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Deputy Mary Le Hegarat  
Chair of the Health and Social Security Panel  
By email.

31 July 2020

Dear Deputy Le Hegarat

**Health and Social Security Panel**  
**Government Plan 2021-2024 Review**

In response to your letter dated 24 July 2020, please find below the replies to your questions:

**Mental Health**

**1. How were each of the 6 initiatives identified under the business case impacted by the outbreak of COVID-19 to date? At which point was their implementation changed or suspended, due to reallocation of resources for example?**

There are three business cases relevant to the 18+ Mental Health Care Group (MHCG). Overall there can be considered to have been three months slippage on delivery timescales whilst the focus was on the emergency response to Covid-19. Services were re-configured to enable the continuation of essential mental health services in the event of a potential impact of 40-50% workforce loss. However, the emergency has also accelerated some service reconfiguration and provided learning opportunities. Please see the detail in relation to each business case in the table below:

<b>Business Cases</b>	<b>Scope/objective</b>	<b>Covid -19 implementation change or suspension and current situation</b>
Crisis	<p>A Crisis response team will be developed and introduced, offering single point of contact to Adult MH services via an access (liaison) response which will triage referrals to the service to determine response required (emergency, urgent or soon).</p> <p>A 24/7 community triage response, geographically accessible to police and ambulance service</p>	<p>Covid 19 has accelerated the introduction of community triage, intensive outreach through the Home Treatment Team (HTT), and the strengthening of a focused liaison function. The Listening Lounge services have continued albeit remotely.</p> <p>The service needs to be able to support an individual in their recovery post crisis. The crisis service was put in place by redeploying staff from across other areas of the MHCG</p>

	<p>A Home Treatment Team offering intensive support within the individual's place of residence, with a focus on admission prevention and intensive post discharge support.</p> <p>The three elements of crisis response described will be linked to ensure a sustainable workforce that provides effective use of public money. Using a joined-up approach will ensure seamless working practices internally, with Community Mental Health teams, and with HCS and external partners.</p>	<p>including community mental health teams.</p> <p>The MHCG has now had funding approval allowing recruitment to commence, with the aim of making both the crisis service and the community team more robust.</p>
Complex Trauma	Investment in both staff and training with the goal of significantly improving the provision of evidence-based interventions for people struggling with the effects of trauma.	The new pathway has been developed and recruitment is due to begin shortly. There has not been any reallocation of resources away from the initiative.
Legislation	<p>Ensuring Citizens Human Rights are upheld via training and consultation for Partner Agencies</p> <p>Rolling training programme in place around both laws across Health and Community Services – End Q3</p> <p>Monitoring of Mental Health and Capacity and Self Determination Laws and required amendments</p> <p>Establish a permanent workforce</p>	<p>The Covid-19 emergency response did impact upon the legislation team. Members of the team completing Significant Restriction of Liberty Assessments were redeployed to support community triage and home treatment.</p> <p>Additional Capacity and Liberty Assessor support is now in place. The backlog (including pre Covid-19) has been timetabled to be cleared by the end of Q4 2020.</p>

The other 2 cases were:

The listening lounge (operational in early 2020)

CAMHS – is delivered in connection with CYPES. The funding was for off island placements. During COVID and on island facility was established as the UK was not accepting any new referrals.

**2. Has the £5.4m of funding for the 'Crisis Support' initiative been confirmed and if so, has recruitment started?**

The amount identified for the Crisis support case is £1.4m per annum. The emergency Covid-19 response meant that recruitment was put on hold for practical reasons. The crisis team requirements have been identified and presented to the HCS management executive, with consideration given to the current and existing impact of the pandemic on MH Services. Work has commenced with the States Employment board (SEB) in order to support parity of pay across professional roles performing the same function. The Mental Health Care Group have received approval for the release of the funding after plans were approved this week. The Care Group will

begin advertising immediately for posts with confirmed salaries but also develop a recruitment campaign because of the volume of posts required.

**3. The Panel has expressed concerns and raised questions about the PwC Report on the Jersey Care Model, in light of this and the commencement of the Mental Health Strategy that was due to start in Q.1 2020, are the 'Mental Health Partners' any clearer about the long-term strategic plans? Do they have more certainty regarding their roles and functions within the future care model?**

The PwC report has not yet been released to the MHCG. There is ongoing and extensive work with voluntary sector partners for example the Listening Lounge, MIND and the provision of training on the Recovery Model to 18+ MHCG staff by the Recovery college. There is a clear understanding between partners that the solution to the complex mental health issues in our community do not lie with one agency. The MHCG has demonstrated its commitment to multi agency working with both the third and private sector and is committed to its continuation.

### **Digital Health and Care Strategy**

**3. How much of the £3.2m that was allocated for 2020 has been spent so far?**

To date we have spent £411K with a full year estimate spend of £612K. This may increase if we experience a severe second wave of COVID.

**4. How has the funding for the Digital Health and Care Strategy, been impacted since the outbreak of COVID-19?**

The impact has been positive. We have been able to fast track a number of health services integrations and introduce new health & care applications in primary care, pathology integrations to NHS UK / PHE, established high performance remote clinical diagnostic reporting for Radiologist and Pathologists.

**5. Without a clear line of funding for the development of a digital patient records system, estimated to cost £30m, does this present a significant risk that the project is a nonstarter with the additional pressures on resources and funding shortfalls, brought about by COVID-19?**

The development of a digital (electronic) patient record system (EPR) without clear funding is a substantial risk. However, there are no alternatives to having an EPR as we must move forward with replacing the existing EPR (TRAK Care) and replace it with a modern system that will seamlessly integrate in to other health and care platforms to provide the overall digital patient record which is core to supporting the Jersey Care Model. COVID-19 has highlighted the importance of have a digital record interchangeable between other health & care systems to support Track & Trace, patient contact etc. Funding for this is being sought through the 2021-23 Government Plan.

## **Mental Health Improvements**

### **6. What is the current stage of building works for each facility detailed in the business case?**

The upgrade and refurbishment of the existing Orchard House is progressing well and near completion. The last element of the upgrade works is to swap out the existing sanitaryware / toilet fittings with anti-ligature ones. These works had only just begun when lockdown commenced. The toilets/bathrooms are being replaced one/two at a time and at the point of lockdown (20.3.20) only 3 of the 19 bathrooms/toilets had been completed. The contractor estimates that he has 4 to 5 weeks of work to complete.

The relocation of Orchard House to Clinique Pinel (*incorporating the relocation of Beech Ward to Rosewood House*) is scheduled to commence on Monday 3 September 2020. The project has been delayed due to scope creep, the lockdown and a budget shortfall. The overall programme is 72 weeks, however, it is anticipated that Orchard House will be ready to occupy within 52 weeks of commencement.

### **7. Have there been any cost implications for the buildings works carried out as a result of the outbreak of COVID-19?**

In terms of the upgrade and refurbishment works to the existing Orchard House – there have been no cost increases.

In terms of the relocation of Orchard House to Clinique Pinel the contractor has included additional labour resources and hygiene facilities to ensure the strict adherence to social distancing / safe 'Covid' working practices. The additional allowance equates to £155K over the 72-week contract period.

### **8. Works to 'make safe' Orchard House were well underway prior to the outbreak of COVID-19.**

There has not been an increase in cost for this section of works, however, works to toileting and washing areas has had to be postponed due to access and social distancing rules.

### **9. How will you mitigate the disruption to the patient and staff experience during the transfer of services from Orchard House to Clinique Pinel?**

Final migration plans have yet to be agreed with the individual Department Leads however, it is acknowledged that this will need to be undertaken sensitively and in a manner that causes the least disruption / anxiety to both patients and staff. It is anticipated that the final migration plans will need to be approved by the hierarchy of H&CS before they are implemented.

### **10. How much of the £5m that was allocated for 2020 been spent on building and maintenance works on the current hospital so far and how much is the department predicted to spend in total in 2020?**

Due to the COVID-19 outbreak the planned 2020 works programme was revised in May to omit the majority of inpatient area works. The revised works package currently sits at £4.825m (expected to be £5m and will be fulfilled) with £2.5m committed to date. Due to the reworking of the programme the majority of spend and future commitment will fall between August and December. £4.135m is currently identified for works on the hospital site.

**11. Previously the Panel was advised that there were 25 areas on the priority list that were deemed as "catastrophic risks". How many of those 25 areas have been addressed to date?**

- Five Oaks – Feasibility Option 2 agreed. Planning Application in process. Start of site scheduled for Nov 2020.
- Estates Infrastructure – ongoing works programme 2020-2023. 2020 revised as mentioned in Q&A 10.
- DSU – Feasibility completed in June which identifies a £900k project over 57 weeks. Project to be reviewed for 2021 programme.
- HTHW – Feasibility completed. £1.2m project identified. Tender package underway. Scheduled start Q2 2021 when heating is switched off.
- OPD Ramp – works postponed due to ramp being used for UTC access. HCS review required.
- Fire Risks - ongoing works programme 2020-2023. 2020 revised as mentioned in Q&A 10.
- Disused and dilapidated buildings – no progress until Our Hospital Site confirmed. Capital funding required.
- Nightingale – Dutch installers have revisited the island to rectify installation issues with superstructure.

Yours sincerely



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