commission meeting (Chair and Chief Inspector)	11 October
	Pharmacy contractors meeting	14 October
	GPs meeting	17 October
	Third Sector Providers meeting 2	21 October
	Dentists (Jersey Dental Association)	24 October
	Jersey Care Federation meeting (Home care / care homes)	30 October
	Registered pharmacist meeting	30 October

5. In addition to the above, there were further meetings with:
   - New Hospital Facilities senior team
   - Representatives of GP's and HCS primary care leads
   - Representative of community nursing and occupational health.

Public consultation

MHSS determined that public consultation was not required as the focus of consultation was on service providers not service users.

Public consultation will be required to support whole system strategy development and health and care funding reform – two key initiatives that will be taken forward by Partnership Board once established.

Feedback

6. The feedback received is categorised below in broad themes. As the consultation process was based on face-to-face discussion as opposed to a survey-based consultation, the feedback is not quantitative in nature.

Integrated working / high level proposed arrangements

7. Significant support for the principle of more integrated working from both internal and external stakeholders (no stakeholders express support for current arrangements or thought they should be maintained)

8. Broad support to restructure the wider health and care service, involving the creation of a Partnership Board to deliver a properly integrated, seamless, interconnected health and care service - subject to more detailed understanding of the Board's terms of reference and the structure of the overarching Jersey Health and Care Department.

9. Multiple comments that whilst the proposed Partnership Board will allow for better partnership decisions / integrated working, integrated service delivery requires urgent investment in a digital health technology and, most importantly, a single patient care record.

10. Some level of concern that similar change initiatives, as previously proposed, had not been delivered by GoJ due to political interference / lack of political will[1] despite significant support from internal and external stakeholders.

[1] Multiple stakeholders referenced P60/2017 a proposed system wide partnership board which received stakeholder support but was rejected by the Assembly on basis the functions of proposed Board were not clear.

Cultural change

11. Widespread recognition that whilst the proposed new arrangements will support partnership working and more integrated service provision, this must be accompanied by significant culture change. This was variously characterised as:

    a. GoJ must be open to sharing decision making responsibility with other providers (colloquially expressed as GoJ needs to stop "putting its services first", "holding the power and resources for itself", "dictating to the rest of us". Followed by GoJ needs to "start acknowledging the contribution and expertise of other providers")

    b. All providers must commit to prioritisation of resources of the benefit of Islanders, as distinct from prioritisation of resources to their services / professions.

12. Multiple comments related to a requirement for a values or principles-based approach. It was stated that we needed to develop principles for change as a 'check list' to ensure future decisions accord with principles (for example: if a core principle is focus on prevention we must ensure that, in future, we don't disinvest in prevention to invest more in treatment).

Priorities

13. Widespread support for:
    a. focus on prevention and wellbeing (investing to keep Islanders healthy / productive / active / living independently)

    b. investment in digital to improve services and productivity including:
        - single patient record (seen as critical by multiple stakeholders)
        - more timely and more accurate in and out of hospital information (patient and medicines)
        - technical solutions that are networked so they speak to one another as opposed to unconnected digital solutions (some concerns expressed about potential for Digital Jersey Care Tech challenge to bring forward isolated technologies)

Services Board

14. General agreement that the existing Services Board should remain as is, advising on the operations of government direct services (those currently provided by HCS) and accountable to the MHSS.

Partnership Board

<u>Legal status</u>

15. General support for new Partnership Boards focused on whole system - also accountable to MHSS.

16. Accepted as non-statutory at first but multiple stakeholders spoke of requirement to bring forward certain statutory duties and powers for both the Services and Partnership Board in order to:
    a. protect Board from being dismantled by changing Government / Assembly*
    b. ensure Partners can make decisions (for which they must be held to account) rather than just making recommendations. Although it was noted that future statutory powers should not impact on role of States Employment Board vis-à-vis GoJ employees
    c. share authority and responsibility with partners, as distinct from giving lip service to partnership working

* Urged to make swift progress due to concern about ability to deliver long-term change because of short term decisions driven by election cycle was a reoccurring theme.

Partners renumeration

17. Partners should be renumerated to sit on the Partnership Board (as per the non-executive directors who is on the Services Board). Payment seen as:
    a. recognition of Partners contribution / expertise
    b. creating level playing field between GoJ and non-GoJ providers (essential to supporting cultural shift)
    c. necessary to enable participation which is not central to Partners' 'day jobs'
    d. creating basis for standards of participation / behaviours (paid to represent interest of Islanders and system sustainability as distinct from voluntary role representing individual organisation or sectors interests)

Participation of partners

18. Independent Chair for Partnership Board seen as essential to holding Board collectively to account, and individual members to account for adhering to the Board members' role description and accountabilities.

19. Some limited concern that Department Chief Officer, as a GoJ employee, would be hesitant to hold Partners to account for their participation in the Board as:
    a. they could be criticised for so doing (including criticism from politicians who champion those Partners)
    b. any processes relating to a Partner's contribution could complicate, or create concerns about conflict, if the Partner holds a GoJ contract for services

20. Partnership Board and Services Board will need different Chairs to avoid conflicts of interest.

21. Will need secretariat function for Partnership Board to ensure effectiveness, and will also need a Partners support function to enable full participation by Partners (training; coaching; 'safe space' to explore issues / ask questions)

22. Roles description for members of Partnership Board needs to set out expectations re: behaviours of Partners. Should stipulate requirement to:
    a. represent interest of Islanders and system sustainability whilst providing relevant, sector specific information (but avoiding focus on individual business interests)
    b. participate in decision making and to collectively own decisions taken (Partnership Board must not be a talking shop)
    c. communicate and liaise with other providers in their sector (will require some support to do so).

Partnership Board members

23. Size of Board. Many stakeholders stated that there was a critical balance to be struck between good presentation of different providers on the Board but ensuring there are not too many members to be effective. Concerns that, if it is too large, the Board will simply be a talking shop.

24. Potential additional representation from providers of:
    a. End of life / palliative care services
    b. Community allied health professionals (instead of / in addition to occupation health)

25. Need to differentiate between Partnership Board members and Board attendees / advisors. Non-member Board attendees / advisor to include:
    a. Director of Partnerships & Commissioning & Partnerships (standing member)
    b. Director of public health (standing member)
    c. representatives of New Hospital Facilities work
    d. Chief Pharmaceutical Advisor.

Pharmacy as part of Partnership Board / whole system approach

26. Requirement to ensure pharmacy (including community pharmacists and those operating in GP's surgeries) have seat on the Partnership Board and that the Partnership Board is provided access to Chief Pharmaceutical Advisor as and when required. Also noted the requirement to protect primary dispensing function when expanding potential role of pharmacy in the community.

Dentists as part of Partnership Board / whole system approach

27. Dentists participating in the consultation process expressed more ambivalence about the proposed arrangements than other service providers. Additional feedback from the Jersey Dental Association is anticipated.

Services Board members

28. Current composition of Services Board should mirror existing HCS Advisory Board. To include 5 non-executive directors and 1 Chair but potentially require increased time input from Chair (subject to completion of Board Review process at end 2024).

Clinical Governance

29. Recognised that both Boards provide opportunities for improvement clinical governance across all health and care services, as they provide for oversight of risks and issues, but multiple stakeholders comment on the requirement to invest in systems that drive clinical governance, and associated assurance, across all services ("how do the public know their services are safe"?).

Islanders' voices

30. Must create effective forum to ensure voices and experiences of Islanders are heard by the Partnership Board in order to support citizen focused decision-making. Suggestions included:
    a. Potential for Picker[2] customer survey methodology to be used across the system
    b. requirement to agree with members of Partnership Board how different service providers will hear the voices of Islanders as part of their service provision.

Third sector forum

31. Suggested that an effective third sector forum should be created to feed into Partnership Board to support knowledge and decision-making. Felt that there was a requirement to recognise the challenges / contribution of third sector providers.

Health and Care Department

Services v strategy / integration (requirement to protect resource)

32. Some stakeholders, whilst recognising and supporting the need to ensure the Department is focused on the system - as distinct from focused predominately on hospital, mental health and adults services - nevertheless highlighted the ongoing risk that those services would continue to act as a 'burning platform' absorbing financial and human resources. These stakeholders clearly stated that there was a need to protect non-service budgets and resources. Comments included:
    a. must not "rob peter to pay paul" when service budgets are under pressure
    b. must develop clear budget lines between the Department's Island Division and Services Division and protect those lines.

[2] Picker

Chief Officer role and executive leaders

33. Concern expressed that the Chief Officer would not have capacity to operate across the system if absorbed in service provision matters. Some stakeholders reflected that, if the Chief Officer is 'spread too thin', the proposed cultural shift to system working would not be achieved.
34. Conflicting views about requirement for a managing director to manage health and care services. Seen as essential capacity by some, but unnecessary investment by others. Recognised that a managing director role creates opportunities to grow on-island talent.

Culture is key / leadership

35. Stated that the Island Division must benefit from strong, clear leadership to address the tensions associated with integrated working and prioritisation which will inevitability arise.

Independent voice; public health

36. Some concern (expressed by internal stakeholders only) that bringing public health into wider health department could result in lack of independence, for example concerns that public health:
    a. would not be able to publish data which may suggest service / system deficits
    b. would not be able to act as a critical friend to Chief Officer and or senior officers in the Service Division of the Department

37. Concerns about impact on independence for public health counterbalanced by comments that embedding population health ethos into Department could help drive a genuine prevention, public health approach across the system.

Allied Health Professionals

38. Some concerns expressed that Allied Health professionals were not sufficiently recognised in the Department structure or at Partnership Board level. Whilst some stakeholders felt that the proposed new Island Chief Nurse Advisor role should companion Allied Health professionals across the system (as it is the case in some UK health authorities), others disagreed with this position.

Data and intelligence

39. Multiple stakeholders commented on matters related to role of Department in relation to system wide data and intelligence. These comments included:

a. need to invest in better data capture from across the whole system to measures service / investment outcomes and / or support decision making
b. need to turn data into intelligence ("what is the story") bringing together population data and whole system service data
c. need to invest in whole system PLICS (Patient-Level Information and Costing Systems) bringing healthcare activity information and financial information together in one place in order to better understand how resources are used at a patient / Islander level, for example, staff, drugs, and diagnostic tests
d. that failure to invest in 'boring back office' resulted in uninformed decision making / lack of financial control.

Name of department

40. Support for removal of word 'services' to signify cultural shift of focus from services to health and wellbeing more widely

41. Suggested that reference to 'Health' should also be removed to focus on care, but counter feedback that Department will focus on health (ie. helping people to stay health) as well as caring for people

42. Some criticism that change of name wasted resources and was unnecessary.

Cost of arrangements

43. Some concerns expressed about cost of proposed arrangements including cost of Partnership Board; costs associated with additional staffing roles for example, Island Chief Nurse Advisor. The concerns were only expressed by internal GoJ stakeholders and often in the context of HCS's current financial position.

44. Many of the external stakeholders who were supportive of need to invest in partnership working and service integration were clear that this did not take away from the need to also invest more in health and care services across the whole system, and to do so in the immediate term.

Determinants of Health Ministerial Group

45. Multiple stakeholders indicated support for the establishment of a *Determinants of Health Ministerial Group* to collectively support the health and wellbeing of Islanders in matters such as housing and environmental protection. Associate comments included:

a. need to create structures that allow Partnership Board to provide advice to wider political group

b. need to consider how to create an ethos of *health in all policies* that is central to decision making by members of the Determinants of Health Ministerial Group and / or the introduction of formal requirements for Health Impact Assessments having considered benefits, impact and cost in the round.

Health Insurance Fund (HIF)

46. Support for proposal that MHSS is responsible for HIF in addition to GoJ annual health and care budget, on the understanding that the HIF continues to be focused on primary care spend until there has been wholesale reform of health and care funding arrangements.

Longer term care fund (LTC)

47. Multiple participants stated that MHSS should also be responsible for Long Term Care Fund (in addition to HIF) to support whole system approach. This included third sector and private sector care providers.

Requirements for additional funding

48. Multiple internal and external stakeholders stated that there is insufficient money to deliver good health and care services and / or keep people healthy.

49. Whilst many of those stakeholders supported the principle of MHSS being responsible for the monies from taxation, HIF and LTC, they were clear that this would not address the need to increase funding in the round. They clearly articulated the need for Government to take action now.

50. Home care / care home providers were very clear about the need to focus on immediate challenges related to capacity in the home care / care home sector and need for urgent additional investment.

Commissioning

51. Significant support for whole system commissioning including commissioning of services historically delivered by HCS with no real examination of service requirements / standards and whether HCS is the best provider**.**

52. Support for a more 'Jersey specific' approach to commissioning/ contracting.

Primary care

53. Multiple stakeholders provide feedback on arrangements related to primary care matters including:

a. requirement to establish a Primary Care Directorate with the Island Division of the Department bringing together Director of Primary Care, with Director of public health and key primary care functions (e.g.: pharmacy; nursing; mental health). Some feedback that a Primary Care Directorate could be created via hub and spoke model with the Chief Medical Officer as the hub

b. requirement to separate GP's GMC Responsible Officer from lead GoJ officer focused on GP contract / funding negotiations

Integrated care group / hub and spoke

54. Multiple stakeholders referenced requirement to create an integrated care group in the Island Division, drawing in non-GoJ services providers and other providers from across the system to plan matters such as care pathways, shared care agreements, discharge.

Ambulance

55. Multiple participants stated that the Ambulance Service should be part of the health department as key component in health and care provision, subject to consideration of matters relating to the control room.

Children's Services

56. Some participants asked if children's services should be part of the proposed Jersey Health and Care Department, in addition to be represented on the Partnership Board.

Environment Health

57. Query raised as to whether Environmental Health should be part of proposed Department, but other stakeholders note that many environmental health functions focused on natural environment as opposed to directly on health.

Appendix 1: Consultation proposals

The proposals the formed the basis of the consultation meetings were are live document that was amended during the course of consultation to reflect key elements of the feedback. The proposals below are Version 13.

Jersey Health and Care System

A system that works together to:

- improve islanders' health and wellbeing through population level initiatives and seamless services that enable islanders to live happy, healthy, productive lives
- meet needs through delivery of safe, high-quality service that deliver value for money

Why two Boards?
Partnership Board members are not accountable for GoJ services

Two Boards:

- Health and Care **Partnership Board**; provides framework for partners to jointly have accountability, responsibility and ownership of decision making / leadership across the whole system; supports increased diversity of professionals involved in system wide decisions and planning
- Health and Care **Services Board**; focused on driving up standards and safety of government services delivered by a restructured department of government

A department of government (Jersey Health and Care Department) which:

- works to ensure integrated service delivery and one system approach / whole system commissioning function
- directly delivers a range of hospital, mental health and adults social services.

➢ Focus on Islanders (includes patients) as working at population level not just service user level

➢ Strategic priorities: prevention and wellbeing / population health / system productivity (inc digital) / productive economy

➢ Strategic approach: a whole system = a single Minister accountable for the health insurance fund and monies provided to Department via the annual Government budget – *the Jersey health budget*

Health and Care Partnership Board

- Non-statutory partnership Board held to account by MHSS
- Partners appointed through agreed, transparent, sector-based processes (except for where GoJ employee)
- Majority of partners are private / third sector providers
- ➢ Works on behalf of islanders
- Drives integrated care and health and wellbeing outcomes
- Oversees whole system strategy / plans
- Recommends spending priorities

Independent Chair (TBC)

Jersey Health and Care Department Chief Officer

Other Board members*					
	GPs	Community nursing	Community Pharmacy	Home Care	Dental
	Lead Finance Officer: Jersey Health budget	Island Medical Director (?)	Island Chief Nurse Advisor	Director of Digital Health (Health Chief Information Officer)	Group Director: Public health and intelligence
	Condition specific charitable providers	Care homes	Occupational health / AHPs (TBC)	GoJ Children's services (mental health & social care)	HCS Health and Care Services

*Community opticians as members in 2nd phase of development?

Health and Care Services Board

A non-statutory partnership Board held to account by MHSS

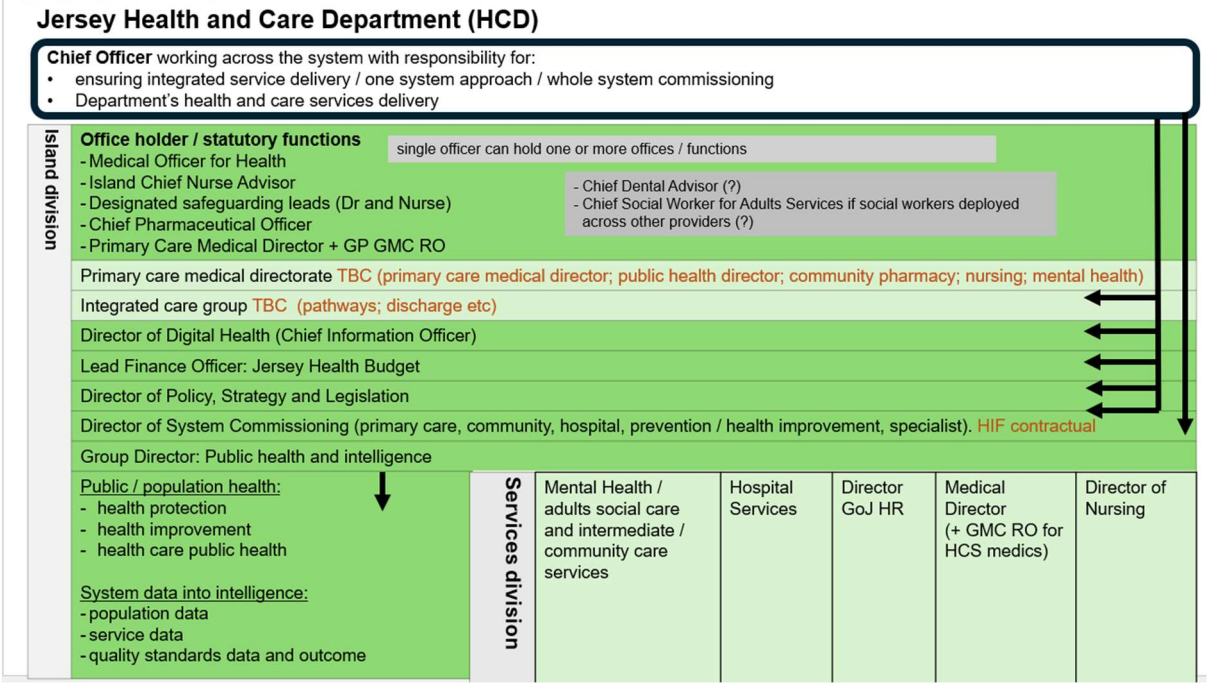
- Majority non-executive directors appointed through Jersey Appointments Commission process
- Works to drive up operational service standards

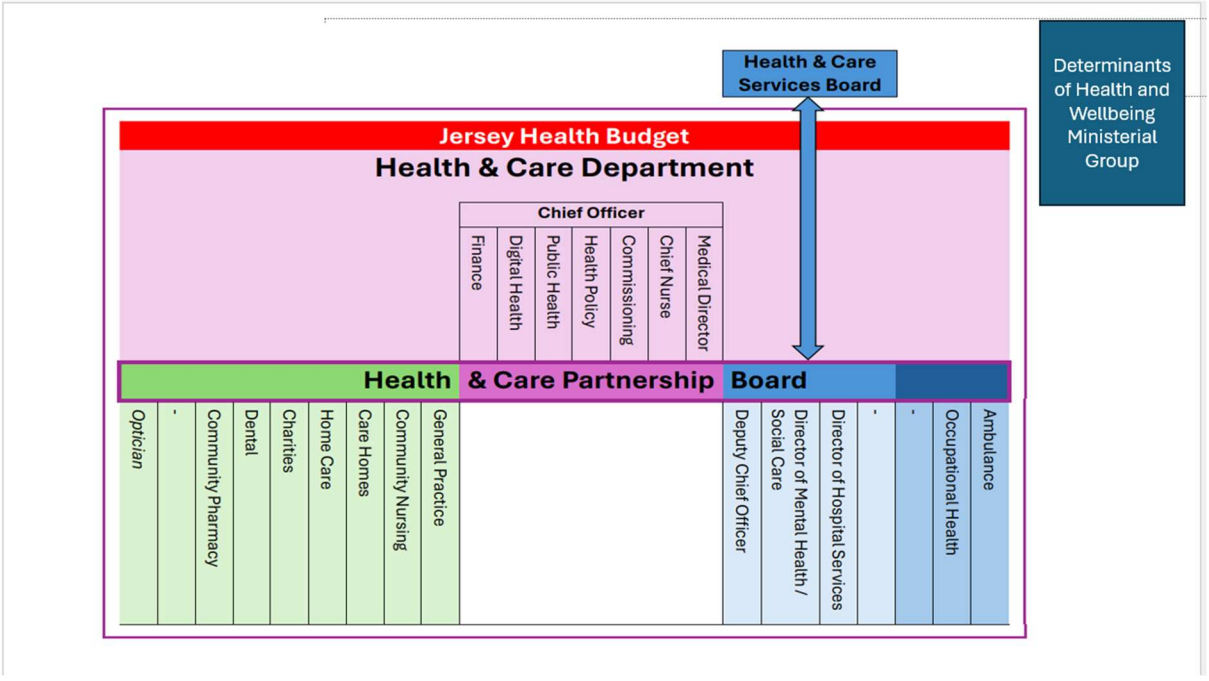
Independent Chair

Jersey Health and Care Department Chief Officer

Non executives	5 x Non-Executive Director			
Island Health division executives	Lead Finance Officer: Jersey Health budget	Director of Digital Health (Health Chief Information Officer)		
Services executives	Hospital	Mental Health / adults social care and intermediate / community care	Director of Nursing Medical Director	Director GoJ HR

Non-executive
Private / third sector provide partner
GoJ provider partner
Island Health executives
Health and care services executives


Jersey Health and Care Department (HCD)
Chief Officer working across the system with responsibility for:
• ensuring integrated service delivery / one system approach / whole system commissioning
• Department's health and care services delivery
Island division
Office holder / statutory functions
- Medical Officer for Health
- Island Chief Nurse Advisor
- Designated safeguarding leads (Dr and Nurse)
- Chief Pharmaceutical Officer
- Primary Care Medical Director + GP GMC RO
single officer can hold one or more offices / functions
- Chief Dental Advisor (?)
- Chief Social Worker for Adults Services if social workers deployed across other providers (?)
Primary care medical directorate TBC (primary care medical director; public health director; community pharmacy; nursing; mental health)
Integrated care group TBC (pathways; discharge etc)
Director of Digital Health (Chief Information Officer)
Lead Finance Officer: Jersey Health Budget
Director of Policy, Strategy and Legislation
Director of System Commissioning (primary care, community, hospital, prevention / health improvement, specialist). HIF contractual
Group Director: Public health and intelligence
Public / population health:
- health protection
- health improvement
- health care public health
System data into intelligence:
- population data
- service data
- quality standards data and outcome
Services division
Mental Health / adults social care and intermediate / community care services
Hospital Services
Director GoJ HR
Medical Director (+ GMC RO for HCS medics)
Director of Nursing


Health & Care Services Board
Determinants of Health and Wellbeing Ministerial Group
Jersey Health Budget
Health & Care Department
Chief Officer
Finance
Digital Health
Public Health
Health Policy
Commissioning
Chief Nurse
Medical Director
Health & Care Partnership Board
Optician
-
Community Pharmacy
Dental
Charities
Home Care
Care Homes
Community Nursing
General Practice
Deputy Chief Officer
Director of Mental Health / Social Care
Director of Hospital Services
-
-
Occupational Health
Ambulance

Appendix 2: *Our Gov* article

Proposed arrangements for Jersey Health and Care System

Tom Binet, the Health and Social Services Minister, has been considering how best to support health and care organisations to work together to improve the health and wellbeing of Islanders. You may have read about this in the local media. As colleagues and Islanders we all have an interest in how health and care is provided in Jersey for ourselves and for our loved ones. Read on to find out what Tom wants to achieve, why and how you can find out more.

Why are proposing changes to the Jersey Health and Care System?

Keeping Islanders healthy and well starts with preventing ill health in the first place, and ensuring our children have the best start. If you're ill, you may need treatment to get well or support to live with your illness; if you are older, you might need help to live independently.

Yet our health and care services aren't always designed to meet these different needs. Many are focused on treating people who are sick, rather than helping people to stay healthy, and at times, it's a struggle to coordinate services.

Islanders with more complex needs can end up visiting different services, having to tell their story again, and getting different advice or, in some cases not getting help they need because services aren't always planned to work together well.

We know from other places, such as New Zealand, that when services work well together, we can make better use of our colleagues, equipment and resources, which allows us to prevent ill health and deliver better joined up care and support. It also helps reduce the requirement to spend more money on services, which is important because health and care costs are going to continue to increase in Jersey - like the rest of the world - as the cost of drugs, treatments and care increases and our population ages.

We need organisations that deliver health and care services to work better together. To achieve this Tom Binet, Minister for Health and Social Services, is proposing setting up a Health and Care Partnership Board and bring together the government functions that work to promote and protect the health and wellbeing of Islanders.

How we propose to improve the health and wellbeing of Islanders

1. **Set up a Health and Care Partnership Board**

The Jersey Health and Care Partnership Board will be a partnership of organisations (including for example GPs, the hospital, public health, care homes, dentists, pharmacist community services) that come together to plan how to promote good health, prevent disease and deliver joined up health and care services.

The partners will work together to:

- understand the health and wellbeing needs of local people
- consider how best to support islanders to stay healthy and well, and prevent illness
- determine the services that are needed in Jersey
- agree how services will work together
- review whether existing services are effective in helping people to stay healthy and get well
- recommend to the Minister (and to the Assembly) how services are organised and funded.

The Partnership Board will work with local people to better understand what is important to them, and to tailor services to what people want and need.

It will work alongside the existing Health and Community Services Board (to be renamed the Health and Care Services Board) which will continue to focus on improving the quality of health and care services delivered by government.

It is also proposed that Health Minister is responsible for both the Government's annual health and care services budget (which predominately funds government services) and the Health Insurance Fund (which predominately funds prescriptions and GP services). This will allow the Partnership Board to plan how to get best value from those monies.

The Partnership Board's duties and membership will not be set out in law at the point at which it is initially established, but will be within the next year or two, if the Assembly agrees.

2. **Bring together government functions that work to promote and protect the health and wellbeing of Islanders**

Government's health and care functions currently sit in multiple Departments and are the responsibility of different Ministers. We will bring many of those functions together into a single Health and Care Department. This will include public health, community development, hospital, mental health, adults social care and community care services.

The Health and Care Department will work to protect and improve the health and wellbeing of local people by working to embed health promotion and disease prevention and improve the effectiveness of all health and care services, not just government services.

Overview of proposed arrangements

The diagram below is a high-level summary of the proposed arrangements. It does not include the details of all the functions to be delivered. A more detailed diagram will be shared with colleagues and external organisations who attend a briefing session.

Minister for Health and Social Services

Partnership Board Partners work together to plan how to deliver joined up health and care services	**Health and Care Services Board** Drives up GoJ operational service standards	The Boards
Partners GPs, Community Nursing, Community Pharmacy, Dental, Home Care, Care Homes, Charitable providers, GoJ Children's Services, Occupational Health, Public Health, Health and Care Department Services (hospital, mental health, adults social care, intermediate and community care)	**Board members** Non-executive directors and Department executive directors	

<table>
<tr><td colspan="2">Chief Officer responsible for joined up services across the Island and overseeing the department’s health and care services</td><td rowspan="4">Health and Care Department</td></tr>
<tr><td colspan="2">Professional leads: Medical Officer of Health / Island Chief Nurse / Island Medical Director / Chief Pharmaceutical Advisor / Designated safeguarding leads / Chief Dental Advisor (?)</td></tr>
<tr><td colspan="2">Whole health and care system directors: Public Health / Digital Health / Jersey health budget</td></tr>
<tr><td>Public Health & health and care system leadership division
Commissioning on and off-island services
Public and population health
Strategy, innovation and policy
Data and intelligence</td><td>Health and Care Services division
Hospital services
Mental Health & adults social care and intermediate and community care services
Director of Nursing and Medical Director</td></tr>
</table>

How you can find out more

During the next few weeks, Tom Binet and senior leaders will be talking to groups of colleagues from across various Government departments about the proposed arrangements - keep a look out for emails from your managers. Tom will also be talking to external organisations.

If you have any questions, please raise them in the comments section below.

Q&A

What difference will this make to Islanders?

Our aim is to support services to work better together to improve care and improve people's health and wellbeing. For example:

- care homes, GPs, community nurses and the hospital can jointly plan how best to care for people in their own homes, so that they don't need to go to hospital in the first instance or stay in hospital unless necessary. Being cared for at home can help people recover faster, can reduce the potential for depression and anxiety, avoids hospital acquired infections and can reduce the risk of repeat admissions to hospital or the need for long-term care.

- GPs, community pharmacists and public health experts can plan how people can get prescriptions, treatments for minor ailments or other support, such as blood tests or other health checks, without having to go the GP first. That will free up GPs to have more time to spend with other patients and, by making it easier for people to get health checks, support early identification of potential problems.

Will this save money?

We know from other countries that if organisations work together to plan what services are needed and how those services will be joined up, we can be more efficient and deliver better care and support. Being efficient helps to eliminate unnecessary spend – for example, we don't need to use the time of a doctor to do something that can be done by a health care assistant.

We also know that if we focus on services that support people to stay healthy in the first place (for example, screening services, reducing preventable illnesses or support to stay physically active) we will save money in the longer term.

But regardless of how efficient we are, we will need to invest in our health and care services, including investing:

- in digital technologies (for example wearable devices that allow people to send information about their blood pressure, blood sugar and oxygen levels to their care providers, allowing the care provider to rapidly determine if the person needs treatment or care, without the need to book or attend an appointment)
- artificial intelligence systems that can help improve diagnostic accuracy
- an electronic health record that allows patient information (including copies of x-rays and scans etc) to be stored in one place and shared with all care providers (with the patient's permission) so it can be rapidly accessed by anyone caring for patient
- vaccinations and screening programmes that prevent disease or support early identification of disease
- services that help us stay physically and mental fit and healthy in the first place for example, healthy eating and exercise support.

We also need to invest in the workforce that cares for us. Almost 7,000 people are currently employed in Jersey's health and care sector, but economic and labour forecasts suggest that we could potentially need up to 3,000 more roles by 2040 if we don't work better together and invest in the services and technologies that help us stay healthy.

The Partnership Board will be tasked with providing advice as to the investment needed to support the health and wellbeing of Islanders and ensure the future sustainability of Jersey's health and care services.

Do you need to change the law to make the proposed changes happen?

We don't need to change the law to set up the Partnership Board, but the States Assembly does need to agree. We anticipate asking the Assembly in April 2025, as it is already committed to deciding about continuation of the existing Health and Care Service Board at this time.

Whilst is it not envisaged that either the Partnership Board's or the Health and Care Services Board's duties and membership will be set out law in the short term, this may happen in the next year or two, if the Assembly agrees.

We would need to change the law to make the Minister for Health and Social Services, as opposed to the Social Security Minister, responsible for the Health Insurance Fund in addition to being responsible for the annual health and care services budget. The States Assembly would need to agree the change in law.

Do the organisations that provide health and services in Jersey think this is a good idea?

We have already spoken to some providers and their general view is that the proposed changes are, in-principle, a good idea but they have said we must develop more detail and speak with more services providers. We will do this by the end of 2024.

To date, everyone has been very clear that we must change the way we arrange our health and care services, because the current arrangements don't support us to do the best job possible for Islanders.

How are you consulting colleagues and external service providers about the proposed changes?

Tom Binet is proposing high-level changes that will enable government and non-government health and care service providers work together in a more integrated way. It is not a major restructuring. As such, there will be a light touch, proportionate consultation process.

Key external and internal health and care services providers will be invited to briefing meetings in October and November.

HCS, public health and health policy colleagues will be invited to briefing meetings with their senior executives, as their current departmental high-level structures will be affected. Those colleagues will be invited to ask questions and give comments.

Very few colleagues are directly impacted, but we know that many more will be interested in how we organise ourselves to deliver better health and care outcomes for Islanders, hence we are providing information to other Government of Jersey colleagues via Our Gov articles.