



## **Health, Social Security and Housing Scrutiny Panel**

### **Quarterly Hearing with the Minister for Health and Social Services**

**FRIDAY, 29th NOVEMBER 2013**

**Panel:**

Deputy J.A. Hilton of St. Helier  
Deputy J.G. Reed of St. Ouen

**Witnesses:**

The Minister for Health and Social Services  
Assistant Minister for Health and Social Services  
Chief Executive Officer  
Director, Community and Social Services  
Senior Health Promotion Officer  
Director, System Redesign & Delivery

**Topics Discussed**

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[11:00]

**Deputy J.A. Hilton of St. Helier (Chairman):**

Shall we start? Welcome to the Health, Social Security and Housing quarterly hearing. Can I draw everyone's attention to the code of behaviour for members of the public, it is displayed on the wall and in particular to the following. All electronic devices, including mobile phones, should be switched to silent. The taking of visual images or audio recordings by the public will not be permitted. If you wish to eat or drink, please leave the room. Finally, I would also ask that members of the public do not interfere in the proceedings and as soon as the hearing is closed, please leave quietly. Members and witnesses may wish to make themselves available afterwards but any communication should take place outside of the building. I will start by offering apologies on behalf of our Chair, the Deputy of St. Peter, who sadly cannot be with us today. I am Deputy Jackie Hilton, vice chair of this panel.

**Deputy J.A. Hilton:**

Thank you.

**The Minister for Health and Social Services:**

I do not know if Judy's outside there. I thought I heard her voice but I could be wrong. Good hearing.

**Assistant Minister for Health and Social Services:**

You still have got private meeting up outside. Sorry, I did get here early, did I not? Never mind, I am so sorry.

**Deputy J.A. Hilton:**

The Assistant Minister for Health, Deputy Judy Martin has just joined the meeting, thank you. I would like to start by asking you a question about Clinique Pinel. Could you tell us which patients do you cater for at Clinique Pinel, the age and range of conditions that are catered for?

**Director, Community and Social Services:**

Clinique Pinel is an assessment unit for people over the age of 65. There are 2 different groups that would be provided for in the facility. It is obviously empty at the moment because it is being refurbished. The 2 groups are those within functional mental health issues, that is such things

as anxiety and depression, and the other unit is an assessment unit for organic mental health conditions such as dementia.

**Deputy J.A. Hilton:**

Thank you very much indeed. You mentioned it is being renovated at the moment, when do you expect that renovation to be complete.

**Director, Community and Social Services:**

We expect it to be complete in June 2014.

**Deputy J.A. Hilton:**

June 2014 and so you would expect patients to be moving back into the location soon after?

**Director, Community and Social Services:**

Yes, over the summer months, yes.

**The Deputy of St. Ouen:**

Can you tell us what professional support is available to those 2 groups?

**Director, Community and Social Services:**

Sorry, what do you mean by that, Deputy?

**The Deputy of St. Ouen:**

Presumably they are provided with care and support within Clinique Pinel and I would like to know what professional support is available to them.

**Director, Community and Social Services:**

While they are on the ward?

**The Deputy of St. Ouen:**

While they are in your care.

**Director, Community and Social Services:**

Yes, so on the ward there will be a range of disciplines, predominantly nursing. That is mental health nurses with support from health care assistants, overseen by a range of other professionals, consultant psychiatrist, psychologist, occupational therapist, physiotherapist and such like depending on the needs of the individual.

**Deputy J.A. Hilton:**

Can you tell us how many psychiatrists and psychologists are employed, and specifically for work around the over 65 in hospital?

**Director, Community and Social Services:**

In terms of psychiatry of 65, there are 2 full-time consultant psychiatrist who are supported by a number of staff, which I cannot quite remember the number of that, and they would have one psychologist purely assigned to over 65s at the moment.

**Deputy J.A. Hilton:**

The one psychologist for the over 65s, is that within hospital or is that outpatient work as well?

**Director, Community and Social Services:**

That is all functions for over 65s, inpatient and outpatient.

**The Deputy of St. Ouen:**

Do you believe that there is sufficient for the number of people over 65 that are currently ...

**Director, Community and Social Services:**

We are currently restructuring the way in which we deliver our services so that we will no longer be looking at the distinction of boundary between 64 and 65. It is an artificial boundary.

**The Deputy of St. Ouen:**

Regardless of boundaries, the question was quite simple, do you think that one dedicated consultant for the over 65s is sufficient, bearing in mind the number of people that are over 65 years?

**Director, Community and Social Services:**

I think it would be useful to have more psychologists working for over 65s that is probably there for younger.

**Deputy J.A. Hilton:**

Is that one psychologist full-time?

**Director, Community and Social Services:**

No, that one psychologist is not full-time into that role, I think it is .8.

**The Deputy of St. Ouen:**

What is the likely outcome of not having sufficient support for the over 65s with mental health issues?

**Director, Community and Social Services:**

I think we address their needs with a variety of different professional groups so you will have a variety of different professionals providing support. So if you have more of one or less of another then the workload falls upon other professional groups so that is the impact.

**Deputy J.A. Hilton:**

Can you tell us what the waiting list would be to see the psychologist?

**Director, Community and Social Services:**

I do not have those figures with me but are you referring to outpatient waiting times?

**Deputy J.A. Hilton:**

Yes.

**Director, Community and Social Services:**

Yes, I can certainly get those to you but I do not know at the moment.

**Deputy J.A. Hilton:**

Is it a matter of concern to you that you only have .8 of a full-time psychologist serving the needs of the over 65s in the Island community?

**Director, Community and Social Services:**

My concern would be that we need to develop psychological services at an earlier stage to develop earlier intervention, so providing psychological support at a lower intensity within the primary care environment would be a priority at the moment. We are very much looking at inpatient ... you know, that provision is very much provided to the inpatient services, as I say, as part of the multi-disciplinary team. So in terms of priorities, we have recently invested in psychological services across the board and they have more recently been in children's services, and we are looking to invest further in psychological services in terms of the Jersey talking therapies and delivering that over the next year but, as I say, while we are doing that and we are restructuring where services are deployed, we will probably end up with more psychologists working within the older environment but I would not use the distinction of 65 that is all because that is not a particularly ...

**The Deputy of St. Ouen:**

Minister, can you just confirm whether or not this particular area is being addressed in the first phase of the Health White Paper?

**The Minister for Health and Social Services:**

Which area do you mean? Can you be more specific because as Richard said ...

**The Deputy of St. Ouen:**

Well, the area we have been discussing, which is obviously the support of over 65s.

**The Minister for Health and Social Services:**

As Richard says, the area ... we are looking to put some more money, due to the White Paper, in the area of talking therapies, which is prevention.

**The Deputy of St. Ouen:**

So will talking therapies identify individuals that require support earlier or it is a totally separate area?

**The Minister for Health and Social Services:**

No, it is the whole area. If you are able to address people's mental needs earlier in their illness obviously that would have a better outcome.

**The Deputy of St. Ouen:**

So what role does the consultant psychologist play in identifying individuals who may need support?

**The Minister for Health and Social Services:**

That is a very detailed question. That is quite a clinical question.

**Director, Community and Social Services:**

Sorry, can you repeat the question so I can give you a full answer to that?

**The Deputy of St. Ouen:**

Am I speaking in French? The question was what part does the consultant psychologist play in assessing the needs of individuals who may have mental health issues, or identifying those with mental health issues.

**Director, Community and Social Services:**

Thank you for clarifying, yes. I think you have to recognise that mental health issues, like other issues, are ... a range of different professionals will provide support in assessing, diagnosing and treating those conditions. So a consultant psychologist plays a key role in the assessment of certain conditions. So somebody may go to their G.P. (general practitioner) and express concerns about their sleeping or anxiety or a range of different things. The G.P. will provide an assessment of what they think might be going on and they may seek support from other professionals to give them assistance in that diagnosis, that differential diagnosis and treatment. A consultant psychologist has a role to play in that. What we are developing next year is a range of different levels of input, counsellors, low intensity works and high intensity workers, to provide different levels of support for people at different points with their condition.

**The Deputy of St. Ouen:**

I can understand you want to target support at a lower level ...

**Director, Community and Social Services:**

At an earlier stage.

**The Deputy of St. Ouen:**

... the question is that first of all you have to identify the individuals that need help and it is what role does that consultant psychologist play in identifying that initial need?

**The Minister for Health and Social Services:**

I understand it would be more the G.P. because the first step if someone thinking that they are depressed - and correct me if I am wrong here, Richard - or not sleeping or have anxiety levels, the first step would be to your G.P.

**The Deputy of St. Ouen:**

Yes, I understand but the G.P. is not qualified in necessarily identifying all mental health issues.

**Director, Community and Social Services:**

No, and what we are planning to develop is providing additional support into primary care to provide low level intensity workers to work alongside G.P.s to provide that additional support. The difficulty is beyond that it is more complicated than that and the referral from the G.P., as it does today, will be referred on to the Psychology Service and the consultant psychologist will then be involved in that treatment.

**Deputy J.A. Hilton:**

I think my main concern, and I understand about the additional investment in talking therapies, is still that we have less than one full-time employee or one full-time psychologist providing the service at the current time for over 65s. In answer to a previous question, you said: "Will probably end up with more psychologists in this area." I do not believe more probably is good enough because there must be individuals who are suffering needlessly because it is so grossly understaffed.

**Director, Community and Social Services:**

Can I respond to that? Why I say more probably is because one of the results of having developed the Jersey talking therapies is many things which currently come in to secondary care, psychology services will be dealt with at an earlier stage. So that will enable us to reprioritise the consultant psychologist time that we currently have to where it should be, which is a much more critical area.

**Deputy J.A. Hilton:**

So that this present moment in time you are confident that talking therapies ... has talking therapies been rolled out yet?

**Director, Community and Social Services:**

Do you want to take that one, Rachel?

**Director, System Redesign & Delivery:**

Talking therapies is dealt with the same as the investment in Older Adult's Mental Health Services, which includes the older adult community mental health team expanding that out, memory assessment, early diagnosis and mental health liaison. So there are other investments in the White Paper for older adult's mental health and dementia services, which we have not touched on yet. Those plans are all in there in the detailed implementation planning. You will remember the process that we go through, the service specifications have been signed off and agreed, the teams that will be providing the new services in the future have been identified. So there is lots of hard work going on right now to do the very detailed implementation planning that basically says what kind of staff will be employed, when and where and how. We are about to start going through the recruitment process for that.

**Deputy J.A. Hilton:**

Can you give us some indication of a timeline, when you would expect talking therapies to be available to the public?



**Director, System Redesign & Delivery:**

Talking therapies are already available to Islanders through the Psychological Therapies Department. The new services, which are making more talking therapies available in other locations, I was just looking at the implementation plan, just yesterday, so that is ready to be signed off now, the money can be released and the recruitment can start.

**Deputy J.A. Hilton:**

I think I am specifically looking at older adults because the conversation has been around the fact that there is only psychologist for the over 65s. So in regard to the additional services, what additional services are in place? Or if you can give some idea of when they will be in place?

[11:15]

**Director, System Redesign & Delivery:**

For the talking therapies or ...?

**Deputy J.A. Hilton:**

Specifically to address the issue that there is only psychologists for the over 65s. Richard has just spoken about the additional investment and how some people will be diverted away from the psychiatrists, the psychologist through talking therapies. So I want to understand what additional service is available to the older adult.

**Director, System Redesign & Delivery:**

Richard has just talked about the additional psychological well-being practitioners and the high intensity workers. That is the additional service. There will be additional people to do those talking therapies in primary care settings and other accessible settings, which was a core part of the White Paper.

**Deputy J.A. Hilton:**

Can I just stop you there? So previously we just mentioned about people would normally access their G.P. in the first instance. So are you saying the service is set up currently that a G.P. can refer an older adult to talking therapies now?

**Director, System Redesign & Delivery:**

That is my understanding. A G.P. can refer at any age ...

**Director, Community and Social Services:**

Any adult with any psychological difficulty into the Psychology Department. What is different is in the future they will have resources at their disposal within their practice whereby they will be able to have some of it done in house.

**Deputy J.A. Hilton:**

Okay, when is that going to happen because it seems to me, Richard, you have just said that the G.P. at the current time are still referring their patients to the Psychology Department and we know there are only 2 full-time psychiatrists and one full-time psychologist. I am just still trying to understand when are the additional services going to be in place so that one full-time psychologist and the 2 full-time psychiatrists are going to have some of their workload lessened?

**Director, System Redesign & Delivery:**

As I was just explaining, I was looking at the implementation plan just yesterday and we are ready to sign that plan off to say: "Yes, the plan meets the specification" and that the ramp up of the service is achievable. As soon as the signatures are on the paper, for the plan was finished yesterday, the money can be released and the recruitment can start.

**Deputy J.A. Hilton:**

Whose signature does that require?

**Director, System Redesign & Delivery:**

We have got a really robust process. So I make sure that the plan will meet the specification, so it is the right plan to meet what we want. The Managing Director of Community and Social Services and the service lead sign to say that they are comfortable, that it is deliverable and it is achievable and then the finance ...

**Deputy J.A. Hilton:**

Sorry to interrupt but we have not got much time. Would it be fair to say that as soon as that is signed off and the recruitment has taken place, we should see an improvement in that service within the next couple of months?

**Chief Executive Officer:**

It will take longer than a couple of months but certainly during the early part of next year.

**Deputy J.A. Hilton:**

Okay, thank you very much for that.

**The Minister for Health and Social Services:**

Yes, it is by the time someone has given their notice in where they are working it will be 2 or 3 months.

**Deputy J.A. Hilton:**

We will move on, thank you.

**The Deputy of St. Ouen:**

Has the work at Oakwell been completed?

**The Minister for Health and Social Services:**

Completed? No, no, it has not. The plans went into planning about 3 or 4 weeks ago with a view of hopefully starting beginning of next year.

**The Deputy of St. Ouen:**

What has been the cause of the delay, because it has well over a year now since various reports have been written and produced highlighting the issues around Oakwell and the need for the improvement?

**The Minister for Health and Social Services:**

Yes, part of that ... you have to go through consultation with the families as well as drawing up the plans, making sure that it is exactly what the users need as well as our staff. That has gone into Planning.

**The Deputy of St. Ouen:**

How much consultation do you need? In fairness, this panel carried out a review on respite care and consulted with all the users, or most of the users should I say. Separately you commissioned an Action for Children review and equally consulted with people. Why do you need to consult any more, why can you not just get on and deliver the recommendations as identified in the reports?

**The Minister for Health and Social Services:**

I think you still need to consult with the service users, where the actual parents are going to still continue wanting their children to have respite and how the place is going to be laid out, what the changes are going to be too.

**The Deputy of St. Ouen:**

You are talking about the layout of a building, surely the department must be able to identify the sort of layout and the way a property should be configured to support their clients. They do not need to go to parents to seek their advice about that.

**The Minister for Health and Social Services:**

I would like to think any consultation is important and consulting with our people that use the services is important.

**The Deputy of St. Ouen:**

You talk about consulting with parents. What is their feedback now? Are they still as frustrated as they were 2 years ago when nothing was happening and in fact access to respite was difficult. Or are they saying, it is much improved?

**The Minister for Health and Social Services:**

I think the service users are saying it is much improved because Oakwell is only part of the respite, it is not the only respite.

**Director, Community and Social Services:**

We do have some feedback from service users in relation to respite which we could make available for you if you wish.

**Deputy J.A. Hilton:**

Yes, that would be really good. So Oakwell is currently being used as a respite centre? I know the plan was to send users to Maison des Landes.

**Director, Community and Social Services:**

That is right. We are on the cusp of doing that. The tender process is complete. The tenders have come in on budget, if I can say that. So I just have a note from the architect saying that although obviously we are moving into winter months so weather can be unpredictable, the intention is that it is a 6-month delivery from now to completion. What we end up with is a really good facility, but one of the problems ... it is a great and well-loved facility and well supported by the charities. Again, in the developments that we are doing we have been well supported by the Lions Club and the Variety Club in terms of the development. The Minister is quite right. It has been absolutely appropriate to involve all the various parents who use the home to make sure that the facility that we end up with is something that they all recognise that meets their needs, but it will be a level access across the entire facility, which is obviously essential.

**Deputy J.A. Hilton:**

The money to renovate Oakwell, was that planned capital expenditure?

**Director, Community and Social Services:**

Yes.

**Deputy J.A. Hilton:**

It was in the M.T.F.P. (Medium-Term Financial Plan), was it?

**Director, Community and Social Services:**

It sits within our capital expenditure for Children's Services of £2 million in total.

**Deputy J.A. Hilton:**

Right, okay. Can I ask you whether the closure of Oakwell will have any impact on the level of respite offered to families?

**Director, Community and Social Services:**

There will be no reduction in the level of respite.

**Deputy J.A. Hilton:**

So you expect it to be service as usual?

**Director, Community and Social Services:**

That is our intention.

**Deputy J.A. Hilton:**

Can you just give us an update on whether Eden House is being used as short-term respite or whether it is being used as a residential centre?

**Director, Community and Social Services:**

We continue to have a small number of individuals who are using it for a residential facility. Their transition into their own independent accommodation is carrying on and a preferred provider has been identified. The families again have been involved in the selection of the appropriate service providers for that. My last discussion with the commissioning team who develop that identified that that will be a slow process. It will take about 6 months to do that as well. Simply because of the nature of the condition and the individuals involved we need to do that in a very measured way.

**Deputy J.A. Hilton:**

So is Eden House being used totally for residential now and no respite at the current time?

**Director, Community and Social Services:**

I believe there is a small amount of respite provided there, but additionally the teams from Eden are providing outreach respite. So the staff are being used from Eden to provide respite.

**Deputy J.A. Hilton:**

So those young people who would have accessed Eden House for respite, how are they now being catered for?

**Director, Community and Social Services:**

A significant amount of outreach and ... we have also provided another facility around the Haven. That is one thing to say.

**Deputy J.A. Hilton:**

Can you remind us where the Haven is situated?

**Director, Community and Social Services:**

At Maufant, St. Saviour.

**Deputy J.A. Hilton:**

Oh, right, okay.

**Director, Community and Social Services:**

But we have also provided a range of different packages of respite support over the last year, certainly far in excess of what we have provided previously, from additional monies which we made available from the White Paper.

**Deputy J.A. Hilton:**

Can you remind us what sum of additional money was made available in the White Paper for respite?

**Director, Community and Social Services:**

Perhaps I could turn to the service and redesign team.

**Director, Service Redesign and Delivery:**

Yes. So for 2012 we had a small amount of non-recurrent money just for 2012. So we made available on children's respite between £60,000 and £70,000.

**Deputy J.A. Hilton:**

That was additional funding?

**Director, Service Redesign and Delivery:**

Additional funding.

**Deputy J.A. Hilton:**

Was all that funding spent?

**Director, Service Redesign and Delivery:**

It was, and a further additional amount for 2013, and we increased it further over the summer months because of the additional needs over the summer months.

**Deputy J.A. Hilton:**

What was the additional sum of money in 2013?

**Director, Service Redesign and Delivery:**

It was an additional just over £100,000 for 2013. That is additional to existing budgets and I think we have sent through a report to yourselves on the use of that non-recurrent money. It also includes in it some really useful and interesting feedback from the parents of those children who accessed the respite that shows the outcomes and the quality that they had.

**Deputy J.A. Hilton:**

Was the budget spent?

**Director, Service Redesign and Delivery:**

It will be spent in this year. The majority of it has already been spent, but obviously that money is still available for 2013. But it will be spent.

**Deputy J.A. Hilton:**

So there is an underspend currently?

**Director, Service Redesign and Delivery:**

We are on track at the moment with the expenditure profile and it will be spent.

**Deputy J.A. Hilton:**

So basically you are saying that even though Eden House is currently being used as a residential home rather than respite you are confident that users are being catered for elsewhere and, in fact, that respite services have been improved and increased this year. Is that what you are saying?

**Director, Community and Social Services:**

That is correct and that is what the feedback from the service users is indicating, as you will see in the report that Rachel sent you.

**Director, Service Redesign and Delivery:**

The other thing to add to that is that, as you are aware, the short breaks was one of the priority White Paper investments. We have gone through the tendering process now to appoint a set of providers on to a framework to provide even more choice for parents in terms of the type of respite that they can access and where that respite could be. So it is not just bringing children into a facility; it is a range of respite where individuals can be looked after in their own homes to provide some respite.

**Deputy J.A. Hilton:**

Can I just ask a point of clarification? Did you say that those young people who would have normally accessed Eden House are now being catered for at the Haven? Is that what you said?

**Director, Community and Social Services:**

Some of them have accessed the Haven. There is a range of different ways in which respite is being provided over this time and we are looking to increase the flexible types of respite that we are producing in the future.

**Deputy J.A. Hilton:**

Have you had any complaints from parents that would normally access overnight stays at Eden House that are complaining because they do not have that available to them now, an overnight stay, weekend stay?

**Director, Community and Social Services:**

I have not received any. I think they have come to you in the past. I am not sure if you have received any.



**The Deputy of St. Ouen:**

With regard to service users, what is the total number of service users that are currently on your books?

**Director, Community and Social Services:**

For respite services?

**The Deputy of St. Ouen:**

Yes.

**Director, Community and Social Services:**

I think that might be in that report. I do not have the figure to hand.

**Director, Service Redesign and Delivery:**

We had 18 additional service users with the additional non-recurrent money. That does not include the ongoing ...

**The Deputy of St. Ouen:**

You do not have an answer to that?

**Deputy J.A. Hilton:**

So you are saying there was 18 additional users for 2013?

**Director, Service Redesign and Delivery:**

For 2012 to 2013, yes, which from home services were made available from that additional money.

**The Deputy of St. Ouen:**

Can you obviously provide us with the information about the number of service users and a comparison with this year against last and 2011?

**Director, Community and Social Services:**

Just to clarify so I give you the right information, are you referring to all respite users for children, yes?

**Deputy J.A. Hilton:**

Children.

**The Deputy of St. Ouen:**

Yes. You say that ...

**Director, Community and Social Services:**

No, I am just thinking about complex needs, about Oakwell and obviously you are moving into autistic spectrum conditions as well.

**The Deputy of St. Ouen:**

All.

**Deputy J.A. Hilton:**

For all children and young people.

**Director, Community and Social Services:**

Yes.

**Deputy J.A. Hilton:**

Also, I know we touched previously on waiting lists, especially for children on the autistic spectrum. If my memory serves me correct, the waiting list was 7 months, I believe, at one point. Has that waiting list come down now?

**The Minister for Health and Social Services:**

Which area?

**Director, Community and Social Services:**

You mean the TAASC waiting list? That is the information we provided you last time which had a multidisciplinary assessment for ...

**Deputy J.A. Hilton:**

Yes.

**Director, Community and Social Services:**

Has the waiting list come down? I am not aware of the current waiting list for TAASC. There is certainly significant increased demand for services at the moment, so while we have put more resources into that area, it would not surprise me if the waiting list is the same despite that. I will send you that information. I do not have that figure to hand.

**Deputy J.A. Hilton:**

Just to clarify, this is the waiting list that people would access for their children for a diagnosis, for instance, of autism?

**Director, Community and Social Services:**

That is right, yes.

**Deputy J.A. Hilton:**

So you are confirming that despite additional resource ...

**Director, Community and Social Services:**

Additional resource into C.A.M.H.S. (Child and Adolescent Mental Health Service), yes.

**Deputy J.A. Hilton:**

Yes, that because of increased numbers you are not confident that the waiting list has dropped?

**Director, Community and Social Services:**

I would need to check back. It is not all within my department because some of the services operate out of Education, Sport and Culture, so I would need to check with them.

**Deputy J.A. Hilton:**

If you could come back with that information about waiting, because it is a really important area for parents who have children that have problems, so it is a little bit concerning to hear that you think the waiting list probably has not dropped very much. Thank you.

**The Deputy of St. Ouen:**

With regards to the Action for Children report that was published in September 2012, I wonder if ... and not currently, but again it would be very useful if you could provide us with how many of the recommendations contained in that report have been implemented and how many are still to be addressed.

**Director, Community and Social Services:**

Sure.

[11:30]

**The Deputy of St. Ouen:**

I would like to pick up on one matter in particular and that is around improving the quality of residential care that was picked up by the Care Inspectorate in September 2013 where they stated: "Progress in relation to a review of the effectiveness of the campus model for residential care in providing high quality care has been slow. Services are urged to carry this out with some urgency." I would just like to try to understand what you are going to do in response to this particular issue.

**Director, Community and Social Services:**

Sorry, that is in relation to the C.A.M.H.S. ...?

**The Deputy of St. Ouen:**

This is to do with the Care Inspectorate report.

**Director, Community and Social Services:**

Sorry, I may have misheard you. I think you just said that ... can you just repeat that piece about the residential piece?

**The Deputy of St. Ouen:**

This was the improvement of quality of residential care entitlement and they were responding to the recommendations, and the recommendation is the community of Social Services should conduct an urgent review of residential childcare looking at the number of people acting or in temporary posts and the wider impact of the campus model on the quality of care.

**Director, Community and Social Services:**

Thank you, the campus model. That is the word I misheard, sorry.

**The Deputy of St. Ouen:**

The report.

**Director, Community and Social Services:**

I thought you were referring to C.A.M.H.S., the residential ...

**The Deputy of St. Ouen:**

Campus, sorry.

**The Minister for Health and Social Services:**

Campus, yes. I heard C.A.M.H.S.

**The Deputy of St. Ouen:**

I do not necessarily believe that the Care Inspectorate has reported on C.A.M.H.S., have they?

**Director, Community and Social Services:**

No, only in the context of looked after children where they are involved, that is correct, yes. So what they are referring to there is they were not aware of the strategy that sat behind what has happened of late. The reality there, of course, is that most of the decisions to make in relation to moving out of La Preference and Heathfields and these rather larger residential units and moving to a campus model were decisions that predate the Care Inspectorate. They go back to the Williamson recommendations. So we have been moving towards that model of late and developing smaller units.

**The Deputy of St. Ouen:**

I am sorry, can I just stop you there? This was written and published in September this year.

**Director, Community and Social Services:**

That is correct.

**The Deputy of St. Ouen:**

Their comments are that you have not progressed very far at all since the previous recommendations were made and that you need to act with some urgency. You are suggesting that their report is at fault and it does not properly reflect - because this is an independent report, after all - the current situation even though it has only been published 2 months ago?

**Director, Community and Social Services:**

What I am suggesting is that the services have moved very rapidly and with I think producing a better estate for children's services. I think if you look at other parts of the report it will certainly reflect that. That particular piece you are talking about is about developing a strategy around the campus model. They are not sure in relation to the campus model and also in relation to homeless people, the other separate piece, about how we are going about developing services for homeless young people. The point I was trying to make ...

**The Deputy of St. Ouen:**

This is specific ... sorry, this is not about homeless people. This is specifically talking about residential childcare.

**Director, Community and Social Services:**

I think the point I was trying to make was although this is a very contemporaneous report, many of the decisions that we are referring to that have led to those decisions of moving from La Preference and Heathfields to smaller homes have been written about in earlier reports such as the Williamson implementation plan. In terms of your larger question looking at the recommendations, it perhaps is useful to provide you with the service improvement plan, which I am not sure you have quarter 3 report.

**Deputy J.A. Hilton:**

No. We wanted to request that from you.

**Director, Community and Social Services:**

Yes, because that obviously, across the 200 or so recommendations across all the various reports, will provide you with an update on a quarterly basis of how the services are achieving against those recommendations. That is what the Child Policy Group receive on a quarterly basis.

**The Deputy of St. Ouen:**

You paint quite a pretty picture but I refer you to another comment they make on page 10. They say quite clearly: "There is an absence of a vision for residential childcare in Jersey. It is, therefore, difficult to see how the way in which this type of care is provided resonates with the wider vision for all children, young people and families." You are saying ignore that, ignore the fact that it is an independent report, ignore the fact that this is a group of people that has already been here and reported on this particular area and are following up on their report a year later, invited by yourselves, and they are saying you are not doing very well.

**The Minister for Health and Social Services:**

No, I disagree with you there, James. We do not ignore any report and I think you will see that the recommendations from that report will be fed into the S.I.P. (service improvement plan) report as we go forward in the next quarter, which goes to C.P.G (Child Policy Group). The Care Inspectorate first came over and its inspectorate ... and you have to think that this is the first inspection that Jersey has had. They had many recommendations, but also when they came back this year they found some very good work and a whole lot of committed staff. They found that the service had moved significantly in that intervening 18 months.

**The Deputy of St. Ouen:**

In this particular instance, I accept that but - and it is a but - they are saying quite clearly that you need to carry out further work with some urgency. Urgency provides me with concern

because it is not a word that is normally used in a report unless there is something that they believe - in fact, the Scottish Inspectorate believe - is significantly wrong and needs to be addressed soon.

**Director, Community and Social Services:**

Can I refer you to ...

**Chief Executive Officer:**

Sorry, could I make a comment? Maybe it will help to clarify. I think where we come from is to say there is not a written document between 2012 and 2013 that has a name on it called a strategy, and so when they have looked for that they still have not found it. What we are saying is we have the vision. What we have been doing is implementing that vision on the ground. So the urgent thing was to improve children's residential services on the ground. The changes we have been putting in place in terms of our residential services have improved services for children on the ground. What we have not done is written the document that explains that. That we can do, but the important thing is to look after the children. So it is not urgent that we are not doing anything for children. It is urgent that we have not written it down.

**Deputy J.A. Hilton:**

So I am understanding that you are saying that you do not have a strategy.

**Chief Executive Officer:**

We do have a strategy which dates back to Williamson.

**Deputy J.A. Hilton:**

But it is not written down.

**Chief Executive Officer:**

It is not written down as an update between 2012 and 2013.

**The Deputy of St. Ouen:**

Then how do people know what to do? If you do not have a plan, a clear strategy about what is required ...

**Chief Executive Officer:**

No, we do know what to do and we do have plans. We do not have a written document.

**The Deputy of St. Ouen:**

... what needs to be delivered, then how on earth do you know what to deal with? How do you do it?

**Director, Community and Social Services:**

I can read from the report itself. You are selecting one part. If I could select another, which says: "Encouraging improvements have been made in the physical environment of children's houses and the training provided to residential care staff." That is what is actually physically happening on the ground is that residential care for looked after children is improving and the training for the staff who provide that service is improving. That is what it says in the report.

**Deputy J.A. Hilton:**

Can I say that I have seen where it said that there have been improvements made in the service and I do acknowledge that, but one matter that I brought up previously and I asked a question about in the States, going back to Strathmore, the Scottish Care Inspectorate comment was: "An adolescent hostel, where significant improvements have been made following our inspection, is now to close. The current residents will move to a voluntary sector hostel, which includes young people in their 20s. Little consideration has been given to the potential risks this may hold for vulnerable 16 year-olds living with 25 year-olds. Senior managers should with increased urgency review the way in which residential care services are provided." So I would like to come back to that point. I accept that great improvements have been made over the past 18 months but there are still areas of concern. Do you agree with that statement of the Scottish Care Inspectorate?

**Director, Community and Social Services:**

Personally, I do not agree with that statement from the Scottish Care Inspectorate.

**The Minister for Health and Social Services:**

No.

**Deputy J.A. Hilton:**

Can you explain why you do not?

**Director, Community and Social Services:**

I can because I think a great deal of care is given to risk assessments about where young people are placed. The facility is able to take from 16 to 25. It is not our intention that it will take 16 to 25 necessarily. Indeed, at this moment in time there is nobody there who is 16 or 17, I believe. I think the youngest might be 18.



**Assistant Minister for Health and Social Services:**

There are a couple of 17 year-olds and Jackie did ask this question in the States. I did say at the time I was sorry that we did not get the strategy across because I have been working on this for 2 years with the Assistant Minister for Social Security and Housing - he does happen to be the Assistant Minister for Health as well - planning this, overseeing the move, and making sure that it was the right facility. As we said, we had 2 children in St. Mark's that went across to Strathmore. Within a week, there was 18 children there that practically came out of nowhere, who were not known to our service, but they were known to shelter because they were having to put them up in totally inappropriate places. We were following on recommendations from Williamson saying that we should get a strategy and even perhaps make legislation for up to 21 year-olds, even 25 year-olds.

**Deputy J.A. Hilton:**

Can I just stop you there? Did Williamson say in his recommendations that 16 year-olds should be housed with 25 year-olds? It talked about a strategy for dealing with children and young people, but I do not believe Williamson talked about housing 16 year-olds with 25 year-olds. You have to look at it this way. This is why this bothers me. If you have a vulnerable 16 year-old who through no fault of their own find themselves homeless in the same accommodation as a 23, 24, 25 year-old with significant drug or alcohol problems, that has to be cause for concern. Do you agree?

**The Minister for Health and Social Services:**

I can understand where you are coming from, but we also have to look at the other side, too. There was great pressure and it is quite right that once somebody leaves our service at 16 they come into adult services. We know that some 16 and 17 year-olds can cope with that, but some 18, 19, 20, 21 year-olds cannot. So in the last couple of years we have talked about that flexibility that it is on the young person, what is right for that young person. That is where I think Strathmore has that flexibility. The Shelter Trust are very well versed and able to cope, to understand the risks. If they felt it was not appropriate to put a 22 year-old with some other young people, I am sure that they would address that issue.

**Deputy J.A. Hilton:**

Going back to what the Assistant Minister said about when Strathmore opened and that from nowhere I think you said 18 young people ...

**Assistant Minister for Health and Social Services:**

We had to, yes. There was like 17 or 15 ...

**Deputy J.A. Hilton:**

So they were all under 20 year-olds, presumably, these people?

**Assistant Minister for Health and Social Services:**

There were 7 or 8 around 17 and 18.

**Deputy J.A. Hilton:**

So really it just begs the question that there is a huge need out in our community to provide accommodation for young people who find themselves homeless. It may be that we need to be opening another facility for those young adults in their 20s who might have drug or alcohol problems and house them separately to the homeless teenagers.

**The Minister for Health and Social Services:**

Which we are doing.

**Assistant Minister for Health and Social Services:**

We do, and as you started the question with if we find a very young, vulnerable child/adult, we assess them. We have actually had one, and it has not been open that long. We had a child who had presented to us who we did not know really, and we did not put them at Strathmore. They went to one of our other facilities, which we can do. Someone from Field View when Strathmore opened chose - 17 or 18 I think he was - to go and live there because he found it was more central and he was able to cope. Housing are in there. They work with Social Security and, surprisingly, the different range of ages is working very well. They all have key workers. Another facility is that they can lock off on parts at Strathmore and keep it just for ... especially if they maybe have females, but they mix.

**Deputy J.A. Hilton:**

Okay. Are you confident at this present moment in time that homeless young people in particular are being catered for regardless of their needs in an appropriate way or do you think that we are still not doing enough, that there are still young people out there that the services just simply are not available for?

**The Minister for Health and Social Services:**

You mean the ones that have not come through our service?

**Deputy J.A. Hilton:**

Yes, that are unknown to you.

**The Minister for Health and Social Services:**

I think that is a very difficult question to answer because if they are unknown to us we do not know about the problems.

**Deputy J.A. Hilton:**

Have you any anecdotal evidence that there are a group of young people out there who literally are homeless and are just making the best ...?

**Director, Community and Social Services:**

I think we expected latent demand so it did not come as an enormous surprise when Strathmore opened that it filled. I must admit I was surprised that it came to capacity immediately. That was a surprise. I think to complete the jigsaw we need to open Roseneath over the next few months.

**Deputy J.A. Hilton:**

When is that going to happen?

**Director, Community and Social Services:**

In the next couple of months, imminently.

**Deputy J.A. Hilton:**

Are you going to consider Roseneath as an establishment that might cater for young people with drug or alcohol problems?

**Director, Community and Social Services:**

No.

**Deputy J.A. Hilton:**

Is it just going to be an open house?

**Director, Community and Social Services:**

No, it will be a facility for homeless people over the age of 25. Again, we are using these very specific ages as though you must stay in one until you are 24 and you move ...

**Deputy J.A. Hilton:**

You get the general gist, though.

**Director, Community and Social Services:**

I do.

[11:45]

**Deputy J.A. Hilton:**

I understand totally that you might have an 18 year-old who is more than capable of looking after themselves and being with people who have issues, and the position could be reversed.

**The Minister for Health and Social Services:**

But also I think you have to add to that picture, too, the purpose of being flexible, that not one size will fit all young people.

**Deputy J.A. Hilton:**

Okay. Can we move on to the report that appeared on the front of the *Jersey Evening Post* about underage drinking? There was recently a news story saying that a child as young as 10 was being treated in hospital for alcohol and drug poisoning. Why do you think this situation has got out of hand?

**The Minister for Health and Social Services:**

Well, I disagree with you that it has got out of hand. I think, and I am sure Martin will provide all the data, that it shows that the number of young people drinking has decreased but the young people that are drinking are increasing their level of drinking.

**The Deputy of St. Ouen:**

How does this demonstrate that the number of young people is reducing, the number of young people drinking has reduced, when we see more and more young people being identified and being treated in hospital?

**The Minister for Health and Social Services:**

Martin can provide the data.

**Senior Health Promotion Officer:**

As the Public Health Department we are responsible for collecting data and looking at our survey data, which we work very closely with Education, Sport and Culture on. We do a survey on children's self-reported health behaviour and what we see from there is year on year there has been decreases in the self-reported drinking of young people since 1998.

**The Deputy of St. Ouen:**

Forget about self-reporting, what about actual data that is collected by the department?

**Senior Health Promotion Officer:**

If we look at the actual data in terms of alcohol-specific admissions to the hospital, what we find is there is such low numbers that it is generally an admission cycle of around about 10 a year or under with some spikes on the basis that we are such a small community economies of scale play into that, but very small numbers actually being admitted into hospital.

**The Deputy of St. Ouen:**

So are you saying that you are confident that we have less of a problem with underage drinking now than we had 5 years ago?

**Senior Health Promotion Officer:**

What I am saying is that at population level the indicators are from the data that we have of the whole population of young people that the numbers of young people trying drinking are reducing over time, but yes, acknowledging that from a service perspective there are small pockets of young people that it is acknowledged are at specific risk.

**The Deputy of St. Ouen:**

The only thing is, though, it is not just drinking, is it? It is drugs.

**Senior Health Promotion Officer:**

That is the same as well. If we look at our reports, again it is self-reporting and that is what we have to work with. Looking specifically at information on cannabis, for example, we know that among 14 to 15 year-olds around about just under 40 per cent had experimented at some point in 2002 and that decreased down to a self-reported amount of 13 per cent in 2010.

**The Deputy of St. Ouen:**

Are you saying that the department only relies on self-reporting to create a good evidence-based picture on what is happening within our community regarding drugs and alcohol?

**Senior Health Promotion Officer:**

No. We also have the admission data as well, which I have currently referred to, and the coding that is done for that is about alcohol and drug-specific poisoning. As I said, admissions that we know of, those are quite small.

**The Deputy of St. Ouen:**

Have they increased over a period of time or have they remained flat?

**Senior Health Promotion Officer:**

I would say there is no trend significantly. There are demonstrated spikes of data, but year on year it is generally under about 10 young people.

**The Deputy of St. Ouen:**

Then it is very difficult, from what you have just said, to determine whether or not any particular drug or alcohol strategy is working. Because all you have is self-reporting and on the other hand you have a static or a relatively constant level of people that are still requiring treatment. In fact, you have just highlighted the fact that we have younger people now being admitted and seen in hospital because of alcohol or drug poisoning.

**Senior Health Promotion Officer:**

I am not sure I referred to younger people being admitted. The statistics I am referring to generally are those under 16 would be ... so for the under-16s there would be around about 10 or less generally in any one year admitted to the department. If we look at under-19s I think we only have the data available for 2011. In that there were 21 admissions for under-19s in that year. So the economies of scale do play into that scenario in terms of understanding. What I would refer to is that as a department we have been working very closely with the Chief Minister's Department working up a draft alcohol strategy, which I believe has recently been accepted by the Council of Ministers, looking to go out to public consultation. There are a range of measures looking at those problems, as you suggest yourselves. We can understand and measure the effect of drinking on our population across the board.

**Deputy J.A. Hilton:**

Can I ask you a question about the treatment in particular I think that was mentioned of the 10 year-old? Generally speaking, how do you deal with under-16 year-olds who present with drug or alcohol problems in A. and E. (accident and emergency)? What do you do? How do you deal with it?

**Director, Community and Social Services:**

You do not have anybody from the hospital here ...

**Deputy J.A. Hilton:**

No, from a child protection point of view I am talking about. If you have, say, for instance, a child of 10 who has blatantly been drinking and is admitted into A. and E., from a child protection point of view what is your policy to deal with that?

**Director, Community and Social Services:**

What we will see is information in relation to child protection from the Emergency Department will be sent to the multi-agency safeguarding hub. It will be triaged. The representatives there are from the children's service, education and welfare officers, police, and there is somebody there from the hospital as well. They will consider all information around that child and then make an assessment on what needs to happen next based on that 360-degree view of information around that child.

**Deputy J.A. Hilton:**

So you are basically saying that in all cases where an under-16 year-old has presented in A. and E. - because they must be quite seriously drunk to actually be in A. and E. - that the parents would receive a visit from the department, from M.A.S.H. (Multi-Agency Safeguarding Hub) or from somebody representing M.A.S.H. to talk through how the situation has arisen and what is happening?

**Director, Community and Social Services:**

It entirely depends on the situation as it is presented. So let me give you an example. That is why it is difficult when you get into coding, but if you imagine 2 babies that have got hold of a bottle of something and have then been taken to E.D. (Emergency Department). One of them might have got hold of a bottle of Tixylix and, therefore, that is one set of circumstances. One might have got hold of their mother's methadone. That is a different set of circumstances. So you cannot be prescriptive about saying it. It is risk assessed based on what is presented.

**Deputy J.A. Hilton:**

Okay.

**The Deputy of St. Ouen:**

One last question on this subject, then. Do you share information gathered by the police on under-age drinking?

**Director, Community and Social Services:**

Did we?

**The Deputy of St. Ouen:**

Do you? I mean obviously to create a picture about what is happening in the Island, do you receive information from the police regarding underage drinking, any incidents?

**Director, Community and Social Services:**

Yes. In a few moments I have to leave here to go to head up a tactical group which is looking at activity of a group of young people in relation to their risky behaviours. That is looking at their drinking behaviours, their drug behaviours, and I think there should be an area of concern that we should talk about today. It is around what is described as legal highs or new psychoactive substances.

**The Deputy of St. Ouen:**

We are not selective at the moment, but I suppose my final question is if I looked at the information gathered by the police, would it support the information that you have just described to us and told us about the incidents of underage drinking and drug poisoning that you are experiencing?

**Director, Community and Social Services:**

I think if you spoke to the police they would tell you that they are aware of a small cohort of people that are well known to them in relation to their risky behaviours. All agencies work together to support those young people.

**The Minister for Health and Social Services:**

I think that is where the strength of M.A.S.H. has come into its own. I do not know whether you have been up to see M.A.S.H. in action and I think it would be worth going up to see.

**Deputy J.A. Hilton:**

It would be really helpful, yes. Thank you. Last time we met in September we talked about the Mental Health Law and the review that your department is doing into mental health. The question I would like to ask you is at that meeting you told us that in September the business case was going to be reviewed by the Chief Executive and then by the Minister and that you would hope to turn that round that month, which was September. Can you tell us where you are with that?

**Director, Community and Social Services:**

Okay. The review has 3 components to it. They are, I think as we expressed last time, the legislation, the estate, and around the service design. Each one of those has a slightly different period of time to get to completion.



**Deputy J.A. Hilton:**

Has the business case been signed off?

**Director, Community and Social Services:**

Not at this point, no.

**Deputy J.A. Hilton:**

Why is that?

**Director, Community and Social Services:**

What has to happen is we have to have the terms of reference for the service redesign piece agreed, and currently they are in draft. Once they are agreed then they can be costed, and once they are costed we agree the costings and then it is signed off.

**The Deputy of St. Ouen:**

Just to confirm, did you say terms of reference have been agreed?

**Director, Community and Social Services:**

No, they are in draft.

**The Deputy of St. Ouen:**

In draft. When are they likely to be agreed?

**Director, Community and Social Services:**

Certainly in the next month. We want to do it before the end of this quarter.

**The Deputy of St. Ouen:**

Can the Minister not be more specific because presumably, Minister, it will be you to sign off the terms of reference?

**The Minister for Health and Social Services:**

It needs to go through due process but as soon as it comes to me I will look at it and then take it from there. I hope as soon as it is possible.

**The Deputy of St. Ouen:**

You are saying that we can expect agreement to the terms of reference by the end of this year? Is that what we are being ...?

**Director, Community and Social Services:**

I am looking across to Rachel because it is Rachel's part of the business that will be delivering that.

**Director, Service Redesign and Delivery:**

Yes, as you have just heard, the terms of reference are in draft. We have a couple of small points to discuss and then it can be moved forwards.

**Deputy J.A. Hilton:**

Are you disappointed that almost 3 months on, when we thought the business case was going to be signed off, it has not been signed off yet? So we have already had a 3-month slippage.

**Director, Community and Social Services:**

I am confident that the pieces of work will happen at the right points in time. That is why I was trying to point out that some of these are very long-tailed pieces of work. So the legislation, for example, we will have a project initiation document with us over the next couple of months, but there is now a project plan to deliver us the new legislation by 2017. That is a great piece of work that is under way. Similarly with the estates, the movement obviously with the future hospital being on the Overdale site, and if you refer back to our notes in June we were talking about mental health facilities being on the Overdale site, so things move quite quickly and we have to respond to those.

**Deputy J.A. Hilton:**

Okay. I think we have previously asked you whether you have been in discussions with Commissioner Clyde-Smith about the remarks he had made about mental health services that are available in the prison. Since you decided to carry out this big mental health review, has anybody spoken with him about his concerns?

**Director, Community and Social Services:**

He has spoken to officers but not since we have determined to do the review, but it would be a consideration. That is what the piece of work is about. It is about identifying what is in and out of scope within the review. We would be very keen to include within the review how mental health services are provided in prison, both on Island and off Island.

**The Deputy of St. Ouen:**

What time have you allocated for the review?

**Director, Community and Social Services:**

We anticipate that we will do the groundwork in Q1 of 2014 and would hope to have the report in Q2.

**The Deputy of St. Ouen:**

In Q2 of 2014?

**The Minister for Health and Social Services:**

Not the finished report.

**Director, Community and Social Services:**

The report in relation to the service design, that is our intention. It will not be obviously for the piece around the estate or neither will it be around the legislation, but around the terms of the service design, yes. That is my understanding.

**The Minister for Health and Social Services:**

Yes, because the mental health side, the actual law side, will take 2 or 3 years.

**Deputy J.A. Hilton:**

Okay, thank you.

**The Deputy of St. Ouen:**

The whole review?

**The Minister for Health and Social Services:**

No, the actual law.

**Director, Community and Social Services:**

The process of reviewing mental health law.

**The Deputy of St. Ouen:**

Oh, yes. So legislation is separate.

**Director, Community and Social Services:**

It is a longer tail.

**The Deputy of St. Ouen:**

But running parallel to other pieces of work.

**Director, Community and Social Services:**

Of course, the reason I keep on saying this is because all those pieces relate. Your law determines what kind of estate you must have and also what kind of services you must or will provide on-Island and off-Island, so all the 3 pieces of work must be interrelated.

**The Deputy of St. Ouen:**

Yes, interestingly enough, it has not stopped certain matters being progressed in other areas with a lack of legislation, such as the Residential Care Law.

**Director, Community and Social Services:**

We have a Mental Health Law, yes, that is the point. It is just a very old one.

**The Deputy of St. Ouen:**

Yet we have a Residential Care Law.

**Director, Community and Social Services:**

We have some laws in relation to residential care.

**The Minister for Health and Social Services:**

You mean to residential homes and nursing homes?

**The Deputy of St. Ouen:**

Well, it is the regulations that we are still waiting to consider.

**The Minister for Health and Social Services:**

Yes, but there are regulations and law in place for nursing homes and residential homes.

**The Deputy of St. Ouen:**

Nothing in terms of obviously the major part that is provided by your department, am I right?

**The Minister for Health and Social Services:**

Major part of the law you mean, the nursing homes?

**The Deputy of St. Ouen:**

Yes.

**The Minister for Health and Social Services:**

No, and that work will be next year. We are not saying that there is no law in place. There is law in place, which is for the private sector.

**Deputy J.A. Hilton:**

Earlier we just referred to the children's policy group services for children. We last had an update the last quarter of 2012 so we would really appreciate having an update.

**Director, Community and Social Services:**

The service improvement plan for Q3, 2013? Yes.

**Deputy J.A. Hilton:**

Yes. Thank you very much indeed.

**The Minister for Health and Social Services:**

It comes from the Chief Minister's Office so we have to request approval to send it to you.

**Deputy J.A. Hilton:**

Thank you. It is 12.00. Thank you very much indeed for being here today. I declare the meeting closed.

[11:59]