



**Response to the Government Plan
2021-2024 and revised plan 2022-2025**

Revenue expenditure for Mental Health projects, which would be used to drive changes to facilities and services for Mental Health Services.

Despite best efforts to utilise funds for this purpose service users are not seeing the reality on the frontline. Promises in previous plans have failed to materialise including (a) Place of Safety, (b) Staff Retention (c) Support for Families and Carer's (Carer's Strategy) (d) Care Pathway developments (e) Empowering and Involving Service Users in all aspects of care and service delivery

Orchard House and Clinique Pinel	Comments on the Project
<p>Last year's Government Plan also included a capital project spend of £3,950,000 in 2020, which included investment into improvements at Orchard House and Clinique Pinel.</p>	<p>While some work has been carried out to improve the environment at Orchard House and surrounding external area, we lament the lack of progress on the development of a suitable, safe, dignified and therapeutic environment for people with severe mental illness. It is almost 4 years (2018) since the Health & Safety Inspectorate recommended improvements be made to the adult inpatient facilities within mental health services.</p>
	<p>Regardless of the impact of Covid and delays to the startup of the work on Clinique Pinel the development continues to be affected by 'project drift'. Should the current pace of development remain the redesign & refurbishment of mental health inpatient facilities at Orchard House and Clinique Pinel will have taken 5 years to complete given the recent announcement of a revised completion date in 2023.</p>



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	<p>We acknowledge the small part played by Covid however, improving mental health facilities continues to be overshadowed by the new hospital development. As a result we believe further delays to the capital project at Clinique Pinel will potentially:</p> <ul style="list-style-type: none"> • increase the cost of the capital project • continue to compromise the dignity and safety of service users & their families • impair the recovery of those with severe mental illness • affect workforce recruitment and retention workforce • reduce the therapeutic space available • Potentially affect the development of the new inpatient facilities being planned for as part of the new hospital development
	<p>The unacceptable delays to progressing the work on Clinique Pinel reveals the lack of priority given to improving the quality of care and support to people with severe mental illness. Service users are being cared for in what can only be considered as a building site.</p> <p>There has been no consideration to minimise noise levels. Service users report sleep disturbance, and a lack of privacy and dignity as a direct consequence of building work. In addition, service users are reporting a drop in environmental standards within the existing 'on site' facility at Orchard House e.g lack of privacy and dignity relating to shared space and window dressings.</p> <p>The capital scheme would benefit from the regular involvement of service users and their families. Currently their involvement in the refurbishment programme is weak. Service user involvement in the development of the proposed mental health inpatient unit at the new hospital scheme should also be mandatory.</p>



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	<p>The capital scheme does not take account of the need for transitional support during the redesign and refurbishment programme and this is not reflected in any of the detail in the Government Plan.</p> <p>Had there been additional investment in the charitable sector the sector could have helped reduce the need for inpatient care/admission at this time of rebuilding by providing early intervention support for families as an alternative to hospital admission during periods of crisis.</p>
	<p>The impact of further delays continues to present difficulties for families and carer's who are trying to support their loved ones in an environment that is not conducive to therapeutic recovery.</p>
	<p>While some improvements are planned for, the investment provided is at a basic level and the capital allocation falls short of what is required to deliver a modern therapeutic environment.</p> <p>A number of actions identified within the Mental Health Improvement Plan (produced in response to the Scrutiny Panel Review of mental health services in 2018/19 and the Health and Safety Inspectorate report into conditions at Orchard House 2018) remain outstanding e.g., Place of Safety</p>
	<p>There is a concern that the refurbishment of Clinic Pinel will mitigate the need to invest in a modern mental health facility as part of the new hospital development. Service Users will seek concrete and reliable evidence that this will not be used as an excuse to avoid further investment in the mental health estate.</p>



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Changes to Mental Health Services and facilities	Comments
<p>Continued investment in the redesign of Children and Adolescent Mental Health Services (CAMHS), to support those experiencing mental ill-health.</p> <p>Investment will be most effective by developing a robust CAMHS service with the following components:</p> <ul style="list-style-type: none"> • Early intervention service (all ages of children) • Community Intensive Support Service (seven days) • Improve/refocus the current service as a specialist service • Medical (doctor) cover for governance and leadership • Improve quality and performance management 	<p>We welcome the further investment in child & adolescent mental health services, however funding CAMHS service developments in isolation to adult mental illness services will create log jams in the care pathway if investment in CAMHS services is not matched to investment in adult services.</p> <p>The government proposals highlight the need for increased medical capacity however it is our view that the wider determinants of health and wellbeing in children and their families do not have their basis in a medical condition.</p> <p>We would like to see more emphasis placed on improving the support for families experiencing challenges to family life where mental illness is in the family – an offer which could be delivered in partnership with the charitable sector.</p> <p>We would like to see investment in evidence-based interventions e.g. Family Therapy and related family interventions which are proven to improve outcomes for families affected by severe mental illness.</p>
<p>Home Treatment and Liaison Team</p>	<p>Investing in a home treatment and liaison team in CAMHS services alone will not fix the demand and capacity issues which exist between child and adult mental health services. Early intervention for adults is as equally important and needs to reflect a family-based model of support (as per NICE recommended guidance) rather than a model of care that perpetuates silo working between CAMHS and Adult Mental Health Services</p>



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Perinatal mental health (PMH)	We welcome additional investment for improving access and support to mothers during the pre and ante natal period and reiterate the need for this model of care and support to be funded on a multi-agency and multidisciplinary basis rather than through the domain of a single service. Adopting this approach to remodeling and funding services will serve to strengthen integrated care and support across the system.
Neurodevelopmental service - this new service will be established to manage the increase in cases that has developed due to Covid-19	If this proposal is a waiting list initiative we support the need to provide timely access to assessment and care for those in need of a neurodevelopment service which we assume has been a problem caused by the restrictions to services during Covid and not that Covid has increased the number of neurodevelopment cases. There is a lack of recognition in the Government Plan as to the impact these delays have had on families and carer's particularly the socio economic impact of delays to care and support.
Child to Adult Mental Health Transition Pathway	We welcome the additional investment in pathway development but would like to see more about what resources the Government is committing to the role the charitable sector can play in supporting transition for children to adult services and their part in other care pathways.



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<p>Overall net expenditure will increase by £1m between 2021 – 2024</p>	<p>It is our view that the net expenditure identified falls short of the planned development in this plan and therefore grossly underestimated</p>
<p>Additional £2m in mental health in 2022</p>	<p>It is difficult to ascertain what resources in the Jersey Care Model are or will be ring-fenced for preventative and proactive schemes supporting people affected by severe mental illness.</p> <p>It is our view that net expenditure falls below that which is required in order to put mental illness services on a sustainable footing and prevents minimal opportunity for the charitable sector to access and draw on resources that could support the mental health agenda of the Government.</p> <p>There is a vibrant charitable sector in Jersey, but the plan does not provide any clarity as to what investment will be directed to the sector in support of meeting the governments strategic objectives.</p> <p>The commissioning framework is weak and anti-competitive and does not facilitate innovation between Government and certain elements within the charitable sector. Agencies 'chosen' or 'invited to provide' by Government are in receipt of considerable resources and there are gaps in the governance arrangements which relating to performance and value for money.</p> <p>The resource allocation process is peppered with self-interest, bias and favouritism rather than a robust independent procurement process and leaves little room for smaller and emerging charities to bring much added value to the system of care.</p> <p>The plan is also nonspecific about how continued support of preventable disease in mental illness will be addressed. To date resources have been primarily focused on a range of mental health and well-being initiatives but there is an abundance of preventative strategies that do not feature in the Government Plan or the Jersey Care Model e.g. early intervention in psychosis, investment in evidence based behavioural family therapy and related family interventions.</p>



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We hold the view that the Jersey Care Model fails to capture the biopsychosocial approach to recovery and is instead orientated around the reconfiguration of a hospital based services and the relocation of some services into the community - hence the cost profile does not reflect what actual expenditure is required to deliver better outcomes for people with severe mental illness.

The plan lacks coherence or relevance to specific outcomes related to the mental health needs of the local population. We urge the government to reconsider its approach and develop a clear strategic framework which addresses the gaps in the overall service model, is fully costed, evidence based and specifically addresses the needs of people affected by severe mental illness.



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	<p>We are aware plans for a new inpatient unit at Overdale are included as part of the new hospital development. Confirmation on the timescale for delivery of the new mental health unit would assist in clarifying whether the financial commitments identified in the Government Plan will result in the delivery of a new mental health inpatient unit at Overdale before 2027.</p>



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Mental health and wellbeing are fundamental to quality of life in Jersey

On-Island in-patient care is being designed to support those experiencing both acute or long-term mental ill-health conditions

We agree with the statement made originally by the World Health Organisation that 'there is no health without mental health' and pleased to see this adopted as a basic principle in Jersey. However, we are concerned that these are 'just words' in the context of the Government Plan.

We cannot find any evidence that the Jersey Care Model is based on recovery-oriented principles or reflects the needs of people with severe mental illness. It is our view that decisions are being taken in absence of policy framework consequently resources can't be targeted or effectively utilised.

It is our view the Government Plan needs further detail on how the Jersey Care Model will deliver better outcomes for people with mental illness. As it currently stands the model is not aligned to contemporary thinking reflecting principles of recovery and social inclusion. Rather the Jersey Care Model is a descriptor for how more care can be provided in the community which was once the domain of a hospital.

For mental illness services it is neither one or the other as there is a need to protect vital services along a continuum which can respond to hugely variable and individual need.

The Government Plan does not include any detail (or for that matter any plans) on how 'parity of esteem' will be addressed. It does not indicate what resources or plans there are for policy and legislative action.

The definition of 'integration' is ill defined and concepts of choice and rights-based care which underpin a 'person centred' approach to recovery are absent in the narrative.

We welcome the ambition to 'facilitate' and 'safeguard' community partnership however in our experience current arrangements are subject to bias and are anticompetitive. In our experience the commissioning process is flawed and selective in awarding contracts and we would like to see further



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detail in the Government Plan regarding how future commissioning arrangements will assure openness and transparency and fairer procurement processes

The plan falls short of detail in relation to addressing matters of social inclusion, diversity or how cultural change and attitudes to mental illness in all areas of government will be addressed

Whilst we welcome the development of new inpatient facilities - these are designed around the need of people in need of acute mental health care and not addressing the need of people with long term mental health conditions living in the community.

The Government Plan falls short of recognising the need for investment in community based mental health services many of which are delivered in partnership with the charitable sector.

We would like to see further investment in family-based care and support particularly for this who experience severe mental illness in order to recognise and address the social and economic impact severe mental illness has on the wider family.

The impact of Covid in terms of increase demand for mental illness services does not feature in the Government Plan. As a charity we are already seeing the devastating impact on some families affected by severe mental illness and the impact of Covid on family life.

Changes taking place in the UK's health and social care system have not been reflected in any of the Governments Plans with regards to the future provision or commissioning of and access to specialist mental health care in the UK. Current structures in the UK are being remodeled and could potentially lead to problems of access and repatriation for Jersey residents.



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Modernising Government	Comment
<p>Deliver efficiencies from 2020 - 2023 through the efficiencies programme</p>	<p>The baseline funding for mental illness services continues to be grossly underfunded and seems this will worsen over the lifetime of the efficiency programme.</p> <p>The financial commitments made over the course of this Government Plan do not appear to reflect any new additional investment in mental illness services for adults. The funding available seems to relate to commitments made in the previous government plan for those schemes originally funded through P82 and rolled over.</p> <p>The mental health strategy of 2015-2020 has not been renewed or updated and has resulted in a lack of strategic planning and broader investment in the future provision of specialist or recovery-oriented care. It appears mental illness services on the island have not had new and additional investment other than the capital allocated to refurbish Orchard House and the development of Clinique Pinel. Consequently, we believe the service will constantly remain in a state of ineffectiveness due to the lack of comprehensive investment from which efficiencies can be generated.</p> <p>Applying efficiency targets to mental illness services will only serve to reduce the delivery model to a basic level. Opportunities for improving outcomes by expanding capacity available within the charitable sector and improving value for money for the taxpayer will be missed.</p> <p>It is our view that going forward both the provider and commissioner element to the system of mental health care on the island must be appropriately resourced so that the Government can secure better mental health outcomes for the population. We would like to see the Government commit to the development of a new mental health strategy which is fully resourced, addresses the significant gaps in services and establishes the model of delivery for the</p>



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	<p>future. We would also like to see the Government Plan evidence authentic meaning and engagement with carers and families, service users and all the charities on the island involved in supporting people with mental health problems.</p> <p>We are less optimistic that what the government is saying it will do in this plan will actually be delivered. There is an 'historic blindness' to the needs of mentally ill people on the island and the role played by the charity sector</p>
<p>Development and implementation of Jersey's Strategic Framework. This framework is for all of Jersey, not just Government, by helping us to engage with charities, businesses and communities who also have an important role to play in supporting the achievement of sustainable wellbeing for Islanders. We will continue to implement, develop and improve it through 2021 and beyond.</p>	<p>The voice and experience of people affected by mental illness has not so far featured in the Government Plan.</p> <p>We welcome the development of a framework that allows islanders to track and monitor performance against key strategic objectives, however the data relating to mental illness provision is patchy and unreliable and centred on activity relating to the health and community services department.</p> <p>We would welcome a public health population-based approach to addressing mental illness in Jersey rather than an operational delivery model advocated by a hospital team and the much broader inclusion of people affected by illness in the planning and development of services.</p>
<p>Improved migration controls will be implemented to support a new Common Population Policy</p>	<p>It is our view that any changes to migration control and the implementation of a new common population policy need to take account of the demand for mental illness services to meet the diversity of need. There is no provision in this plan which address the impact of population change or is culturally sensitive to the needs of all.</p>
<p>We will need to take a different approach to funding and financial management across the system.</p>	<p>We agree this is long overdue and should be underpinned by an effective performance and governance framework which provides transparency.</p>



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<p>A one system, one budget approach will need to be taken in order to truly integrate services.</p>	<p>We are concerned that the 'one system' approach to budgetary management will impact negatively on mental illness services. It is our view services need ring fenced allocation as we are concerned that this approach may lead to further dilution of investment to subsidise other areas of care. We agree that integrated care is the way forward, but this cannot be realistically achieved until the baseline allocation is fully resourced and protected.</p> <p>As a charity we are already providing services which should be commissioned by the Government through a recognised funding and commissioning mechanism. If resources for Government funded services are reduced or diluted the charitable sector will be left picking up needs which cannot be met by mainstream services and without the necessary resources available to provide appropriate support.</p>
<p>A review of the system financial sources, income, process, and structures will be required over the next four years in order to create a sustainable, efficient model for health and care in the Island.</p>	<p>We welcome the review of current systems resources and structures. The sustainability of mental illness services is negatively affected by the ill-conceived introduction of the Jersey Care Model which is devoid of any detail in relation to mental illness services.</p> <p>Comparative governments have recognised the essential need to separate the delivery of mental illness services from acute care services which has led to more effective care, improvements in staff recruitment and retention, improved population outcomes and greater value for money through partnership with the voluntary and charitable sector.</p> <p>We welcome the review of the current model of leadership which has failed mental illness services. As a charity we would be happy to discuss ideas which could inform the future model of leadership going forward with panel members should they wish to do so.</p>



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<p>The Minister for Social Security will bring forward legislation to create a transfer of £11.3 million from the Health Insurance Fund to support the Jersey Care Model and the Digital Health and Care programme budgeted for 2021.</p>	<p>We would urge the panel to seek clarification on what element of this funding will be directed towards improving mental illness services on the island and what proportion of this will be targeted at strengthening partnership with the charitable sector in most need.</p> <p>We are concerned that resources on this scale are being directed towards schemes which are not grounded in any health or (mental health) policy or evidence-based approach and backed up by proper cost benefit analysis, quality impact assessment or defined outcomes. The lack of policy direction suggests taxpayers' resources via the HIF are being used to manage transformation projects which should be funded by other means.</p>
<p>(From survey's conducted with islanders a) participants were mostly concerned with having access to good mental health and support services (67%), and access to hospital services (63%). 70% said that investing in a new hospital should be the Government's priority.</p>	<p>We would like to draw the panels attention to the concerns we have about the survey results which show there is only a 3% difference in the views expressed by participants about the need for better mental health and support services and their views about investing in a new hospital. Current funding intentions in terms of needs and preferences (expressed in surveys) reveal that the scale of investment planned for in mental illness services is disproportionate and that local people would like to see investment in better mental healthcare and support as much as they are seeing in the enabling works around the new hospital development.</p>



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<p>To develop a digitally enabled and coordinated health and care solutions platform across the Island and operating at different levels across our health care services. We will build on existing systems and those products which support our strategy, replacing and modernising those that do not support our integrated care model. This will improve Islanders' wellbeing and mental and physical health by putting patients, families, and carer's at the heart of Jersey's health and care system.</p>	<p>Sadly, we are of the view this is overly ambitious, and we do not believe this will be delivered for the mental health system during this Government Plan. Data systems are out of date, uncoordinated and not connected to the wider community and its partners in the charitable sector.</p> <p>There are no such developments involving service users affected by mental illness in the development of information and digital technologies.</p>

End