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# Public Accounts Committee

## Public Hearing with Directors General

## Witnesses: Director General, Children, Young People, Education and Skills, and Director General, Health and Community Services

Monday, 29th November 2021

**Panel:**

Deputy I. Gardiner of St. Helier (Chair)

Senator T.A. Vallois

Connétable J.E. Le Maistre of Grouville

Connétable A. Jehan of St. John

Ms. L. Pamment, Comptroller and Auditor General

Mr. A. Lane

Mr. P. Van Bodegom

Dr. H. Miles

Mr. G. Phipps

**Witnesses:**

Mr. M. Rodgers, Director General, Children, Young People, Education and Skills

Ms. A. Pomar(?), Head of Finance Business Partnering, Children, Young People, Education and Skills

Ms. C. Landon, Director General, Health and Community Services

Ms. J. Poynter, Associate Managing Director, Health and Community Services

Ms. J. Tardivel, Head of Strategic Planning and Reporting, Health and Community Services

Ms. M. Roach, Director of Finance, Health and Community Services

[14:03]

**Deputy I. Gardiner of St. Helier (Chair):**

Welcome to the Public Accounts Committee public hearing with the Director General for Health and Community Services, H.C.S., and Children, Young People, Education and Skills, C.Y.P.E.S. We will go round the table shortly to introduce ourselves, but first, for the benefit of the public, I will set out the reasons for the public hearing today. As you know, we are currently undertaking reviews on performance management and the Government's COVID response. We are also interested in how the changes of your departments through the target operating model are working in practice and whether they ultimately deliver better services to the public. We want to see how taxpayer money is used effectively for its intended purposes for 2 of the largest departments in the Island, and we also would like to question how you measure improvements to services and how your departments work together on joint projects. Although the hearing is long, we have a lot of ground to cover so we would appreciate if you could keep your answers as brief and to the point as possible. Apologies in advance if I interrupt you. But before we start, we will go round the chamber and introduce ourselves. I am Deputy Inna Gardiner, Chair of the Public Accounts Committee.

**Senator T.A. Vallois:**

Senator Tracey Vallois, member of the Public Accounts Committee.

**Mr. A. Lane:**

Adrian Lane, independent member of the Public Accounts Committee.

**Dr. H. Miles:**

Dr. Helen Miles, independent member of the Public Accounts Committee.

**Mr. G. Phipps:**

Graeme Phipps, independent member of the Public Accounts Committee.

**Mr. P. Van Bodegom:**

Paul Van Bodegom, independent member of the Public Accounts Committee.

**Connétable J.E. Le Maistre of Grouville:**

Constable John Le Maistre, States member of the Committee.

**Connétable A. Jehan of St. John:**

Constable Andy Jehan, member of P.A.C. (Public Accounts Committee).

**Comptroller and Auditor General:**

Lynne Pamment, Comptroller and Auditor General.

**Deputy I. Gardiner:**
Please introduce your team.

**Director General, Children, Young People, Education and Skills:**
Mark Rodgers, Director General for Children, Young People, Education and Skills.

**Head of Finance Business Partnering, Children, Young People, Education and Skills:**
Anna Pomar, Head of Finance Business Partnering for Children, Young People, Education and Skills.

**Director General, Health and Community Services:**
Caroline Landon, Director General, H.C.S.

**Associate Managing Director, Health and Community Services:**
Jo Poynter, the Associate Managing Director in H.C.S.

**Head of Strategic Planning and Reporting, Health and Community Services:**
Jackie Tardivel, Head of Strategic Planning and Reporting for H.C.S.

**Director of Finance, Health and Community Services:**
Michelle Roach, Director of Finance for Health and Community Services.

**Deputy I. Gardiner:**
Thank you. We will start with the first question now and I am handing to the Constable of St. John.

**The Connétable of St. John:**
Thank you, Chair. Joint working. There have been several changes in responsibilities between the 2 departments. For example, C.A.M.H.S., Child and Adolescent Mental Health Service, has moved from Health to Education. Can you briefly explain the rationale of this and/or other changes?

**Director General, Children, Young People, Education and Skills:**
Thank you. So, the change you are referring to occurred back in 2018 as part of the first target operating model, and the rationale at the time for that particular arrangement was to bring together as many services that families needed to benefit from in a co-ordinated way. So, the fundamental argument in terms of moving C.A.M.H.S. from what was Health and Social Services Department into

C.Y.P.E.S. was, indeed, just to create the opportunity for greater synergy around the integration of support for children and their families.

**The Connétable of St. John:**

If I can ask the D.G. (Director General) of Health, do you think that has been a success?

**Director General, Health and Community Services:**

That T.O.M. (target operating model) happened before I came into post. I think there has been some challenges, as there always are, when services, particularly provision services, move, but I think that we have worked well with colleagues in C.Y.P.E.S. to ensure that the service is as safe as it can be for our patients.

**The Connétable of St. John:**

So do you want to share with us what those challenges are and if they have been resolved?

**Director General, Health and Community Services:**

Some of the challenges have been around lines of management. So, the management of the clinicians still sits within H.C.S. for governance purposes and for clinical supervision and lines of accountability through to the professional leads. I think that the transition out of a clinical setting and a clinical environment for some of our staff has been challenging, but I know that Mark and his team have worked hard to support that move and to put in place governance structures whereby our clinicians can feel safe within that environment.

**The Connétable of St. John:**

Okay, thank you. Do you have service level agreements, memoranda of understanding and expected outcomes when changes are made?

**Director General, Children, Young People, Education and Skills:**

We have developed a memorandum of understanding and we have also agreed recently that it needs to be renewed, refreshed, to kind of reflect where the service is moving to and has moved over the last 3 years. Within the M.O.U. (memorandum of understanding) I think we will be clearer about I guess the expected responsibilities and outcomes that we are looking for, but ultimately outcomes are set out either in departmental or government-level plans anyway in terms of this particular set of activities.

**The Connétable of St. John:**

So was there an M.O.U. before the move happened?

**Director General, Children, Young People, Education and Skills:**

There certainly ... well, I do not think there was an M.O.U. before the move happened. Like my colleague, I ... well, I arrived before Caroline did, but when I joined the Government in May 2018 there was not, to my knowledge, an M.O.U. at that point. I do not know whether one had previously existed. Work then subsequently took place in recognition of the need for one.

**The Connétable of St. John:**

When do you expect the revised M.O.U. to be completed?

**Director General, Children, Young People, Education and Skills:**

The last time we discussed this was 2 months ago and I would expect that work to complete relatively early in the new year. So I have not put an end date on it, but I would say by the end of Q1 that we should be in a position where that refreshed M.O.U. is ready to be signed off.

**Deputy I. Gardiner:**

Just to reconfirm, is it under your responsibility to lead on the M.O.U. finalisation work?

**Director General, Children, Young People, Education and Skills:**

I think my colleague and I would see it as a joint responsibility because of the way we have ... my colleague has just described how C.A.M.H.S. is governed, so some of the services for child and adolescent mental health sit in C.Y.P.E.S., but when we get to acute and inpatient services, then they sit within Health and Community Services. So because of that continuum of provision we would see it as a joint responsibility to have the M.O.U. not for any one department to be seen as the lead department because we have a shared responsibility around the care for those young people.

**Deputy I. Gardiner:**

I understand that and thank you very much for your answer. I know that we are going to explore further how does it work in practice, the shared responsibility. As my understanding, even if you work together, who will be the person that we need to come back in February to say where is the new updated M.O.U.? Would it be D.G. for C.Y.P.E.S. or would it be D.G. for Health, and if it does not exist, who will be responsible?

**Director General, Children, Young People, Education and Skills:**

I think you could ask either or both of us to come back. My advice would be to ask both of us, given that both departments are working jointly on the refresh of the M.O.U.

**Deputy I. Gardiner:**

Okay. I think that we will need to consider because ... yes, sure.

**Senator T.A. Vallois:**

Can I just ask how are the synergies that you mentioned with regards to C.A.M.H.S., I believe we were referring to, reflected in the M.O.U. and, therefore, the outcomes identified?

**Director General, Children, Young People, Education and Skills:**

The synergies I was referring to were in relation to the time at which the original target operating model was designed and implemented. So, I am clear that, as I was briefed as I came into government in the spring of 2018, the reason that a good part of C.A.M.H.S., but not all of it, was in the C.Y.P.E.S. Department was to create that greater opportunity for integration of services for families so that physical as well as mental health and other needs could be met in the round. So that is the principal synergy I am referring to. As time has passed, there are clearly others that ... I suppose they are obvious anyway but there are others that we have worked on. One of the key synergies is actually around transitions, of course. We need to work very closely about how young people move into, if they need to, adult services and, therefore, the closer the relationship between the 2 departments and the recrafting of the memorandum of understanding needs to reflect not just synergies within a department but synergies between both. We both have metrics to measure both output and outcome from C.A.M.H.S. activity as well. So they sit in respective departmental plans, but because my colleague and I both sit on the Executive Leadership Team there is also a stitching together of those outcomes to make sure that nothing is missed and nothing overlaps.

**The Connétable of St. John:**

Can I just explore a little further, then, how you actually work together? Because in my mind Health have outsourced the function to Education. There is an M.O.U. in place. There are standards and targets in place. So how do you both work together and why do you think you are both still responsible for a function that has been outsourced from one department to another?

**Director General, Health and Community Services:**

We work together particularly around our quality performance metrics. So we have a real ... because the clinicians who deliver care for C.A.M.H.S. sit within H.C.S., which is right and appropriate, the service sits within C.Y.P.E.S. So we have to have a really clear quality governance structure around that, and we manage that through our quality performance report, which is our report that we published this year for the first time. If you look in that report, you will see we have really clear metrics around deliverables for C.A.M.H.S. That goes through our governance structure, through our quality and safety committee through to our board. Mark has similar governance structures within C.Y.P.E.S. and we communicate across that governance framework. Because our predominant concern in H.C.S. is that the care that is being delivered is measurable, qualitative and safe, whereas Mark is responsible for the business and for the finance, et cetera.

**The Connétable of St. John:**
So do you attend that board meeting, Mark?

**Director General, Children, Young People, Education and Skills:**
I do not but one of my group director colleagues who runs commissioning and integrated services is on a group that is the one that was developing and then progressing the M.O.U. So I do not sit on that board but there is representation at director level.

[14:15]

**Director General, Health and Community Services:**
At the quality and safety committee we have the lead clinician who sits on that committee, but there is nobody from C.Y.P.E.S. that sits on the Health and Community Services board. That has been highlighted as an issue by the work that was done by the C.A.G. (Comptroller and Auditor General) and it is something we are seeking to address next year. What we have been doing is refreshing the membership of the board because, although from the very start of it we invited community partners on to that board, we have not looked wider and the C.A.G. has quite rightly said to us that is what we need to be doing. So, from next year we will be inviting partners from within government to sit on our board.

**The Connétable of St. John:**
Thank you. How do you demonstrate who is better off in terms of value for money and, probably more importantly, improved services?

**Director General, Children, Young People, Education and Skills:**
First and foremost, we have a set of performance indicators that sit both at the department and then whole government level, and those are monitored departmentally and by E.L.T. (Executive Leadership Team) and the Council of Ministers, and they are published.

**Senator T.A. Vallois:**
Can I ask how those performance indicators are put together and who determines what is a good outcome?

**Director General, Health and Community Services:**
The quality and safety ones are standard ones that are done in other jurisdictions that we have just lifted and shifted into our quality performance report, but with the engagement of our clinicians, who are used to seeing those metrics. So it is around number of referrals, number of referrals that

translate through to acute care, length of stay in Orchard House, et cetera. It is a defined set of metrics which I am happy to share with P.A.C. That is around quality and safety.

**Director General, Children, Young People, Education and Skills:**
So it is a similar process, as you would expect. I, like my colleague, rely on those people whose professional discipline it is to advise on what the most appropriate forms of measurement are, whether that is activity or outcomes themselves. But ultimately, as the accountable officer, I am responsible for what ends up in our departmental operational business plan and likewise for what it is proposed goes forward into the government-level plan as well.

**The Connétable of St. John:**
So, just to clarify for me, the accountability for clinical services sits with Education or with H.C.S.?

**Director General, Health and Community Services:**
The governance for the provision around clinicians who service C.A.M.H.S., so the doctors and the nurses, sits with H.C.S.

**The Connétable of St. John:**
So I will ask again. Who is ultimately responsible for the service?

**Director General, Children, Young People, Education and Skills:**
I am going to give you the same answer, which is it is a joint responsibility. We have different aspects of the way C.A.M.H.S. is organised and delivered that we are responsible for.

**The Connétable of St. John:**
Okay. D.G. of H.C.S., can you briefly tell us what your responsibility is then?

**Director General, Health and Community Services:**
I provide acute care, so a care through Orchard House, a care through Robin ward if we have to provision that. So I provide the clinicians that provide that care.

**The Connétable of St. John:**
Thank you. C.Y.P.E.S., your responsibility?

**Director General, Children, Young People, Education and Skills:**
So that which is not acute and inpatient sits with my department and is part of a wider set of integrated services. So, effectively, what you might call in kind of very generic terms the community level of child and adolescent mental health service delivery sits in C.Y.P.E.S.

**The Connétable of St. John:**

Thank you. In terms of measurement of the performance, when a patient goes from one area to the other, how does that work? How is that measured?

**Director General, Health and Community Services:**

From H.C.S. it is a quality measurement. So has the patient come from the community? Were we expecting that patient? Had they been highlighted to us? Did we understand the referral pathway? That for us is about trying to improve that joint working because it should not really be a surprise and at the moment sometimes it is. Then we have our metrics around ... which, sorry, I have already articulated around length of stay, time on the unit in effect, which is what we measure.

**Mr. G. Phipps:**

If I may jump in, I think one of the drivers initially was the synergy between the family and getting all this working better from the customer perspective, I am guessing. So what kind of mechanism do you have in place to ensure that the performance from the customer's perspective has actually improved through this move?

**Director General, Children, Young People, Education and Skills:**

So I think there are a couple of areas that I ought to refer to. First and foremost, there is a practice model, to use the jargon, that exists across the entire workforce that works with children and young people called the Jersey Children's First Framework. So that is a way of working that we expect every professional to be trained in, irrespective of their level in the organisation or their particular discipline. So that is very important because it means that irrespective of the service or the department you work in, there is a common training programme about how to work with children, young people and their families. It absolutely starts at that point. I think also in terms of the department that I am responsible for, what we have been able to do over the time certainly that I have been here is bring together in a set of integrated services ... so there is a directorate within C.Y.P.E.S. called Integrated Services and Commissioning, and we have brought into alignment a team who is responsible for the C.A.M.H.S. services that I am accountable for, alongside the family and community support service, which is a relatively new feature of our support for families who need prevention and early help interventions. Again, we are also starting to create greater alignment with what occurs in our offer through the Jersey Youth Service as well. So there are 2 things, really. There is a common training platform, let us call it that, and then there is the gradual bringing together first through alignment and, where we need to do it, integrated teams to provide support to families where there is more than one need presenting.

**Mr. G. Phipps:**

My question was pertaining to the measurement of actual improved service.

**Director General, Children, Young People, Education and Skills:**
So I go back to a previous answer, really. Between our 2 departments we have a set of performance indicators that have been ...

**Mr. G. Phipps:**
From the customer's perspective I am talking about.

**Director General, Children, Young People, Education and Skills:**
So from the customer's perspective, 2 key elements. The first is each of our children or young people will have a care plan. So within that plan itself will be the particular outcomes that are agreed upon for that young person, and then at a kind of organisational level, as my colleague has mentioned, we will have metrics around time taken from referral, for example, to assessment, assessment to treatment, et cetera.

**Director General, Health and Community Services:**
From the H.C.S. perspective, we do not have enough around patient experience, which I think is what you are asking about. That is part of our work plan going forward, and that is across our services. We do not do enough asking patients how they have experienced our service. We are not proactive enough about that. We are trying to move to a model whereby we start to have patient voice within our committee structure and across our whole management tier, in effect. So we started to get that patient voice into the service when we are redesigning services. We have just put our patient liaison service in outpatients. Our aspiration is that we are able to say to patients when they come to outpatients: "How was it for you? What could we have done differently?" If they do not want to tell us, we have put a post box up so people can post anonymously. Because a lot of our patients are not of the demographic where they are going to go home and send an email. For a lot of patients, writing in and complaining when you are the only provider on the Island can be difficult. So, what we are trying to do through the P.A.L.S. (Patient Advisory Liaison Services) function in outpatients is say: "Come and tell us whether we are good or bad, and if you cannot, tell us anonymously." What we would like to do going forward with our inpatient services is send people home with a slip.

**The Connétable of St. John:**
Thanks. In the annual reports, it shows that the performance of C.A.M.H.S. is green and that is meant to show good performance. You have just mentioned that patients have a care plan, yet we hear evidence that people are waiting up to 18 months to get an appointment or an assessment. How do you square that?

**Director General, Children, Young People, Education and Skills:**

So some of the metrics we are using are ones about improving on a low position and getting it into a better position. Some of our R.A.G. (red, amber or green) rating, therefore, will reflect the journey of improvement rather than absolute position. How do I square? Well, we know that for a very long time some of the key measurements that you would use have shown that this is an under-invested and under-regarded service and we are moving it from a very low base to, I hope, a much more substantial and sustainable one. Therefore, we have inherited, I guess, a performance that is not acceptable in terms of waiting times, but also recently investment has been made, both COVID investment and longer term investment, to reduce some of those key waiting times either from referral to assessment, assessment to intervention and quality of intervention. So it is on an improvement journey and I do not think any official in either of our departments, but I will speak for mine, would say that we are on anything other than a journey that is designed to build a better service, one where investment is sufficient for the levels of need in the Island and one, therefore, where responsiveness is also what young people themselves and their parents or carers would expect. We are not there yet, but improvements are being made. A very particular one that has been progressed in recent times is around the identification referral pathways for young people with attention deficit hyperactivity disorders and also on the autism spectrum. So measures can be green because of progress rather than absolute performance, as you know.

**The Connétable of St. John:**

I am meeting a constituent on Wednesday who has a 12-month wait for a child with those conditions, and she sees the report as being green. It is not very reassuring for her and her circumstances. You talk about inheriting. You inherited this in spring 2018 and here we are in November 2021. How has it improved?

**Director General, Children, Young People, Education and Skills:**

I think there has been a very good piece of work that has redesigned a wider set of services for well-being and good mental health. That needed doing. There is much more expectation of being able to provide services either in the community or at least closer to home than would be the case if you became an inpatient. So I think that service redesign has really helped. The Government over the period of time that I have been here has made incremental investment into C.A.M.H.S. and there is a particular leap forward, I think, in that level of investment next year. So what I would argue is that the Council of Ministers and the specific Ministers responsible for this area have sought to address the historic low levels of investment and we are on that journey of incremental improvement. I would also say - I am not sure I have said it to P.A.C. before but I will have said it to other scrutiny boards and I would say it anyway - if we could get there further and faster, that would be excellent because

I do not think anybody wants their child to wait a length of time that exacerbates how they are. We are working as fast as we can to the investment that the Government is able to put into this service.

**The Connétable of St. John:**

Final 2 questions from me. How will your annual quality account include C.A.M.H.S. when it is published?

**Director General, Health and Community Services:**

The quality account in essence will be the quality performance report that we publish now, but we will talk through the trends through that port and the themes and the trends that we foresee for the next year and how we are going to address them. We are very clear that we are very standardised so that we are always measuring the same thing, so that we can clearly see improvement, or non-improvement as can be the case. Our quality report will build upon that quality performance report that we publish.

**The Connétable of St. John:**

Thank you. Final question for now is we heard about Health's lack of customer feedback. What is the customer feedback like in Education and how do you use that?

**Director General, Children, Young People, Education and Skills:**

I hope you do not mind me being mildly pedantic but it is not in Education actually. I see C.A.M.H.S. as part of a set of services for Children, Young People, Education and Skills and its location in the department is actually in the Directorate of Integrated Services. It sits along a slightly different ... I do not mean to be rude at all.

**The Connétable of St. John:**

No, that is my mistake, C.Y.P.E.S., I beg your pardon.

**Director General, Children, Young People, Education and Skills:**

Yes. I just do not want people thinking that C.A.M.H.S. sits in the education service per se because that would slightly misrepresent the way that it operates in the department. I think we are a little ahead of colleagues in Health and Community Services but we are not as far ahead as we should be. I referred earlier to care plans, for example. I would expect and it is part of our operating model that children and young people are asked for their views in both the formulation of and the review of their care plans. There is a level of feedback that exists at the individual level.

[14:30]

I think we are getting better at doing that consistently and to better quality but there is always room for improvement in that space. We did through the C.A.M.H.S. redesign process, which was a long period of work - took 12 to 18 months or so - ensure that there was a large amount of input from families, so both young people and parents and carers, into the redesign of the way we deliver the service. I think that that has been an important piece of - again using the jargon - co-production that has involved those who need to use the service. We have some other episodic data collection that we do, which is often in schools, but it is episodic and it is not always every year group. We do ask questions that are pertinent to the emotional and mental well-being of our youngsters in there as well. I think where we need to get to, though, is a kind of standardised and much more systematic collection of feedback from children and young people and their parents and carers. That is also broader than just - I hate this expression - service users.

**The Connétable of St. John:**

Sorry, that is around the collection. How do you actually use it to improve performance?

**Director General, Children, Young People, Education and Skills:**

Well, in a number of ways. First of all, what we have done is by understanding the experience as best we do at the moment, then it helps shape service design. You change the way you do things off the basis of that. In terms of performance, we have tracked carefully, which is why we know what effectively our waiting times are, and that is what has driven some of the pressure to increase or accelerate investment and change. I think I would say to you that the focus at the moment has been primarily on output measures because we know that some of the things that families experience take too long. So in them taking less time we know that that will drive up outcomes. We need to get to a much better understanding of also what the actual outcomes are. What difference have we made and how long does that positive difference sustain?

**The Connétable of St. John:**

Thank you. I am going to hand you over to Senator Vallois.

**Mr. A. Lane:**

I would just like to follow up on some things you said about the shared responsibility. You were very clear that responsibility for C.A.M.H.S. is shared. When we asked you about outcome measures you both gave a different answer, which was very specific about the measures that apply to your department. I think you said you had no attendance at each other's boards, so how, absent an M.O.U. to date, have you institutionalised the shared objective of making this thing work if it is run so independently?

**Director General, Children, Young People, Education and Skills:**

I do not think it is run completely independently, but you can tell from what we are saying and what you have read, I am sure, that greater joint working is what we are aspiring to. Yes, we do have a shared responsibility for the continuum of C.A.M.H.S. provision, yes. We have our respective performance indicators around that, but we have not developed those in isolation from each other. We are aware and discuss with each other what should be in that basket of metrics. So I would hope that we and you saw them as complementary because ultimately a number of those measures sit at the E.L.T. and C.O.M. (Council of Ministers) level and get published for the purposes of informing the public about performance and improvement. So I do not think it is as stark as 2 kind of independent departments doing their own thing, but what we are needing to do is more and more work together because I think that there are still synergies that we have not realised between the departments in terms of providing a much more integrated and seamless offer to families.

**Mr. A. Lane:**
So have either of your boards seen a report on the whole performance of the C.A.M.H.S. service?

**Director General, Children, Young People, Education and Skills:**
The whole picture comes to E.L.T. and to the Council of Ministers ultimately.

**Mr. A. Lane:**
That is the only point it comes together at the top?

**Director General, Children, Young People, Education and Skills:**
As my colleague has explained, we do not presently have director general level or director level representation on the board, as the C.A.G. has recommended we should, but at the M.O.U. level, which is at a level below I guess is the best way to describe it, we have had joint working, absolutely. It is at that level that we are refreshing the M.O.U.

**Mr. A. Lane:**
Okay, thank you.

**Deputy I. Gardiner:**
I will just ask 2 points of clarification and it will help us. First, if on E.L.T. level you had specific discussion around C.A.M.H.S., performance of C.A.M.H.S., performance measures, the feedback, only around C.A.M.H.S. that it was a meeting of ...?

**Director General, Children, Young People, Education and Skills:**
There are 2 ways that that discussion takes place at E.L.T. There is the quarterly performance report. So we will all be expected to have made sure that our performance indicators are updated

and available for discussion at E.L.T., C.O.M. and then publication. There would be an in the round discussion of all the P.I.s (performance indicators) but, secondly, we also on a quarterly basis review risks to the Government and C.A.M.H.S. has come up in that context. In a more improvised way, because of COVID, we have had the need to discuss the performance in C.A.M.H.S. as well.

**Deputy I. Gardiner:**

Sorry, I have been told by somebody who is listening that we say a couple of times C.A.M.H.S. and E.L.T., to put it in the words because people do not really know. So if we all start to use ...

**Director General, Children, Young People, Education and Skills:**

Of course. So E.L.T. is the Executive Leadership Team. It is the body of officials that the chief executive chairs and it essentially consists of the directors general from each of the departments across government. So on a quarterly basis that group, so the chief exec chairing the D.G.s, have a discussion about the Government's performance across a set of performance indicators that then get published. C.A.M.H.S. comes up in that context because there are performance indicators in that ...

**Deputy I. Gardiner:**

Children and ...?

**Director General, Children, Young People, Education and Skills:**

Child and adolescent mental health, yes, apologies. So performance indicators relating to child and adolescent mental health are in that scorecard and are looked at quarterly. That is a routine that the Executive Leadership Team has every quarter. It also has another routine, which is to look at the Government's risk register, and risks either in child and adolescent mental health and/or adult mental health actually can be escalated if there are concerns and it will be discussed in that context. Thirdly, and this is because of the pandemic, not because it is part of the monitoring system, we have seen pressures increase on both child and adolescent mental health services and, I think it is fair to say to a lesser extent but not insignificantly, in adult mental health as well. Therefore, we have had particular discussions as it has become apparent that there are those COVID-driven pressures as well.

**Deputy I. Gardiner:**

I would like to ask Caroline Landon herself: as Mr. Rodger mentioned, we need investment to catch up with the waiting times and we do agree to catch up with the long waiting times we need investment. Under whose responsibility is it to request for this investment, under yourself or C.Y.P.E.S.? Who is basically putting a bid into the Government Plan to make sure that we are catching up with this?

**Director General, Health and Community Services:**
Children and adolescent mental health sits in C.Y.P.E.S. Our provision commissions that service and I am responsible for the acute care, which is Orchard House. Any funding that is required sits within ... [off mic] sits within C.Y.P.E.S., not with H.C.S.

**Deputy I. Gardiner:**
Thank you.

**Director General, Health and Community Services:**
As regards your question, we review our clinical metrics, which are quantitative metrics, every month in quality and safety, quarterly at board, and we also do it bimonthly in our risk committee. What we do not do, and the C.A.G. helped with highlighting this to us, is we have not involved C.Y.P.E.S. enough in those conversations, and that is something that we are looking to rectify starting next year. I am very confident around our monitoring and I am very confident around our governance, around those clinical outcomes with care that we are delivering within our services for children and adolescents. We just need to be a bit more joined up around it.

**Senator T.A. Vallois:**
Okay. Before I move on to the next particular area, I would just like to ask then with regards to being an accountable officer and being delegated the authority under the Public Finances Law, how do you account to the principal accountable officer that whether it is the incremental investment that is being made or the business as usual budget that is in place for C.A.M.H.S. it is being used effectively and producing the outcomes that I suppose the Council of Ministers and the Common Strategic Policy are expecting? How do you account to the P.A.O., the principal accountable officer, for that?

**Director General, Children, Young People, Education and Skills:**
I am going to run the risk of saying everything is in 3s, am I not, which I think my colleagues also know I am somewhat renowned for, but I think this is in 3 parts. There will be, as every D.G. will have, one to one supervision with the chief exec, and I think that is really important because that is the opportunity where you can have those discussions at some length and in some detail about the performance or the investment or whatever in particular services. So that is important and C.A.M.H.S. has been a regular feature of one to ones in my time here, Senator, so there is that level of it. I think there is a level up, which is I chair a departmental leadership team. In Children, Young People, Education and Skills, the directors and myself, we actually meet weekly but our performance meetings are monthly. In terms of accountable officer, I am able to interrogate our performance at the departmental level as well and get assurance or otherwise from my responsible director about how we are performing. Then the third stage of this is that at the Executive Leadership Team level,

because there are performance indicators at the government level, they are scrutinised at Executive Leadership Team and they can be scrutinised at Council of Ministers' meetings as well. It is slightly simplified because there are other things around that, but one to ones, departmental-level scrutiny and then government-level scrutiny either by the chief exec and/or the Council of Ministers.

**Senator T.A. Vallois:**

Just to follow up that then, you are the accountable officer for child and adolescent mental health, but then we have the clinical governance, the professional side. How do you make the argument or the case to the principal accountable officer or the Council of Ministers as accounting officer for growth in that area or the business as usual when the 2 are slightly separate and there may be safeguarding issues that you have to have that money for professional or clinical governance requirements?

**Director General, Children, Young People, Education and Skills:**

Building on what my colleague has said about how we still need to further strengthen the arrangements, for us we weekly are in Executive Leadership Team. That is a main vehicle for key issues that affect the whole of government to be discussed. For example, as we are working with Ministers on the annual updates to the Government Plan, there will be cross-departmental discussion at Executive Leadership Team and sometimes that is broadened out into specific workshops that are organised to ensure that these bigger issues that do not just sit in one department get explored and there is agreement, if needs be, between us or between us and other D.G.s about what we should be particularly supporting Ministers with to go into the next iteration of the Government Plan. As you will have experienced, Senator, as well, there are sometimes both officials and ministerial workshops as well to try and make sure that the joins are made between different ministries and different departments. I think the bit that is missing, that needs strengthening, is the piece that my colleague has referred to on a couple of occasions now, which is where is the cross-representation at the most senior level? We have ... well, I will speak for myself actually. I have relied upon good working relationships at the Executive Leadership Team level to create that dialogue across departments when it is needed, but we are both hearing, I think, that there should be stronger bilateral arrangements, not just multilateral arrangements.

**Senator T.A. Vallois:**

I think that leads me on to the next question that I was going to ask that bridges another area. You have referred to Executive Leadership Team, departmental leadership teams, then all these other different groupings. We also have things like the safeguarding board, the corporate parenting board, the list goes on. I suppose from a governance point of view and accountability point of view how do you ensure that there is not double working? I will ask both of you separately that question if that is

okay and just from your own experience as accountable officer it would be useful to understand how they fit into the streamline of work.

**Director General, Health and Community Services:**
I think the Safeguarding Partnership Board fits really well within our S.I., our serious incidents process, which again is part of our governance. We are a very regulated service so it is a bit like your previous question when you asked about how things come through. We have quality performance reports for every one of our care groups, and then they bring that every month to the executive care group performance reviews, which then feeds into our committees, which feeds into our board.

[14:45]

So we start to see through those metrics, which is the metrics which are in our organisational quality performance report, where need is, unmet need, and how we can start tackling that. We feed that through to the Government Plan. What we have tried to get to is a stage where everything is measurable, not necessarily influenced by how people feel or see or manage, but that it is measurable so that we can start to make decisions that are based on actual data so that we can utilise the money effectively and also that we can present to the Minister on a monthly basis a report that absolutely shows him the care that we are delivering, measurable care, and the outcomes that we are delivering for patients so that he is able to understand that. Then we sit down and we do the tracker around the money, because particularly previously in H.C.S. we have not always held the money, around how that money is feeding into those outcomes. Overarching that is our structure around serious incidents, serious untoward incidents, which we are supported in by the Safeguarding Partnership Board, which is an invaluable resource for us but also acts as another external pair of eyes upon our practice. I am very supportive of it. I do not feel there is duplication and, if there is, I think that is a good belt and braces.

**Director General, Children, Young People, Education and Skills:**
I will pick up exactly where my colleague has left off in that case. I remind myself regularly that this is a Government and that a Government has a lot of governance because it should. In a small place - a small place as in a small population - it can feel as though it is over-engineered, but I would prefer to have all the instruments of governance in place, so a safeguarding board, a corporate parenting board, children and young people strategic partnership, et cetera, because all of that business needs to be done. While it can be quite time consuming both on some Ministers' time and officials' time, what it does mean is that there is very little likelihood of things falling through the gaps. So those boards that I have mentioned I will sit on all of them, I think, thinking about it, and it can feel like you are seeing the same people all of the time. You must feel the same, I am sure, from time to time,

but the good thing about that is if I sit on the Safeguarding Partnership Board then I know what the multiagency discussion is, what the multiagency priorities are about safeguarding, and then I can bring them back either into the Executive Leadership Team or into the departmental leadership team. Likewise I can bring issues from those teams into the Safeguarding Partnership Board. It is highly engineered but I would not say over-engineered, and I think that is preferable to having less governance that potentially leaves gaps that can sometimes turn into dangerous gaps for children and families if they are not known about and, therefore, nothing done about them.

**Deputy I. Gardiner:**
Yes, I am minded of the time so I will move to the next item. I would like to explore together Child Development and Therapy Centre. I will start with Ms. Landon. Would you please list briefly what is the Health Department's responsibility within the Child Development and Therapy Centre?

**Director General, Health and Community Services:**
The staff within the Child Development Service Centre sit within the H.C.S.

**Deputy I. Gardiner:**
This is the only responsibility and role that you have within the Child Development and Therapy Centre?

**Director General, Health and Community Services:**
The provision of service by those staff.

**Deputy I. Gardiner:**
The staff provision, this is something that is under your responsibility within Children's Services?

**Director General, Health and Community Services:**
Yes.

**Deputy I. Gardiner:**
Okay, thank you. I move to Mr. Rodgers. What is under your responsibility in the Child Development and Therapy Centre?

**Director General, Children, Young People, Education and Skills:**
Principally, we make sure that what is called our family and community support service is working closely with all the different disciplines that sit in the centre to ensure we have co-ordinated care plans for youngsters where they might need a range of inputs to support their development.

**Deputy I. Gardiner:**

If you would give in bullet points a description of the role of C.Y.P.E.S. in operation of Child Development and Therapy Centre, what would it be?

**Director General, Children, Young People, Education and Skills:**

The head of service is part of the commissioning and integrated services team. All those services that sit in the centre, potentially their contribution to any child's care plan can then be taken into account. The key relationship is having a strong, integrated service model where we have a strong connection with the head of the C.D.T.C. (Child Development and Therapy Centre).

**Deputy I. Gardiner:**

How do you measure your performance? How do you measure the performance of the Child Development and Therapy Centre?

**Director General, Children, Young People, Education and Skills:**

If I carry on for a little bit longer, I will probably say some of the same things as before, but that is because they are consistent approaches across the department and departments.

**Deputy I. Gardiner:**

Just a minute. There is no difference between roles and responsibility running C.A.M.H.S. and running the Child Development and Therapy Centre? It is the same division in roles and responsibilities between Health and C.Y.P.E.S.?

**Director General, Health and Community Services:**

No, because I do not monitor any of the metrics around children in the Children's Development and Therapy Centre because the strategic …

**Deputy I. Gardiner:**

You are monitoring outcomes?

**Director General, Health and Community Services:**

Yes. Around clinical outcomes, yes.

**Deputy I. Gardiner:**

But you are not monitoring Children Development Centre?

**Director General, Health and Community Services:**

No.

**Director General, Children, Young People, Education and Skills:**
The aspect we monitor most is ... going back to care plans, the most important thing we can do is ensure there is an agreement amongst the family and professionals.

**Deputy I. Gardiner:**
How do you measure your performance?

**Director General, Children, Young People, Education and Skills:**
Through care plans. First of all, through care ... I think the previous answer will come, I am afraid, but we start with do we have a care plan that is agreed with the young person and his parents or carers? The most important outcomes to monitor are those that have been identified for the child and then you wrap the services around that child and the family to make sure those outcomes are achieved. There will then be other metrics about whether it is waiting times, for example, that we will monitor over time to see if there is an improvement there, and we also seek feedback from children and families about their experience of the service.

**Deputy I. Gardiner:**
How do therapists and paediatricians provide feedback to improve running these services? The therapists and paediatricians are under your remit.

**Director General, Health and Community Services:**
Some of them are, not all of them. The Child Development and Therapy Centre is a little bit of an anomaly. We provision staff but the strategic direction of the service, because it is very much based around supporting children in the community, sits with C.Y.P.E.S. We do not do any performance measurement around children and development, C.D.C., because it does not sit within our service delivery model.

**Deputy I. Gardiner:**
I understand. That is helpful. How do the therapists and paediatricians provide service to C.Y.P.E.S.? Do you have any framework for the provision from the therapists and paediatricians?

**Director General, Children, Young People, Education and Skills:**
There will be appraisal, so “my conversation, my goals” is one way of understanding the performance of clinicians.

**Dr. H. Miles:**

Can I ask a question of the Director General of H.C.S.? I am a little bit confused over the provision of services in the child therapy centre and the fact that you do not monitor for outcome measures. How does that fit with things like speech and language therapy and occupational therapy, which are all governed by H.C.S.?

**Director General, Health and Community Services:**
We do measure the outcomes of S.A.L.T. (Speech and Language Therapy). For the services that feed in there, the physio, et cetera, are provisioned across C.Y.P.E.S. and across H.C.S. but I would need to get absolute clarity on that for you.

**Dr. H. Miles:**
I am hearing we have the D.G. of C.Y.P.E.S. and the D.G. of H.C.S are all talking about one particular service but nobody seems to know exactly who is monitoring performance and monitoring outcomes for specific members of staff. Can you clarify that for me, please?

**Director General, Health and Community Services:**
There is a mixture of staff within that centre that work for H.C.S. and that work for C.Y.P.E.S., children and young people and education services. The people that work within H.C.S. will have clinical supervision, professional development through their professional line, and there will be conversations with them around their clinical practice. Children's services, those outcomes do not sit within H.C.S. because that is predominantly a community-based function so I will not be measuring that because that is not part of my remit.

**Dr. H. Miles:**
But you are responsible for the governance of those therapists so do you not need to know they are performing well in their role?

**Director General, Health and Community Services:**
Absolutely, and that is done through the clinical supervision led by their professional leads, whether that be the head of therapy or the chief nurse or the medical director.

**Dr. H. Miles:**
What relationship does the chief nurse and medical director or the head of provision have with, for example, the director of children's health and well-being?

**Director General, Health and Community Services:**
I do not have the answer to that. I would need to get clarity around that.

**Deputy I. Gardiner:**

One of the last questions I have around Child Development and Therapy Centre, we learnt that the Child Development and Therapy Centre exists in Overdale. It was a provision in Les Quennevais but it has not been included in our hospital plans and not further plans. Whose responsibility was it to submit requirements for the Child Development and Therapy Centre infrastructure?

**Director General, Health and Community Services:**

That was a joint responsibility. The feedback we had from the service was they did not require to be on the Overdale site. It could be a community-based provision somewhere else on the Island and that is the conversations we have had subsequently with them together, C.Y.P.E.S. and Health and Community Services, around what that provision could look like and where that could go. We are due to get feedback on that imminently from the teams.

**Deputy I. Gardiner:**

I am a bit worried about joint responsibility because who is responsible that it will be infrastructure if infrastructure provision for this service lies with Health or with C.Y.P.E.S.? Usually, you have one person who is responsible to make sure you have infrastructure. At the moment we have 2 people, usually we do not. It can fall between cracks.

**Director General, Health and Community Services:**

My understanding is the Child Development Centre sits within C.Y.P.E.S. Am I right, Jo, or am I completely wrong?

**Associate Managing Director, Health and Community Services:**

The centre sits within C.Y.P.E.S.

**Deputy I. Gardiner:**

So the infrastructure provision is under your responsibility, Mr. Rodgers, so you need to make sure you have an infrastructure going forward.

**Director General, Children, Young People, Education and Skills:**

The departments will do that between themselves. If you are talking about infrastructure, if you mean buildings ...

**Deputy I. Gardiner:**

Yes.

**Director General, Children, Young People, Education and Skills:**

Yes, okay, so the investment in a new building or whatever it turns out to be will be something in the future we jointly plan for.

**Deputy I. Gardiner:**

Somebody needs to submit a bid to the Corporate Asset Management ...

**Director General, Children, Young People, Education and Skills:**

Yes.

**Deputy I. Gardiner:**

Jersey Property Holdings needs to come and say we need X, Y and Z for our needs. Would it be C.Y.P.E.S. or would it be Health?

**Director General, Children, Young People, Education and Skills:**

My answer is it needs to be both, because we have a shared interest in the centre.

**Deputy I. Gardiner:**

Okay, I will leave it here but ...

**The Connétable of St. John:**

Can I ask, similar to my previous question, do you have a M.O.U. for this service between the 2 departments?

**Director General, Health and Community Services:**

Not as far as I am aware.

**Director General, Children, Young People, Education and Skills:**

No, we do not. We have a shared practice model but we do not have a memorandum of understanding.

**Deputy I. Gardiner:**

It is something we will probably need to continue our conversation and see what is the best way to work to make clear for everyone. The moment we have clarity we can move forward. I would like to look together into the age group 18 to 25. Some of the services between 18 and 25 sit with C.Y.P.E.S. and it is covering between from childhood to 25, but with some services the moment the child is 18 it is moved directly to the Health and stops being on C.Y.P.E.S. How do you work together on this transition and division between services?

**Director General, Children, Young People, Education and Skills:**

The most important transition we are still working on is the one from child and adolescent into adult mental health. That is where the energy has gone because of the redesign of the service and recognition that a notional shift, and it is more significant than that, but 18 is not a hard and fast point that you should stick to, so we need to be able to plan ultimately for all age provision, even if we do not necessarily have an all-age service. The time and energy is going into how we make sure that as young people move through their late teens into early adulthood, there is a very close arrangement around care planning. That is the priority for me. It is less about structure and much more about continuity or planning to make sure needs are identified and the right provision is made.

[15:00]

**Deputy I. Gardiner:**

How can you see this transition working or not working about challenges you are facing?

**Director General, Health and Community Services:**

I think we have focused a lot of effort and energy into transition and we continue to do so. I cannot add much more to what Mark has said. There are always challenges around moving between services, regardless of your presentation, so it is incumbent upon us to make it as seamless as possible for clients and that is the work we are trying to do, to try to maintain some continuity so it does not just stop and suddenly you are cast into adult services with a whole raft of different clinicians to what has supported you throughout your whole journey so far. It continues to be challenging because it is always a challenge to manage transition effectively, but I think we are making good progress around it.

**Deputy I. Gardiner:**

Do you have M.O.U.s or framework agreements, how the transition works, that makes sure that the service that sits with the children as teenagers do not slip between the cracks?

**Director General, Health and Community Services:**

I know we have protocols. I am not sure but I am pretty certain we do not have an M.O.U but I would have to find out about that. Jo, are you aware of any? But we have our protocols around care.

**Deputy I. Gardiner:**

One of the constituents, and again we are speaking about the constituents that speak to us, it was apparent when she called me saying there is a teenager who is under children's services and he was with depression, and the moment you become 18 it comes that it is not our responsibility when the adult mental health said: "Oh, there is a waiting time to come in to go through" and to be basically

... to get them to the adult service. This is what the worry is because at the end of the day one service finished, another service did not start. It took a couple of months. It has happened. How we can make the transition smoother? What needs to happen that it will be smooth?

**Director General, Health and Community Services:**

That is not the care we aspire to deliver for our patients and I am fairly certain that is not the care we deliver for all of our patients that transition. We do not get it right all the time. We have very clear working between adult mental health and adolescent mental health around how we can manage patients' journeys through that transitional period. We do not always get it right and it is why we are appointing a director of adult mental health to particularly enhance that transitional period. As a whole we manage that transition quite well. I do not know, Mark, if you feel differently.

**Senator T.A. Vallois:**

Can I ask on this transition, because it has been an issue for a very long time, longer than I have been sitting? The point in the target operating model and the moving, as was mentioned in the answers to the first question, was this synergy for families, children, their carers, whoever is involved in their lives. If I took adult mental health services and child and adolescent mental health services from 2015, and looked at the service in 2021, what 3 things could I say as a patient of that service has made a difference to my life in terms of the investment and improvement that has been made?

**Director General, Children, Young People, Education and Skills:**

The continued investment in school-based support, E.L.S.A.s as they are called, Emotional Literacy Support Assistance, has been a tremendous improvement because it has helped to build understanding and capacity at the universal level of provision.

**Senator T.A. Vallois:**

That was introduced before C.A.M.H.S. moved over all the target operating model.

**Director General, Children, Young People, Education and Skills:**

That is developed further because of the wider investment in C.A.M.H.S. and the connection now we have between what happens in schools and what will happen in other services and including in the C.A.M.H.S. service. I think that has been strengthened. The second thing I would say is there is simply more investment going into C.A.M.H.S. There will be more child and adolescent mental health professionals on the ground in Jersey over time. I would caveat that by saying recruitment is extremely challenging and has become more so because of the last 20 months, but nonetheless Government has committed over the years to provide more investment, to provide more professionals. The third thing I would say is we are starting to reap the dividend of the majority but not all of C.A.M.H.S. being in C.Y.P.E.S, in Children, Young People, Education and Skills, because

of that much greater close working between C.A.M.H.S. professionals, between planning and community support professionals, between social work professionals and between education professionals. There is just a greater alignment of the work than there ever was because those things are together in the same department. I come back to a point I made earlier that there is a practice model that underpins all this, the Jersey Children First Framework, which means that increasingly all professionals are trained in and, therefore, should understand about how to engage with a plan for the care that is required by children and young people and their families. That is 4 things, but I think those things are all really important.

**Mr. A. Lane:**

You talked about 3 areas that are areas of shared responsibility. Are there any others?

**Director General, Children, Young People, Education and Skills:**

We both commission services in Family Nursing and Home Care, for example, so there is a complementary set of work that we undertake to ensure a range of largely community-based health services are delivered. That would be another area that we jointly work on. I would also say we have just recently renewed work with Jersey Hospice on looking at palliative care pathways for children and young people, so that work is also progressing. I do not know whether colleagues want to refer to other areas, but those are principal ones that spring to my mind at the moment.

**Mr. A. Lane:**

Do you have an engagement model or memorandum of understanding in respect of those engagements where you share responsibility?

**Director General, Children, Young People, Education and Skills:**

No. My colleague and I are both D.G.s in a model that is designed to try to deliver a one government approach to business, so that does not naturally predispose itself to a set of M.O.U.s. I think it predisposes itself to there is an executive leadership team, where the expectation in terms of behaviour and activity is that we are always minded to identify the joint opportunity rather than pursue the single opportunity separately.

**Mr. A. Lane:**

Are you confident, therefore, based on a model of effective leadership, that there is nothing falling between the cracks in those services?

**Director General, Children, Young People, Education and Skills:**

I would never say nothing falls between the cracks. I am sure it does. I am confident that the cultural change that underpins one.gov means that all of us have a responsibility but also feel a duty towards

ensuring we work collectively and collegiately. It is entirely a personal view from me but I find leadership that is based on a shared vision, some aligned values and a common purpose is a stronger form of leadership than one that is set out in lengthy memoranda of understanding. Before anybody thinks I am not interested in those, I think it is important that the way one.gov. was positioned, and a good part of the reason I was interested in becoming a part of it, was because it provided, in my personal view and my experience, the vehicle most likely to deliver long-term sustainable change. It was about that vision, those values and that common purpose and leadership. I have yet to see a form of leadership that is effective over a long period of time that is based on contract. A personal view being expressed there.

**Mr. G. Phipps:**

Just one comment or question on that. I completely agree and understand vision, teamwork and all that stuff, but often in organisations accountability is very clear with an individual. It is not a shared accountability because there is a real danger you do not see any risk of shared accountability and things fouling up.

**Director General, Children, Young People, Education and Skills:**

I also agree with hierarchies because they allow for accountability to be strong. I said a little earlier in relation to C.A.M.H.S., for example, the conduct of a regular one to one with your line manager, and in my case the chief executive, is essential for raising issues and for being held to account as to whether the solutions agreed upon are being delivered. I stand by what I said about the importance of leadership that is characterised by that clarity of vision, values and purpose, but that is not an excuse for not having accountability in there. You need somebody to hold you to account individually, but I also consider it is possible to hold people to account collectively as well, and that is done by having systems where there are agreed performance indicators, agreed sets of behaviours, et cetera, and those can be observed as to whether they are going in the right direction.

**Mr. A. Lane:**

Director General of H.C.S., are you also comfortable that this model of leadership is working across the functions for all of those shared responsibilities?

**Director General, Health and Community Services:**

In C.A.M.H.S. I am very clear because I have a really clear performance framework that comes through the service line so I am clear about accountability and performance. In the Children's Development Centre I will not be because I am not responsible for the provision of children's services, and in commissioning we are trying to move towards a more shared commissioning model because the Director General of C.Y.P.E.S. is right, Children, Young People, Education and Skills, that we commission separately currently and that could perhaps not be the best way to utilise that

money. Jo, who is sitting behind me, is leading a piece of work with Daniella from C.Y.P.E.S. around doing joint commissioning. I am confident around the services I commission because I have a very clear contract with clear metrics within that and I have a commissioning manager who holds those services to account.

**Mr. A. Lane:**
May I add to that, Chair?

**Deputy I. Gardiner:**
I would like to continue because I am really minded of the time and I have to continue. I would like a quick question to yourself, please. The recent independent review of adult mental health services, which was helpful but also something that I know that you accepted and you said publicly you are working on it, found there was a lack of senior leadership and direction in the adult mental health. Is it true of the services for children too? If so, will you apply the learning of those services to the children's mental health?

**Director General, Health and Community Services:**
We would always share learning across government but I cannot answer your question around C.A.M.H.S. because I am not responsible for the leadership of C.A.M.H.S. But definitely we will share the learning for that and that is already happening via our governance processes, happens with all our external reports.

**Dr. H. Miles:**
Health and Community Services' latest quarterly report outlined the month-on-month elective waiting list for the under-18s has increased by 10 per cent. How does that impact on the performance management and the repercussions for officers within the department to ensure that services are delivered at the point of need?

**Director General, Health and Community Services:**
That is Child and Adolescent Mental Health Services. I am not accountable for the responsiveness of those services. I am accountable for the provision of staff to those services, so around the strategic direction of those services in order to manage waits I would have to pass to my colleague.

[15:15]

**Deputy I. Gardiner:**
Not shared responsibility. The responsibility here is very clear that whatever happens in C.A.M.H.S. it is under C.Y.P.E.S. responsibility and you provide services there.

**Director General, Health and Community Services:**
Of course, we can work together as senior colleagues around a solution but it is the same way as I will not ask Mark to impact on the children waiting for orthopaedic surgery because he has very little influence upon that because I own the money, I own the resource, physical resource and capital resource, so it is very difficult for him to influence that, but absolutely for him to support me around delivery.

**Dr. H. Miles:**
I will move on to the next question. We have seen a published quarterly performance report on health up to August 2021. When will we see the next one?

**Director General, Health and Community Services:**
Our next board is January so you will see it in January. We try to publish it every 3 months.

**Dr. H. Miles:**
Are we likely to see some improvements?

**Director General, Health and Community Services:**
Yes, our waiting list position has improved in month in November and will continue to improve in month. I think we are just at 9,700. Our aspiration is to work towards getting that significantly reduced for the new year.

**Dr. H. Miles:**
Can I just be clear again? That does not include the waiting list at child and adult mental health service?

**Director General, Health and Community Services:**
No.

**Dr. H. Miles:**
Can I clarify that for my own understanding? If the D.G. for C.Y.P.E.S. has a significant waiting list but has that waiting list because you cannot provide the clinicians, who then is accountable for that?

**Director General, Health and Community Services:**
That is not an issue because of the funding that has been put in place, but if it was an issue the first thing I would work with my colleague on was not necessarily more resource but about utilising resource differently, so are we are using our current resource most effectively and matching capacity

to demand? That is the first piece of work that needs to happen. That is the piece of work we do within H.C.S. around all our services. I can tell you the services where we have our biggest waiting list because we do not have the resource to match the demand. We would work together but I am not accountable for the responsiveness of C.A.M.H.S. services.

**Dr. H. Miles:**
What is the plan to reduce the waiting list for C.A.M.H.S.?

**Director General, Children, Young People, Education and Skills:**
Simply recruitment.

**Dr. H. Miles:**
Which is the responsibility of the D.G. of H.C.S.

**Director General, Children, Young People, Education and Skills:**
There is a range of roles that have been recruited to, so some of them are my responsibility and some of them will sit depending whether it is acute inpatient roles or whether it is community-facing roles.

**Dr. H. Miles:**
For example, speech and language therapy.

**Director General, Health and Community Services:**
The S.A.L.T. fits with me, so the issues around recruitment for S.A.L.T. fits within H.C.S.

**Dr. H. Miles:**
I will move on to the next question, thank you. How does shared departmental responsibility impact and reflect on child development and process? Can you talk a little bit more about the collaborative work you are doing within the departments to understand the impact?

**Director General, Children, Young People, Education and Skills:**
The collaboration effectively sits at front line and front leader level where the care planning takes place for children and families. That is where the collaboration first and foremost is most important. A need is identified or a set of needs are identified and we would expect, therefore, with using the practice model that I have described too many times already this afternoon, that through that approach that a team around the child or a team around the family gets convened and the care planning, therefore, flows from that, involving the family, agreeing the plan, delivering the

interventions, which can come from any number of different services and, potentially, one or more departments.

**Dr. H. Miles:**

When those plans fail to produce satisfactory outcomes for children and families, who is accountable for that?

**Director General, Children, Young People, Education and Skills:**

There is an escalation process. In the first instance, there will be a lead professional who, it would be expected, would understand the outcomes of the plan and then support and challenge around them. That can be escalated through the simple hierarchy that exists within any service or up to a team manager, for example, up to a head of service, penultimately a director and then to me. But there are well-established processes within services and between services for reviewing the effectiveness of plans and adjusting them accordingly. Hopefully, they are managed at the most appropriate level within each of the services, depending on the level of need of the child.

**Dr. H. Miles:**

Okay, thank you. I am going to hand you over to Senator Vallois. Thank you.

**Senator T.A. Vallois:**

Thank you. I just want to try and make this as simple as I possibly can. Your accounting officers under the Public Finances Law who account to the principal accountable officer and you made it very clear, Caroline, it is your budget, it is your resources, it is your physical building. We have talked about one.gov and we have talked about processes and all those types of things but what stops ... say, for example, a new director general - I am not suggesting the new acting director general but another director general - comes along in the future for both of these departments and says: "I do not like you and I do not like the way you are doing that, so it is my money", how does this working collaboratively long term work?

**Director General, Health and Community Services:**

I think that falls to E.L.T. You are asking us really direct questions about accountability because we are accountable officers under the law, but it is not a conversation whereby Mark comes to me or I go to Mark and there is an issue and Mark says: "You are the accountable officer for that, so I am not helping" and vice versa. It is very clear through the biweekly meetings we have at E.L.T., through our regular workshops and indeed through the regular contact that Mark and I have, it is our responsibility to deliver for our Ministers the best value for taxpayers' money and the best possible outcomes for Islanders and that is what we work together to achieve. Of course, there are very clear lines of accountability because there has to be, but we do not stick rigidly within them because that

would not benefit our patients and our clients. I think that we work together very collaboratively through multiple forums. We do not always get our comms right across our departments, as was pointed out in the C.A.G. review, particularly around the H.C.S. board. That is why it is very helpful to have externalised it, to point that out to us because once it was pointed out it is very obvious but you do not see it when you are in the world of it. But I cannot foresee that happening because the way that we work in the Executive Leadership Team is based upon collaboration. The very premise of decision-making is around we are public servants working for our Ministers to deliver the best possible value that we can do for taxpayers.

**Director General, Children, Young People, Education and Skills:**

Senator, I have not been able to say this for ages but culture eats strategy for breakfast is a very old expression but it sums up something really important, which is the top of the shop, whether that is politically or managerially, needs to set the tone. If the tone is one of collaboration then that is what you get, and if it is not then that is what you get; it is that easy for me. One.gov, for example, was designed to develop a culture, an ethos of collegiality and collaboration across departments presumably, but I say this with some hesitation because I was not here previously but presumably because there was not that culture of collaboration and collegiality across government. So long as that ethos is not just supported but promoted from the Chief Minister and the Chief Executive through Council of Ministers and Executive Leadership Team, then that is what you will get. If you get a different culture then you will get different behaviours.

**Deputy I. Gardiner:**

The only comment, I really would like to make this short, we know about the one.gov and we embrace one.gov and we would love to ensure there is no silos and it is all working in collaboration. What we are exploring today is where it does not work, to make sure that we can put bridges between the gaps and make sure that the public receive the services that they deserve. We will move to the next question.

**Senator T.A. Vallois:**

Just briefly, on the recommendations tracker, I suppose both of you, how many outstanding recommendations remain for both of your departments?

**Director General, Children, Young People, Education and Skills:**

Senator, you are going to make me count, so I wonder if my colleague might go first.

**Director General, Health and Community Services:**

Jackie, could I ask you, please?

**Head of Strategic Planning and Reporting, Health and Community Services:**
Okay. In terms of the current report, if we include the latest Government report, that will give us 48 recommendations outstanding with the C.A.G.

**Senator T.A. Vallois:**
I will just finish with this one and then I will come back to you, Mark, if that is okay. Can I ask, apart from COVID-19 because we all know that has caused some disruption, what are the main blockages for you as the Health and Community Services Department as a whole in terms of implementing those 48, if any?

**Director General, Health and Community Services:**
I do not think there are any significant blockages. I think it is around us just continuing to work our way through them methodically and fitting them into our work plan so that we are not duplicating. Jackie holds the ring on this very well for it.

**Head of Strategic Planning and Reporting, Health and Community Services:**
I think over the last year since I have been in post we have made some real inroads on to the C.A.G. and scrutiny tracker in terms of the process that we have put in place to get responsible officers to review the C.A.G. and scrutiny tracker on a regular basis. So obviously we have the quarterly report and then now as part of our care group reporting, C.A.G. and scrutiny recommendations form part of that, so the care group leads have to report on the C.A.G. and scrutiny tracker on a monthly basis.

**Senator T.A. Vallois:**
Okay, now that is very helpful. It may be a recommendation that was made in another department that you might look at and say: "This would affect us for A, B, C, D, E reason", how would you take that into account, if at all, and ensure that that runs smoothly for the service of the Islanders?

**Director General, Health and Community Services:**
We see the Government-wide tracker at E.L.T. but there is also a team within the Chief Executive's office who manages that and does exactly that piece of work, looks across the organisation for themes and then shares them if they are particularly helpful. I cannot say that I personally as a D.G. look across all departments' trackers because mine is pretty hefty but we do get that themed piece of work that comes down from the C.E.O.'s (Chief Executive Officer) office. From our perspective in H.C.S., and not just because Lynne is in the room, we find the C. and A.G. really valuable because that is the culture that we want to be, which is external scrutiny of what we are trying to deliver, because that is safe.

**Senator T.A. Vallois:**

I hope you find the Public Accounts Committee equally helpful.

**Director General, Health and Community Services:**
Yes, definitely, definitely.

**Senator T.A. Vallois:**
Mark, may I ask you basically the same question?

**Director General, Children, Young People, Education and Skills:**
Yes, I hope I have got a complete answer but my colleague behind me is just checking. In terms of the management information audit that was undertaken, we have got 11 recommendations that are still in train, and I can see the C. and A.G. nodding, so that is correct. It is possible that we have other recommendations but I do not believe that we have. I think these are the outstanding ones from previous audits.

**Senator T.A. Vallois:**
Okay, thank you. I will not ask you the same question because I imagine it is the theme coming from Executive Leadership Team as well.

**Director General, Children, Young People, Education and Skills:**
I can absolutely say in terms of this audit that many of the recommendations, as the C. and A.G. will know, need to apply universally across government and not just to the department. Some of the solutions, therefore, will be Government ones that benefit the department, so, yes, to reinforce, I think, my colleague's last point.

**Senator T.A. Vallois:**
Thank you. Finally from me, which is quite an important one, from the performance management point of view we are aware of the customer feedback policy, which is based at Customer and Local Services. We understand that Health and Education might have slightly different complaints handling processes. Can you explain why that is and how it feeds together, I suppose, so that you can see those themes across the top as well?

**Director General, Health and Community Services:**
Ours is about patient choice. Sometimes patients do not want to complain to the hospital, as I think I alluded to earlier, about the care that they have received because they think that may impact upon future care. It is really valuable to be able to offer that choice of you do not have to tell us, you can tell a government department that is separate to H.C.S. We made a case to hold on to our complaints specifically for that, so that we could offer patients that choice. Then what we do is we

manage our complaints which are on our quality and performance report and we link in with the C.L.S. (Customer and Local Services) around that to ensure that our metrics are linked.

**Director General, Children, Young People, Education and Skills:**
We are driving, and need to continue to do so, consistency across the department, while recognising - and the discussion we have had with you, Senator, previously as well - that when it comes to schools there is a different kind of escalation ladder around compliments, complaints and other feedback. All of those parts of the department that are not schools and colleges, I am expecting and we are driving that compliance with the corporate policy. But schools are slightly more complicated because some of them have got governing bodies, for example, some have not. Also, it is possible to kind of go through 3 levels of escalation within a school and not even get to the department. We just need to be flexible, I think, around the school piece.

[15:30]

The variation in C.Y.P.E.S. arises from those services that are configured significantly differently from what I would call the core of the department, the kind of Broad Street bit of the department, if you like.

**Director General, Health and Community Services:**
The C.L.S. one was also not just … but also because if I have surgery and also it was intimate but it is any kind of surgery and especially in a smaller community, I might not want to speak to somebody in a government department. I might want to speak to the doctor or the nurse or the department that delivered my care. For us it is really important about that choice for patients and about that trying to deliver confidence around confidentiality, so giving them the choice of where they can feed back.

**Senator T.A. Vallois:**
What I would like to understand - and this is just a final one from me - is how you utilise any of that information, whether it is through a school, whether it is through the doctor, whether it is through Customer and Local Services, to identify whether it is mistakes that have been made or themes of issues to feed into your performance measurement and making sure it does not get to the point of the safeguarding serious incidents and things like that. I know you are never going to be 100 per cent but I just want to understand how you utilise that information.

**Director General, Health and Community Services:**
We have started to use ours more, not enough but more, so we now have a patient story at our board whereby patients who have fed back to us about their experience, good or bad, come and

talk to us at our board and relay that experience. We have started to, with patients' consent, share feedback that we have received across departments and we have started to identify themes because our complaints get reported to our Quality and Safety Committee. We are at the start of that journey towards doing that much more proactively.

**The Connétable of Grouville:**

I will just ask, is there an ability with the C.A.M.H.S. provision for somebody to make an anonymous complaint?

**Director General, Children, Young People, Education and Skills:**

Yes. Some while ago, I think triggered by the review into bullying that was undertaken in 2017, it eventually led to the formulation of a new hotline, if you like, anonymous whistleblowing line. The reason I am looking at Senator Vallois is because it was by the something lounge, the HR Lounge looked into some allegations of bullying in the education system and part of the aspect of the recommendations was that the Government definitely needed to review the ability of staff and others, so parents and carers and youngsters, to make complaints and if they needed to anonymously. We do now have a reasonably well developed and well used whistleblowing hotline, for want of a better expression.

**The Connétable of Grouville:**

It can be written as well presumably. When you say hotline that is not just by telephone.

**Director General, Children, Young People, Education and Skills:**

Yes. If you are technologically minded it is also on an app as well, so you can report literally anonymously through a phone or a computer or whatever, yes.

**The Connétable of Grouville:**

Thank you.

**Director General, Children, Young People, Education and Skills:**

Yes.

**Senator T.A. Vallois:**

Sorry, can I just clarify that? Because you referred to me with regards to the whistleblowing line, I understand the majority of that work was done around H.R. (Human Resources) staff, people services in government. I think the specific question was around the anonymous line for people utilising C.A.M.H.S. or was it staff using C.A.M.H.S. or both?

**Director General, Children, Young People, Education and Skills:**

Yes. Sorry, Senator, I was just kind of tracking back the genesis of the latest kind of whistleblowing feature that we have, is because of that HR Lounge report and the subsequent one that I think looked more widely at Government is what really drove the need to refresh and have an effective anonymous whistleblowing means if you needed it. It applies across all of the services, so if it were C.A.M.H.S. Ordinarily, we would hope that the relationship between a young person and/or their parents and carers with the professionals would allow for feedback, including complaints. But if it does not then you can use this whistleblowing feature that we have anonymously, if that is what you need to do. But whether it is C.A.M.H.S., whether it is speech and language therapy, whether it is teaching, whatever, you can use that and you can be receiving services or you can be a member of staff with the Government.

**Mr. G. Phipps:**

I am rather concerned with time, so I will jump in here and just shift the direction a little bit to the D.G. of Health. How does the performance management framework assess the performance of external bodies providing services, such as Hope House? How do you assess the performance of things like that?

**Director General, Health and Community Services:**

Hope House is a not a service that provisions care for H.C.S. We commission services, such as Family Nursing and Jersey Hospice, which are organisations that provide care for us. We manage their performance through contract management, which we negotiate with them, currently on a yearly basis. But we would like to move to having a much more formalised contract management, which is around quarterly reviews. We have not been doing that, we do need to do that, so that that is a piece of work that we need to move forward on.

**Mr. G. Phipps:**

How is the performance of individual wards, such as the Samares ward that was in place? How is it assessed and how is this assessment fed into decisions on future service locations and implementation?

**Director General, Health and Community Services:**

All of our wards are assessed by a process called J.N.A.S. (Jersey Nursing and Assessments), which is, in effect, an internal review that is led by the chief nurse around all of our wards. It is based on an international model around performance management and it looks at the whole raft of outcomes. It is also used by Jersey Hospice and I think it is being used by Family Nursing, is that right, Jo?

**Associate Managing Director, Health and Community Services:**

It is soon to be handed out to Family Nursing.

**Director General, Health and Community Services:**

That is how we measure those metrics on the ward around a whole raft of outcomes. Around financial management, that is done through the general management and the Executive Care Group we have used, which is done on a monthly basis. Each service has their own dashboard, which feeds into the overall Health and Community Services dashboard and that dashboard manages activity, demand, capacity, spend, quality outcomes, et cetera. That is what we use to measure service delivery.

**Mr. G. Phipps:**

Then the quality of service that may have been provided in the past, you are comfortable that it will continue in the future then, based on those indicators?

**Director General, Health and Community Services:**

We did not used to manage in that way. We did not used to manage service delivery. We have only started doing this for the past 2 years. When Samares was in place we did not have clear performance metrics around Samares' delivery but we have now.

**Deputy I. Gardiner:**

Two very quick questions before we move to the C. and A.G. report. One is - Caroline, it is for yourself - how do you respond to criticism of the public to reduce service provision within health? One of the examples that happened last week, I felt it is really good that Health and Community Services is important with follow up so you can get updates. But one of the responses that we got on Twitter was: "No, I cannot follow you until you provide a professional mental health service", which is really strong criticism to put as the response for invitation to be updated. How do you respond to this criticism of areas?

**Director General, Health and Community Services:**

Where have we reduced service in H.C.S.?

**Deputy I. Gardiner:**

Sorry?

**Director General, Health and Community Services:**

I am unaware, as Director General, of anywhere that we have reduced service within Health and Community Services. If the reference is Samares, we have moved Samares off the Overdale site

to the general site; that was because of COVID and then subsequently because of the decisions made around Overdale. We are delivering a different service model around rehabilitation. We are working with our service providers around ensuring that we get that right for our patients. I know there is a great deal of community feeling around Samares, that it was a fantastic service, absolutely agree. We are not trying to denigrate that service or reduce that service. We are trying to deliver it differently in line with best practice, which is not that you rehabilitate people in beds but that you give people with stroke or neuro presentations a period of acute rehabilitation and then for best practice you rehabilitate those patients within more familiar surroundings. That is the work that we are trying to do at the moment but it is not about reducing service. In response to criticism on Twitter or social media, absolutely we listen to all feedback that we get, regardless of where that comes from and we work to try and address that. But we are not all going to get it right all of the time for all of the people.

**The Connétable of St. John:**

Chair, if I may, at Samares people used to receive regular physiotherapy and services from occupational therapists. In Plemont ward people are going for days without receiving either. That is a reduction of service, I would suggest.

**Director General, Health and Community Services:**

We have exactly the same resource that we had at Samares has moved on to Plemont ward. I am doing an awful lot of work around this at the moment, exactly the same resource, we have not reduced the resource. What you are saying to me and what other people are saying to me suggests that we are not using that resource effectively and that is the work that I am doing with the team, with our therapists, with our clinicians, around how we can ensure that people feel that they are getting the same amount of service and that service is benefitting them. There is no intention and there is no intention to reduce the provision or the amount of rehab services. What we want to do is do it differently. A lot of patients who were on Samares were on there for an inappropriate length of time and instead of leaving Samares and going home they left Samares and went to a care provider. I cannot say to you categorically that that was wrong but I cannot say to you categorically that it was right either. The work we are doing is absolutely to try and get the right pathway for Islanders. If we get it wrong I think we have demonstrated that we will put our hands up and say we have got it wrong. But within our fields we do not want to deliver detrimental care for patients. I have a whole team focused upon the rehabilitation pathway at the moment and we are committed to getting it right for our patients. There is no reduction in service.

**The Connétable of St. John:**

I am going to disagree with you. I am not going to get into debate, I am going to disagree with you. Thank you.

**Director General, Health and Community Services:**
Okay.

**Mr. P. Van Bodegom:**
Carrying on with Director General for Health, you recently accepted all 18 recommendations of the Comptroller and Auditor General's report on Government arrangements for health and social care. We wanted to follow up with a few points. You agreed to consider the development of a board of assurance framework which sets out how the H.C.S. board obtains assurance over the key risk faced by the health and social care system on Island. But the C. and A.G's recommendation made it clear it should be prioritised, certainly before 2025. When are you going to prioritise this, please?

**Director General, Health and Community Services:**
I think we have come back and said 2023.

**Mr. P. Van Bodegom:**
Okay.

**Director General, Health and Community Services:**
But I just think we need to understand the base position. There was no governance structure in place until 2019; that is where we are starting from. A B.A.F. (Board Assurance Framework), absolutely, I am used to working with a B.A.F., a phenomenal tool for managing your own governance through your organisation. We are still early days in our journey. A B.A.F. produced by us now would be meaningless and we have done that too often before, produced stuff that is meaningless. We want to be in a position where our governance is from ward to board and it is not, so that when we have that B.A.F. the assurance we are getting from it is proper assurance, not just we have done a B.A.F. But 2023, apologies, 2023.

**Mr. P. Van Bodegom:**
Okay, thank you. You agreed to publish an annual quality account for all health and social care services provided by Government in 2022, which will include the identification of and progress made within areas needing improvement. Why did you not do one for 2021?

**Director General, Health and Community Services:**
A similar answer that I have just given you, in that we are at the beginning of our journey still, we are 2 years into it; that is still very new for a health economy. We have recently gone out for a director of quality and safety because normally within a health economy you have an executive director who has responsibility for the creation ... well, not creation because it is everyone's

responsibility, but ensuring that there is a culture of quality and safety within an organisation that is delivering care. We are still out to recruitment for that post and I think until we have that post-holder in place we are unable to produce a quality account because we do not have the capability in house.

**Mr. P. Van Bodegom:**
Okay, thank you. Finally, you have also indicated that there is no immediate plan to roll out the Jersey Nursing Assessment and accreditation system to all community providers due to competing priorities. What are these priorities and when do you think you will action this?

[15:45]

**Director General, Health and Community Services:**
The aspiration is to do that across all service providers because it is the right thing to do and it is a way of having internal scrutiny and regulation of the care that we deliver for patients. Again, having it measurable so that we can share it with patients so that they can question us from a position of information. But at the moment it is about having the capabilities to be able to do that properly and I do not envisage that we will be able to do that until 2023.

**Mr. P. Van Bodegom:**
Is that because of lack of resources?

**Director General, Health and Community Services:**
It is to do with lack of senior capability to do it. You have got to be a senior practitioner in order to be able to go in and to be able to assess other practitioners' service delivery. It is all very new, the way of working, inviting external scrutiny, inviting fresh eyes, scrutinising ourselves from within, chairing our committees with Ministers; it is all very new. It will probably take us 5 years to get to where we have a governance structure whereby I can hand on heart say it is ward to board and we are able to ensure that we have the metrics in place to provide assurance to you and to our patients that the care that we are delivering is the care that we want to deliver; that is the journey we are on.

**Mr. P. Van Bodegom:**
Are you recruiting for these posts, for these people to undertake scrutiny?

**Director General, Health and Community Services:**
It is about training people up, so it is about training our current staff up and also it is about staff wanting to do it. It is about that culture of quality and safety. I want to be part of a team that goes and assesses another nurse because it is not a culture of culpability and blame and saying we are

doing it better than you. It is a culture of shared practice and shared qualitative safety and that is the work that our Chief Nurse is leading.

**Mr. P. Van Bodegom:**
Okay, thank you.

**Director General, Health and Community Services:**
Thank you.

**Deputy I. Gardiner:**
Also, the last recommendations that we would like to discuss today, we will follow up with written questions on various items but this one I would like to raise today. You agreed to produce a health and social care integrated governance accountabilities framework. This document should include arrangements from our perspective, P.A.C. perspective, and I have seen your response to our response, but from our perspective it should include whole Island health and social care system, not just within the Health and Community Services. How are you going to do this? Are you going to do this and when are you going to do this for the whole Island health and care system, not just for the Government ones?

**Director General, Health and Community Services:**
I absolutely agree with you. It is absolutely what we should want for all healthcare in our Island but we do not have it across a range of providers. It is a huge piece of work. It has been a huge piece of work to introduce it into Health and Community Services. It is very difficult for me to give you a date because it involves … I think it is work that will start to come to fruition through the Integrated Care Board that we have as part of the Jersey Care Model which should be starting up next year, when we start to get providers around the table talking about pathways and how we can deliver care for patients, not necessarily for the benefit of individual organisations. As we start to do that, so if we move a pathway out and say we are going to deliver it across primary care, secondary care and Family Nursing, we are going to have to have a really strict governance around that. I think it will start to almost be an embryonic development of that quality and safety culture as we move through the care model.

**Deputy I. Gardiner:**
Okay, thank you. One follow up from me before I am passing it to yourself. Hope House was mentioned in the previous one, as D.G. for the Health and Community Services, have you seen that it was a place for the services that Hope House were ready to deliver in our health provision?

**Director General, Health and Community Services:**

I think Hope House is a fantastic facility. I had the pleasure of seeing it and I think it very much had a place within delivery of Island healthcare but it is just working through what that place was. But from our perspective it was a great facility with lots and lots of potential.

**Deputy I. Gardiner:**
Why did it not work out?

**Director General, Health and Community Services:**
From a Health and Community Services perspective, we did not have any provision that we could necessarily put in there from an acute perspective. I think Hope House came a bit too early for Health and Community Services. As we move down the care model, absolutely I think we could provision service within there. But we did not have any services within Health and Community Services that we were able to move there.

**Deputy I. Gardiner:**
Hope House was a great facility for the provision of services that will be needed in the Jersey Care Model that we are now moving towards but because they came too early we could not use it because we did not have a framework. I am just checking and by the way I appreciate the answer really for us because personally I have tried to understand. We have weekly visits or we have Greenfields or we have the hospital and I did not see services that can be delivered in between and I felt that, for myself, at Hope House it is one of the services that would be delivered in between to make an easier transition back to the community for some. What has happened on the way? Why has it been lost?

**Director General, Health and Community Services:**
I have not been involved in conversations about using Hope House for provision around Greenfields or Orchard House. I viewed Hope House around it being a care provider that could perhaps provision care. There is no requirement within adult care for that facility.

**Deputy I. Gardiner:**
Yes. But, again, if we are going back to my original question, that we need to look at the whole Island-wide health and care provision and Jersey Care Model, it could be included if it would be in a couple of years.

**Director General, Health and Community Services:**
Absolutely, it could be included going forward as we move towards the care model, definitely.

**The Connétable of St. John:**
Just on Hope House, what is the view of C.Y.P.E.S.?

**Director General, Children, Young People, Education and Skills:**

A very simple view and one that the Minister for Children and Education, I think, responded to from a recent question in this Chamber. We place children on a basis of assessed need and the provision at Hope House I think only on a couple of occasions may have been suitable to meet that need. Most of the need we have in our edge of care and children in care population is a different nature and Hope House was registered with the Care Commission for a specific programme that we would only have needed very infrequently.

**The Connétable of St. John:**

Thank you. Mark, you are leaving us shortly.

**Director General, Children, Young People, Education and Skills:**

Ten minutes.

**The Connétable of St. John:**

Ten minutes. I am sure you have had time to reflect. Can you tell us what you would have done differently to provide better services within C.Y.P.E.S.?

**Director General, Children, Young People, Education and Skills:**

I have left organisations before and I never remember that this question might come up towards the end of the session, thank you very much. What would I do different as I look back? I would have spent more time, despite the seniority of my role, listening directly to children, young people and their families. I may have given that answer on previous occasions to previous employers. I think it is a continual aspiration to listen more and I would love to have been able to do more. The reason it is probably more apposite here, Connétable, than other jobs is Jersey is smaller and the opportunities to have face-to-face … sorry, no, direct contact with those who we serve is probably greater. I think I would have done more of that if I could have done.

**The Connétable of St. John:**

What are the 2 areas, most important areas for C.Y.P.E.S. to improve upon in your view?

**Director General, Children, Young People, Education and Skills:**

I would like to see child and adolescent mental health as a leading-edge service respected by other jurisdictions. I think it is so important to get both at the broadest and the narrowest end of that continuum of need; that is where I would like to see the most progress fastest in the future. Secondly - I will phrase this carefully because I am an official in a political chamber - I would like to see more

equality of opportunity for our children in the education system and I hope that is not an inappropriate comment in this place.

**The Connétable of St. John:**

Thank you for that. Regarding business continuity, we note that Mr. Sainsbury is set to become the new interim D.G. What has been put in place by both of you to ensure a smooth handover?

**Director General, Children, Young People, Education and Skills:**

Let me go first. I think what has been put in place, most importantly by my colleague, is that Mr. Sainsbury is today on his shadowing programme for a month and I think that that is probably the most important thing that has been made possible. It is a large department and there are complexities and detail that he will be afforded the opportunity to get closer to before he starts officially on 1st January. In terms of the next month, unfortunately interfered with by Christmas and new year, I appear to be unable to change those 2 things, however, there is a reasonably detailed induction programme for him. The reason it is only reasonably detailed is as the next few weeks proceed we want to populate it with more and more opportunities to discover, back to my point, more about the services from the front end of them either through staff or through those who are using them. He will have a pretty intensive 3 to 4 weeks of induction before he starts in January. But he gets a full month of shadowing, which I like to think is a great opportunity for him but you need to ask Mr. Sainsbury exactly what he makes of that.

**The Connétable of St. John:**

In Health?

**Director General, Health and Community Services:**

We have an interim director in place who has been working across H.C.S. on and off for the last 2 years. We are also out to advert to see if we can get somebody to cover for the 9 months but we have an interim in place until the end of February.

**The Connétable of St. John:**

Thank you. We will also have a new C.E.O. in place in March next year, so what will you, Caroline, advise her are the 2 most important areas in H.C.S. to improve?

**Director General, Health and Community Services:**

Governance and quality and safety.

**The Connétable of St. John:**

What do you need to improve in those areas?

**Director General, Health and Community Services:**

I need to appoint the director of quality and safety and that is tough because they are like hens' teeth. I need the support of specialist bodies like this around the journey that we are on in Health and Community Services to be much more transparent and to recognise that healthcare is incredibly intimate. We do not always get it right and that sometimes we will stumble but our absolute aspiration and commitment is to be transparent in that stumbling, which I think is a real newness for us in Health and Community Services.

**The Connétable of St. John:**

Thank you, Chair.

**Deputy I. Gardiner:**

I will just check if the members have any questions. Okay. Thank you very much for your time and the public hearing is closed.

[15:58]