



## **Health, Social Security and Housing Panel Quarterly meeting with the Minister for Health and Social Services**

**FRIDAY, 5th JULY 2013**

**Panel:**

Deputy K.L. Moore of St. Peter (Chairman)  
Deputy J.A. Hilton of St. Helier  
Deputy J.G. Reed of St. Ouen

**Witnesses:**

Deputy A.E. Pryke of Trinity (The Minister for Health and Social Services)  
Connétable J.M. Refault of St. Peter (Assistant Minister for Health and Social Services)  
Deputy J.A. Martin of St. Helier (Assistant Minister for Health and Social Services)  
Mr. R. Jouault (Managing Director, Community and Social Services)  
Mr. C. Dunne (Director of Adult Services)  
Mr. P. Dennett (Service Director, Children's Services)

[11.00]

**Topics Discussed**

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**Deputy K.L. Moore of St. Peter (Chairman):**

Do you mind if we make a start?

**Managing Director, Community and Social Services:**

Just to say, he is with the Care Inspectorate who, over this week, are inspecting services who look after for children. So that is why he might be delayed.

**The Deputy of St. Peter:**

Jolly good, thank you. Well, we will make a start as we are almost all present. Welcome everybody to this quarterly hearing of the Health, Social Security and Housing Scrutiny Panel. I will ask all members of the public if they will abide by our code of conduct, which I am sure they shall. We will start by introducing ourselves. I am Deputy Kristina Moore, Chairman of the panel.

**The Deputy of St. Peter:**

Thank you all. We would like to start by looking at mental health as an issue, particularly in light of the recent judgment from Commissioner Clyde-Smith following the sentencing of a vulnerable woman with mental health needs. In his judgment, the Commissioner suggested that there should be a complete review of mental health services in the Island and we would like to ask you, Minister, whether you agree with this view that a full review should be carried out.

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

Thank you very much. I think it is a very interesting subject, obviously, mental health, because it is an important area of Health and Social Services. While we take any judgments from the Court very seriously, that also needs to be put in perspective for the whole service. Very much a wholesale review of mental health, at this moment in time, we are not looking at doing. Saying that, we do have reviews taking place within our liaison service by the Royal College of Psychiatry. They have just done a psychiatric liaison accreditation network and Orchard House has got accreditation for in-patient mental health services, which I am sure the officers can talk about in a bit more detail with you. Also, to carry on from that, I think it is accepted that the States as a whole, as a corporate body, needs to respond to areas of service that will enhance mental health and one is obviously Orchard House not having a low secure, safe unit. That is one area that we are concerned with. There are vulnerable patients there and we need to look at that area because

Orchard House is an acute mental ward, not a low secure, safe unit and there is a very important difference in those two.

**The Deputy of St. Peter:**

When a patient presents who requires a safe and secure unit, do you seek treatment for them out of the Island or are they placed in Orchard House?

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

I think a lot of it depends on the clinical and mental need at that time, because each patient is different and needs to be treated as such. Chris can go into more detail.

**Director of Adult Services:**

This is a significant area that we are aware of that there is a gap. As our Minister has just rightly said, we have no facilities to provide a secure environment for people who may be experiencing acute ill health and have other associated needs related to either being within the prison services or within the police. Presently what happens is we all work in partnership to try and afford what would be deemed the best setting around the individual, but what we recognise is that each of those settings is not good enough in terms of long-term appropriate care and support. If the risks around security are so great we end up having to use the prison where it is a remanded or sentenced prisoner who is experiencing ill health or the police station when it is somebody picked up within the community. When the risks are acceptable, we do use Orchard House as a setting to address the assessment and treatment for individuals. However, any of those settings, we recognise, is not ideal when in fact what we require is access to a more secure environment.

**Deputy J.A. Hilton:**

Can I just ask you a question around timescales? I believe this position has been going on for a very, very long time; certainly from my experience in the honorary police since the late 1990s. Can you tell us what progress or what has changed to address that issue?

**Director of Adult Services:**

The only thing that has changed certainly within the last 2 years is a joint protocol that we have drafted and agreed, initially between Health and Social Services, Adult Mental Health Service and the police. We have the same agreement in place with the prison, but we are going to bring those 2 agreements together so there is consistency across.

**Deputy J.A. Hilton:**

What is the protocol exactly?

**Director of Adult Services:**

First of all, it is a recognition from all services that we do not have an appropriate setting within which to work with a small number of acutely ill individuals where there are risks associated with their conditions and their behaviour.

**Deputy J.A. Hilton:**

What action are you taking to address that issue?

**Director of Adult Services:**

First and foremost, there is a review this year following the closure of all services other than Orchard House on the St. Saviour side. There is a review that is underway looking at a feasibility study for how we might develop the Overdale site. Within that feasibility study, which does start this year, is the expectation to review the Island's response around whether we should or should not develop a low to medium secure environment within the Island.

**Deputy J.A. Hilton:**

When will you make the decision whether we do need to create a low to medium unit?

**Director of Adult Services:**

I am hoping that the feasibility study is going to give us the information to make that informed decision. This is a really difficult situation. If I just give you the statistics of what we are working with presently, I have currently got 11 individuals who are placed in specialist settings within the U.K. (United Kingdom). Out of those 11 individuals, there are 7 specialisms that are required to meet the range of needs of those people. That in itself, even before we do a feasibility study, is telling us that it is difficult to know where you pitch developing services on-Island that will be incredibly expensive to develop and incredibly expensive to run. What we may need to do alongside this is to look at how we improve the access to appropriate services in the U.K. for when people are acutely unwell. I think it is fair to say that what we have done historically in our quest to try and enable people to remain in their home Island is we have probably taken too much risk around trying to address the needs of individuals. I think we need to look at getting the balance better and improving the decision-making and the access to when it is essential to place off-Island.

**Deputy J.A. Hilton:**

Have you got any money in your budget? Obviously it is going to cost additional resources, so have you got the resources available to employ additional psychiatrists and psychologists in order to help these individuals?

**Director of Adult Services:**

Is this in light of having a secure setting on-Island or is this in light of where we are today?

**Deputy J.A. Hilton:**

I think where we are today. What help is being given to people who are on the merry-go-round in particular of offending, being remanded, sentenced to a term in prison and then released and continue to offend? What additional help is being given to them or what help at all?

**Director of Adult Services:**

The resources we have at the moment include having presently 3 consultant psychiatrists and 4 middle-grade psychiatrists that work as part of the whole multi-disciplinary team. That is increasing this year. We have a new consultant starting 1st September who will work specifically around dual diagnosis, across alcohol and drug services, and that will be of great benefit because we know that there is a distinct overlap across all of these services and in particular with people who are offending. One of our consultants is a forensic consultant psychiatric and what we have done over the last 2 years is we have increased resources. We have a specialist community nurse who specialises in forensic work as well and we have dedicated a social worker to work in that field. So what we have done, in essence, is put a small in-reach service together - a team that works directly into the prison - and they also take the lead now for monitoring and reviewing all of our off-Island placements to ensure that we are getting the outcomes that we need around individuals and that people are not lost in a U.K. system. One of our biggest problems is that we have to transfer individuals and move from Jersey mental health legislation to U.K. legislation and then we are beholden to the systems in the U.K. under their reviewing processes and mental health tribunals in the U.K.

**The Deputy of St. Ouen:**

I would like to the Minister who briefly stated that you did not support a complete review of mental health. Can you tell us when a complete review was last conducted on mental health services in the Island?

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

There is a strategy. There was a review done by the University of Southampton, if I am correct in thinking, back in 2002. Is that correct? I think it is continually being updated there. While I say: "Not a wholesale review," I think it is very important, as we have stated, to review the fact that we do not have a low secure, safe unit and how we are going to address that but, meanwhile, also looking at the other services and look at how we can improve them.

**The Deputy of St. Ouen:**

So you are telling us that 10 years ago a review was carried and yet we still have not addressed many of the issues that obviously Commissioner Clyde-Smith believes need to be dealt with?

**Managing Director, Community and Social Services:**

Could I clarify?

**The Deputy of St. Ouen:**

No, sorry, I am with the Minister.

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

There are several plans put in place and we have got a strategy in place which is working across all sectors - the Samaritans, Mind, the police, G.P.s (General Practitioners), et cetera - looking at that strategy and updating it. The University of Southampton did a review of part of mental health, suicide more importantly, back in 2008 and 2009. There were 15 recommendations from that which are being looked at and addressed.

**The Deputy of St. Ouen:**

So are you suggesting that Jersey's extremely high suicide rate, which is much higher than the U.K. or Guernsey, is acceptable?

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

No, it is not. I think we need to clarify that. It is definitely not and information came out last week from the - can I get the words - the Healthcare Quality Improvement Partnership, which Jersey commissions into. It is where the University of Manchester looks at suicide rates in the U.K., Ireland, Scotland, Wales and us as well. We put figures and data into that and the report came out last week. The report is here and it is saying that the rates in England have risen. We are above Wales in the rates but not as bad as Scotland, but it has also put a caveat to that. Because our numbers are so small, it is difficult to get true figures from that.

[11:15]

**The Deputy of St. Ouen:**

When you say the numbers are so small, what individual numbers are we talking about over a year?

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

It all depends going back which year you have ...

**The Deputy of St. Ouen:**

Let us go to 2012.

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

There are 8 suicides in 2012 and one open verdict, but that number is not final because there are still some cases going through inquest.

**The Deputy of St. Ouen:**

Just one final point on this matter. The strategic review that you say was undertaken in 2003, presumably that highlighted significant matters that needed to be addressed within the mental health service area. Would they have drawn attention to the matter of suicide rates and the need for facilities and additional support to be provided to help lower ... because obviously we should not be content with just having similar rates to everywhere else. We should be aiming for lower. Did they identify in that report efforts that needed to be made by the department?

**Director of Adult Services:**

Yes, they did and I think it is really important to recognise not just within Health and Social Services but the joint work that has gone on over the last 10 years in response to those recommendations. There are a number of things that have come out of this that aligns us to be in a much better place today to try and manage and reduce suicide and the evidence shows that this is now working. A couple of examples that might help are, firstly, the introduction of our liaison service within Adult Mental Health Services came out of that review and report, which provides a much more robust front door for people who are experiencing ill health. The second very practical issue is the work that was done to make car parks safer. It was a very clear recommendation out of that. There was a very clear training programme that came out that is known as Storm Training, which is focused specifically on suicide prevention. Public Health assisted with the rollout of that training in partnership with Adult Mental Health Services and there are literally hundreds of staff that have now been trained through Storm. Alongside that we have over 100 G.P.s that, in the last 2 years, have also been trained within better management and recognition of people at risk of suicide. Also, there is a whole raft of information that has come out within Education, Sport and Culture just on trying to inform and educate young people on the dangers of self-harm and suicide. The report itself does go through and give the details. There is an update report that Ian Dyer completed and I am due to review that and update again by the last quarter of this year.

**Deputy J.A. Hilton:**

Can I just stop you there?

**Director of Adult Services:**

Yes, sorry.

**Deputy J.A. Hilton:**

Can you explain to us ...

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

Sorry, before that I just want to make one point very clear. The number of suicides has fallen over the last couple of years.

**Director of Adult Services:**

Yes, it has.

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

That needs to be very clear. I am not complacent, but also recognise the good work that has been done and still needs to be done. As I said, I am not complacent but that number has fallen and I need to make that clear.

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

I think it is worth reminding the panel that there was a report given to a written question to the States only about 6 weeks ago that showed the graph which demonstrated the fall in numbers since 2008 when there was a peak.

**Deputy J.A. Hilton:**

Thank you for that.

**Director of Adult Services:**

But also a rise in these figures.

**Deputy J.A. Hilton:**

Okay, thank you. Can you explain to us what help is offered to individuals who present at A. and E. (Accident and Emergency) after incidents of either attempted suicide or self-harm?

**Director of Adult Services:**

First of foremost, there is a triage completed by a community psychiatric nurse. So the front door is managed as a nurse service. In terms of the assessment that is then completed as part of that triage will determine what the issues are and the level of risk that is associated with that. There are then 2 tiers of support to the triage nurse and the first tier is the middle-grade psychiatrist.



Behind that there is a consultant psychiatrist where we have on-call systems to provide a robust response to any individuals. If there is the requirement, it is down to the psychiatrist to determine if in fact an Article is required to determine further assessment and treatment.

**Deputy J.A. Hilton:**

So, after an individual has been seen by a triage nurse and their physical injury or problem has been dealt with, are they seen by a psychiatric nurse?

**Director of Adult Services:**

The triage will be done conjointly with staff in the Emergency Department. So the physical health needs would be assessed by the Emergency Department staff. Psychiatric is done by the community psychiatric nurse who is part of that triage.

**Deputy J.A. Hilton:**

So the community psychiatric nurse is in A. and E.?

**Director of Adult Services:**

Yes.

**Deputy J.A. Hilton:**

So an individual would be seen at that time by a psychiatric professional?

**Director of Adult Services:**

Yes.

**Managing Director, Community and Social Services:**

That service, the Psychiatric Liaison Service, is the service that has been independently reviewed by the Royal College of Psychiatry and has received accreditation. Similarly, Orchard House, the in-patient service, has been independently reviewed by the Royal College of Psychiatry and has received national accreditation. Mr Dyer is not here, but I should point out that the older people's service, the memory clinic with psychiatric dementia, has also been reviewed by the Royal College of Psychiatry and has received not just accreditation but excellent status. All those reports are available should you wish them.

**Director of Adult Services:**

With respect, in terms of the concerns that are around, it is not that we are hiding from a wholesale review. What we are saying is that it not necessary because we already have a number of key

service areas actively reviewed and we are also aware, jointly with our partner agencies, what we believe are the real issues that we need to address next.

**The Deputy of St. Peter:**

As you are returning to that point, could I just ask the Minister if she has responded to Commissioner Clyde-Smith or entered into any discussion with him regarding his points?

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

No, I have not.

**The Deputy of St. Peter:**

Do you intend to?

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

I had not really thought about that. I know that Chris has been, but not me.

**Director of Adult Services:**

Clearly, in terms of concern about what happened, I have made contact and there are 2 sides to this. One is that we are already actively engaged with Mind Jersey on doing a number of pieces of work to improve the service that people receive; not only the people who are unwell but their families and carers as well. I have had a response from the Commissioner who is happy to engage with us in doing a piece of work and I have already met with representatives from Mind Jersey and we are continuing to meet. He did express his concern to me that he believed that what had happened has been slightly taken out of context in that he was not suggesting a wholesale review but is saying the same thing. There is recognition that we have got a problem and that problem lies around 2 areas: a place of safety to enable people to go to the right place to get support, assessment and treatment, and a secure environment within which to work with people who are acutely unwell but within the criminal system. We agree entirely and the challenge that we have next is responding to that and coming up with a plan to improve. I am saying that guardedly because I am not sure that the answer is that we would be able to sustain a secure environment, but we can certainly make things safer and more appropriate.

**The Deputy of St. Peter:**

Thank you. Could you tell us how many people present every week the hospital having self-harmed?

**Director of Adult Services:**

I cannot off the top of my head, I am afraid, but I could certainly go and ask that question. What we know is, in terms of reporting at the hospital, that the figures reported were relatively low. I think 55 individuals were reported on the system as having self-harmed in 2012.

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

I think that is a very difficult figure and in answer to one of the written questions I think said that you have to look at attendance. How it is coded is difficult with self-harm and some of those would be a cry for help and some might be those with behavioural issues and no one can say what it is really.

**The Deputy of St. Peter:**

There is anecdotal evidence that some of those people are taken to A. and E. perhaps once or even twice a week, so you may have 55 individual cases but it could be ...

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

Yes, it could be 2 or 3 people doing it. I hope not. There is treatment in place to stop that.

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

Can I just add, I think when we were discussing this the other day - as you say, attempted or is it a cry for help - the people who did end up committing suicide were never known. I think it was three-quarters did not come through our doors in any shape or form. We do not know how we are going to get to those people, but with the cry for help hopefully we are getting to with the right reporting and everything. Who knows what is in someone's mind when they finally ... a cry for help and an attempt. People, when they really want to commit suicide, would just be ordinarily doing their daily business that day and they do. We have asked, have we not? I think you said three-quarters over the years.

**Director of Adult Services:**

Statistically, from people who complete suicide, only 25 per cent are reported to have been in contacted with services prior to that completion; 75 per cent of individuals who complete suicide have not engaged with services prior. That is not to say that 75 per cent have not had some involvement at some point, but prior to the tragedy of completing had not been involved with services. It may be interesting as well ...

**The Deputy of St. Ouen:**

Sorry, can I just stop you there? In that case, how did all this improved training, that you have just spoken about earlier, have any benefit when you are saying that people do not know?

**Director of Adult Services:**

What I am not saying is 95 per cent of people who complete suicide will be experiencing a psychotic episode of mental health.

**The Deputy of St. Ouen:**

But you just said that you cannot identify those people, that 75 per cent are not identified.

**Director of Adult Services:**

No. What I am saying is 25 per cent of people have been in contact with services. Somebody may be experiencing and have had an enduring mental health illness, but they may not actively be involved with services at that time. Statistically - and we have to be guarded with statistics - only 25 per cent of people nationally would have active involvement with a mental health service prior to completing suicide. That does not mean that only 25 per cent of people have a mental illness and have been involved with services. There is an important factor because an awful lot of people will experience poor mental health, be involved with services and move away from services and continue to live fulfilled lives. They may experience deterioration in their health but may not come back into contact with services.

**The Deputy of St. Ouen:**

Can we just be clear, when you talk about services are you including G.P.s and all the other individuals that people with mental health and other difficulties meet and visit?

**Director of Adult Services:**

I would need to go back and just clarify that, as to whether that does include primary care or whether that just references secondary mental health services. I think it is in reference to secondary mental health services, but I would like to clarify that.

**The Deputy of St. Ouen:**

Obviously it is important. We look to the Minister with regard to providing and improving the support for mental health. We want to be proactive, which is something that has been mentioned, rather than reactive and just wait for the people to arrive at a difficult point.

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

As you said, quite rightly, being preventative; trying to be involved in some sort of intervention - and I use that quite loosely - right at the early stages with the G.P.s and that is why, in the White Paper, there is some money put aside for Jersey therapists which are low intensity as well as high intensity. As you said, prevention; trying to be earlier in that cycle.

[11:30]

**Director of Adult Services:**

Sorry, I have something I want to share with you as well because there is a report on managing self-harm that is part of the N.I.C.E. (National Institute of Clinical Excellence) guidelines. In there is a point of reference and there was a study across 17 countries (this was from 2011) that talks about an average of 2.7 adults reported self-harm. That would suggest that our reporting is under-reported. So, again, that is something that we need to be looking at and considering how we improve the accuracy of reporting in order to better respond to individuals.

**The Deputy of St. Peter:**

Do you have a figure for overall levels of self-harm in adults in the Island? Earlier you were not able to give us a number of people.

**Managing Director, Community and Social Services:**

I think the issue is that the number of people that present at A. and E. with self-harm is potentially a small percentage when you look at people who may self-harm who do not present. So we know what we know and I think what Chris is identifying there is studies show there is a much larger cohort of people who may self-harm.

**The Deputy of St. Peter:**

Yes. I am trying to understand how you know what you know.

**Director of Adult Services:**

We only know through what is reported and presently that is reported through the Emergency Department. So there is a host of information that we know we are missing, but if people do not share that with us it is difficult to know and we know there is a percentage of people who will not report because they feel shame about what has happened. We need to be working harder as a society to recognise that people only behave in this way because of their need and we need to understand how we get alongside and be much more open and welcoming as a community and as a society that it takes away people's sense of shame, not just around self-harm but just in mental health in general.

**The Deputy of St. Peter:**

When you consider the numbers presenting in adults, what age do you consider a person to be an adult in that instance? Is it 16 or 18?

**Director of Adult Services:**

Eighteen.

**The Deputy of St. Peter:**

Do you have any figures for under 18s also?

**Director of Adult Services:**

I have not got those figures but my understanding is that the reporting is very little in terms of children.

**Managing Director, Community and Social Services:**

Those figures are collected and the Child and Adolescent Mental Health Service would collect those figures. Phil, correct me if I am wrong. I do not have them with me but we could probably provide them to you.

**Service Director, Children's Services:**

Yes. I do not have those figures to hand but, as Chris said, they are small in adults and they are smaller in Children's Services. I can make those available to you.

**The Deputy of St. Peter:**

How regularly do you monitor the figures?

**Service Director, Children's Services:**

On an annual basis we will look at those figures. Janet Blair is the manager in the CAMS area now who has been recently appointed and has responsibility for managing that overall service. Part of her brief is to look at those figures on an annual basis and look at and address any spikes that might have occurred.

**The Deputy of St. Peter:**

Do you consider that there is an increasing tendency to ...

**Service Director, Children's Service:**

Not that we are aware of. I mean it tends to be where individual cases come up. As I say, the numbers are small. It is about responding to that and putting multi-agency packages and support around the individual needs of that case.

**The Deputy of St. Peter:**

Do you feel confident that those packages are delivered in response to each case?

**Service Director, Children's Service:**

Yes. They cost a lot of staff time and it is about responding. You might have some CAMS workers and some residential workers in there, psychological support and psychiatric support. So there are instances where you need staff to be flexible to work round the individual package where needed.

**The Deputy of St. Ouen:**

We read in the record, Minister, saying that you had grave concerns around the media coverage of this story as regards self-harm. Why does that cause you to have grave concerns?

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

I think the issues, especially with young people, is that they are a very small number and also it has been shown that these children also visit with social media. Things can get out of hand in that light and I know that the Director of CAMS, too, is very concerned about that.

**The Deputy of St. Ouen:**

Are you suggesting that discussing the matter of self-harm could promote or increase the number of people self-harming? Is that what you are suggesting?

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

No. It is going to down to particular issues, I think. We need to have that debate. I am not saying that we should not have that debate and I think that is why it is good here, but when the numbers are so low that sometimes people can be identified and that is not what I want.

**The Deputy of St. Ouen:**

But just coming back to the efforts that need to be made to identify these individuals, surely it is better for us to have an open and honest discussion about the issues surrounding self-harm and what your service can provide, together with others, to help those individuals and encourage them to identify themselves because clearly you have not got full confidence exactly who needs support at the moment.

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

I think with generic issues, yes, having a full, open conversation and discussion is important, but when you get down to specific issues regarding a family or a particular individual that can be identified, because the numbers are so small, that is where I ... because they have a duty to confidentiality, too.

**The Deputy of St. Ouen:**

Did you not believe that the report as presented in the media presented an opportunity for you and your department to be more proactive in offering and highlighting the services and support for the individuals and families who obviously know of people with the problem and who are self-harming so they could come forward and get the help that they obviously need?

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

Which report are we talking about here, just to be clear?

**The Deputy of St. Ouen:**

I think it was in the *J.E.P. (Jersey Evening Post)*.

**Managing Director, Community and Social Services:**

There is a report on page 2 of the *J.E.P.* about suicide numbers. I think it was in response to a written question. That piece was very well constructed by the *Jersey Evening Post* and it was very factually correct.

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

There was comment from the department about that.

**The Deputy of St. Ouen:**

Just finally, would you consider looking at the issue of self-harm and trying to encourage people to come forward to the various support groups so that they can access the appropriate help?

**Deputy J.A. Hilton:**

Yes, of course.

**Director of Adult Services:**

Absolutely.

**The Deputy of St. Peter:**

I think we will move on now to discuss respite care if we could. In our reports that we sent last year there was a suggestion that figures and demand for respite care should be monitored and measured. We would like to know how this is being done.

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

Things have progressed and a lot of work has been done with the department and Education to try and identify those children now and into the future that may need support. I know we had a



briefing the other day about it and we are happy to give you the figures, which I think you have had.

**The Deputy of St. Peter:**

Thank you. You can appreciate that we do not wish to overlap on the private briefing but it is important also to offer, in a public session, information that is available publicly.

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

Yes, fine.

**The Deputy of St. Peter:**

To follow on, your access is being reduced or has been reduced again at different respite centres due to full-time residential cases being admitted. What is being done to offer care and support to families who would ordinarily receive respite services?

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

A lot of work, as I said, has been done and there has been a lot of investment into respite services both at Eden House and Haven, which is in St. Martin, which was opened for one child that came back. That work is progressing. By the time the summer holidays come those will be fully open to respite. So there is that one area there but also respite is not only in-house, so to speak. A lot of investment has been taken to provide outreach respite, which also is important. It is trying to tailor-make, if we can, to individual family's needs.

**The Deputy of St. Peter:**

So in preparation for the summer holidays, both Eden House and the Haven will have a number of units available for respite services continuously throughout the summer holidays?

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

That is the idea, yes.

**The Deputy of St. Peter:**

How many beds?

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

Is it two beds at Haven?

**Service Director, Children's Services:**

Yes.

**Managing Director, Community and Social Services:**

But only one for the summer holiday.

**Service Director, Children's Services:**

Haven at the moment is just undergoing some refurbishment to ensure that it is compliant with all health and safety issues. As the Minister said, when some young people are placed in the U.K. at the moment over the summer holidays that will be available for one session per night, but that could be across several young people. Eden House, as you rightly say, has had to take residential care for 2 young people but they can still provide some limited short-break services there as well.

**The Deputy of St. Peter:**

They will be able to have overnight stays at Eden House during the summer?

**Service Director, Children's Services:**

Where needed but, again, as the Minister said, it is about individual assessment and the support does not have to be provided within the unit. It could be outreach support for those families.

**The Deputy of St. Peter:**

So when you say "where needed", that is if a family says: "I cannot cope this summer. I have had a really bad week. Please can you take my child," rather than organised, planned-for breaks?

**Service Director, Children's Services:**

Both of those things. I mean where our staff are working with families there will be plans where needed for those individual children and families, but obviously if an emergency arises over the summer then an individual assessment will be made and services provided where appropriate.

**The Deputy of St. Peter:**

You ordinarily have 5 beds available at Eden House?

**Service Director, Children's Services:**

No. The numbers are smaller than that. The nature of the young people accessing those, you would not be providing care for 5 young people there. So the picture would normally be 2 people, sometimes 3, who might be accessing that service.

**The Deputy of St. Peter:**

That is the availability, because you are maintaining the residential there as well?

**Service Director, Children's Services:**

I think, just generally, the mix of the young people that we are talking about. It is not just their own needs but the effect that they may have on each other. So you would not choose to have 4 or 5 young people within the same facility.

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

I think we have 5 beds at Oakwell as well.

**Deputy J.A. Hilton:**

Can I just ask you a question around refurbishment? You mentioned refurbishment around the Haven and I know when Eden House was opened there was concern about the way it had been built from a health and safety aspect for the staff, i.e. the radiators in the corridors jutting out into the corridors and narrow corridors. Who are you using? Do you use an architect who is specialised in this type of refurbishment, whether it is the Haven or Heathfield, which has been renovated as well?

**Service Director, Children's Services:**

Yes, we have engaged a specialist architect from the U.K. by the name of Simon Humphreys whose background is in this area and has been involved in projects all around the world. He is our main architect in this area.

**Deputy J.A. Hilton:**

So, just to clarify, you did not do that in the original refurbishment or the original building of Eden House?

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

No.

**Deputy J.A. Hilton:**

So basically you have learnt from experience that you need to do that?

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

We were handed a shell from Housing and we had to get in there and we had a budget. We appreciate we have learned and this guy is ...

**Director of Adult Services:**

I think there are 2 things in that, having been the person that was at the front with Eden House. We did not have access to that expertise and knowledge and understanding and information has

moved significantly in the last 10 years in terms of the environmental impacts around both adults and children with autism. We are absolutely capitalising on that and certainly Simon obviously is the person that was recommended through the National Autistic Society this time.

**Deputy J.A. Hilton:**

Okay, thank you.

**The Deputy of St. Ouen:**

A review suggested that Eden House was not fit for children over the age of 12. Is it your intention to limit the age group of Eden House to 12 or are you still planning to accommodate older children?

[11:45]

**Service Director, Children's Services:**

We have the 2 older children who are living there at the moment. The plan is for them to stay there at this point and to develop the Haven for onshore break services, but the 2 young people who are there are now approaching 18. So we are in consultation with Chris' services to ensure the transition to adult is the important thing and that there will be individual packages of care around those young people moving on into the community.

**The Deputy of St. Ouen:**

Are you saying then that Eden House will continue to cater for up to 18 years of age?

**Service Director, Children's Services:**

In the short term, yes.

**The Deputy of St. Ouen:**

Can you qualify "short term"?

**Service Director, Children's Services:**

I am not going to say by a certain date those young people will not be there, but in the plan with transition that we are looking at over the next 6 months ... we are in discussions with Housing, for instance, about providing more suitable accommodation elsewhere.

**The Deputy of St. Ouen:**

You are talking of 2 individuals that are currently occupying Eden House. That is not to say that another individual between the age of 12 and 18 may need support. I am asking are you planning

on maintaining that age range for Eden House or are you looking to just limit it in the future to age 12 and provide some other facility for the 12 to 18s?

**Service Director, Children's Services:**

We are looking at all our provision. As we have touched on, we will develop in the longer term residential provision. We are assessing all of our short-break services and the appropriateness of Eden House and the Haven on the longer-term basis.

**The Deputy of St. Ouen:**

When will that be known or that work complete?

**Service Director, Children's Services:**

Over the coming months. That is what we are looking at now.

**The Deputy of St. Ouen:**

Are we talking about the end of the year? Would we be confident that we would see that report by the end of the year??

**Service Director, Children's Services:**

There is not a formal report coming out, but we are looking at our services and I would anticipate by the end of the year we would be very clear on which building will be providing which service.

**The Deputy of St. Ouen:**

Sorry, you are confusing me now. You say that you are looking at it but you say there is no formal report. How are you planning to identify and address the issue if you do not provide a report?

**Managing Director, Community and Social Services:**

Perhaps I can help. This is work ...

**The Deputy of St. Ouen:**

Sorry, I want to just complete this question.

**Service Director, Children's Services:**

Well, in the sense of presenting you with a formal report or a formal review that we have had in recent years, it is not that. We have got key managers that are in place here who are looking at this issue. Lisa Perkins, who is the manager with responsibility in this area, is looking at that and is making clear plans on this for the future, but there is not a formal report that will be presented to you on that.

**The Deputy of St. Ouen:**

But a report will be presented, I presume, to at least the Minister so that the Minister can then determine how best to deal with the matters that you have identified?

**Service Director, Children's Services:**

Internally we will be looking at that and making a clear recommendation to the Minister on it.

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

It is just about the planned respite, James. You said when Eden House was looked at it was not fit for children over 12. Well, the 2 young adults who are in there at the moment were not planned either. So we are back to: "Where do we put everyone on this Island?" Eden House at the moment may, in a report, say: "Preferably not over 12," but it is the best that we have got with the improvements that we are having the architect look at and we are looking to other places to bring other people back.

**Deputy J.A. Hilton:**

Can we just move on, sorry, because we are running out of time? You mentioned transition. What facilities have you got in place for young people moving from children's into young adults. For instance, your 2 young people at Eden House: where will they move to? You mentioned they will be in transition and will move to Adult Services. So where will you accommodate these young people.

**Service Director, Children's Services:**

I will start off and then I am sure Chris will add to that. The important bit is identifying at a young age. So transition does not start at 17 and 11 months. It starts at 15-16 and that is the work that we do across the services, both internally and with our partners in other agencies. As I say, with those particular 2 young people at the moment there are very specific discussions going on to ensure Housing are engaged, Social Security are engaged, our services and Education to provide the best possible package. With regards the actual physical environment, I guess, Chris, with Adult Services.

**Director of Adult Services:**

Yes. We are actively looking at implementing a residential strategy that started back in 2008, which is moving from the concept of group homes and that congregate, almost institutional living. That project is in partnership with Housing, Social Security and Property Holdings. This year we secured investment from Treasury, from a capital investment, to be able to work in partnership and it is about developing fit-for-purpose, long-term homes for life. Now, that takes us down the route

of another agenda that we have within Adult Services - as I say, moving away from the congregate approach - of personalisation.

**Deputy J.A. Hilton:**

Can I just stop you there because I know we are running a little bit short of time?

**Director of Adult Services:**

Yes.

**Deputy J.A. Hilton:**

So basically we moved from an institution like St. Saviour's Hospital into group homes and, as far as forward planning is concerned, you are now proposing individual homes for individuals?

**Director of Adult Services:**

Yes.

**Deputy J.A. Hilton:**

How are you going to finance this, because some of these individuals need 24/7 care?

**Director of Adult Services:**

Yes, they do.

**Deputy J.A. Hilton:**

At the moment you are accommodation those maybe 3 or 4 individuals in one home. I do not want to put a price on this but obviously it is going to be a lot more cost-effective than a one-to-one, so I am just curious.

**Director of Adult Services:**

We have to decide what model of care we are going to aim for. We deliberately aimed for the personalisation agenda because we believe individuals with complex needs have the same rights as you and I to have their own home for life.

**Deputy J.A. Hilton:**

But I am just curious. Do you think you are going to get the budget available from Treasury to finance what you would you like to do?

**Director of Adult Services:**

What is going to dramatically assist in our quest is the introduction of long-term care. That is going to enable us to move towards personalised support packages, individual arrangements, and there will always be a balance. There are some individuals who will possibly choose to continue to live together, a sharing environment. The last thing we want to do is to move to a position where people become isolated because that just exacerbates a whole different set of problems. So there will always be a balance, but what we intend to do is to reach a point where people have a degree of choice around where they live, who they live with and who supports them.

**Deputy J.A. Hilton:**

Okay, thank you.

**The Deputy of St. Peter:**

Do you perceive perhaps sheltered sites where there is central command, where care can be provided and ...

**Director of Adult Services:**

Yes, I do. That is a very definite part of the range of options that we would have and one of the things we are engaging with the Housing Department on is when they are developing new sites with new build that we might target certain areas where there might be a range of properties available so we can get a balance between individuals having their own home and the economy of scale and, in particular, using S.M.A.R.T. (Support, Monitoring and Reassurance using Technology) with Telecare as well to ensure that people are safe in those properties and maximising the use of the staff that we have available to do that.

**The Deputy of St. Peter:**

How do you think the surrounding community would welcome people, say if they were living on their own as an individual?

**Director of Adult Services:**

Well, we have been doing this for the last 10 years anyway. So we have a number of properties out there where people are supportive and people are very welcomed as part of that community. We have a whole host of individuals ...

**Managing Director, Community and Social Services:**

All our properties are in the community.



**Director of Adult Services:**

Yes. There is nothing in a hospital setting today of people with incredibly complex needs. I give credit to the staff that provide that support to people because there are people with very complex needs being very well supported living very fulfilled lives.

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

The question that you have just raised there is a very important one. I do not know whether you have been down to Jubilee Villas. Is it Jubilee Villas?

**Director of Adult Services:**

Maison Jubilee.

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

Maison Jubilee. There are very complex, vulnerable adults there who work and they live as part of the community. If you have not been down there, it is definitely worth a visit and the community embraces them.

**Director of Adult Services:**

Yes, absolutely.

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

That is the most important thing.

**The Deputy of St. Peter:**

Thank you.

**Deputy J.A. Hilton:**

The chair of the J.C.P.C. (Jersey Child Protection Committee) has told the panel on a number of occasions that the key problem facing improving safeguarding for children and vulnerable adults is the lack of co-ordinated data collection between agencies and within the Health Department. Can you tell us what is preventing better information-sharing and how can it be addressed swiftly?

**Managing Director, Community and Social Services:**

We have had meetings this week with the chair, who is now the chair of the Children's Safeguarding Board. It is just a change of name. There is some great progress being made in this area. So the first thing to talk about is the Multi-Agency Safeguarding Hub - which is the development of, as it says, the multi-agency hub where everybody can begin - whereby all the important agencies share information in one place to make a decision around safeguarding. That

is a development that is underway at the moment and there will be more information about that this summer.

**Deputy J.A. Hilton:**

So are all the I.T. (Information Technology) systems in place to enable those professionals to do that?

**Managing Director, Community and Social Services:**

The I.T. system to enable a M.A.S.H. (Multi-Agency Safeguarding Hub) to occur has been developed and that is the piece of work that will enable to launch in August this year. So, yes, that is. What sits underneath that from a Children's Services perspective - and I will hand over to Phil speak about this - is our systems are not particularly modern and we need to certainly develop our informatics around collection of data around children.

**Deputy J.A. Hilton:**

When do you think that is going to happen?

**Managing Director, Community and Social Services:**

It is within our strategy to address that in 2014. Is that right?

**Service Director, Children's Services:**

Yes. I should say the chair of the Children's Safeguarding Board has herself launched a data collection process across agencies. Each agency has worked on this as to the data that will be presenting to try and get a picture of safeguarding across the services. As Richard rightly says, some of our I.T. is not as good as it should be. So we are looking to develop that. In the interim, we are seeing what data can be collected manually with the basis of that being built up over the coming years.

**Deputy J.A. Hilton:**

When do you propose that a system would be in place so that all those different departments within the Health Department could share data?

**Managing Director, Community and Social Services:**

It is much broader than that. It is about sharing data across all the agencies, including G.P.s (General Practitioners).

**Deputy J.A. Hilton:**

Okay. So when do you think that system would be in place to enable that to happen?

**Managing Director, Community and Social Services:**

The M.A.S.H. system we would expect to be up and running in August 2013. The development of Softbox will occur in 2014.

**Deputy J.A. Hilton:**

Softbox?

**Managing Director, Community and Social Services:**

Sorry, that is the Children's Services system.

**Service Director, Children's Services:**

Data.

**Managing Director, Community and Social Services:**

The G.P. centralised system, which is E.M.I.S. (Egton Medical Information Systems), should, I am reliably informed, be operational in January 2014.

**Deputy J.A. Hilton:**

So the G.P. system would mean that if somebody presented in a G.P.'s surgery where a G.P. has suspicions that either a child or an adult was being harmed, he would be already linked into the system and he could contact somebody at Social Services?

**Managing Director, Community and Social Services:**

The idea is that the M.A.S.H. are able to interrogate all of the systems. So they need to be able to see into the hospital's TrakCare system. When was this child in Robin Ward? When was this child in A. and E.? They need to look at the Softboxes. Is this child known to Social Services? They need to look at the G.P. Has this child ever appeared at the G.P. with any harm? It is that sharing of information that we are trying to generate and it is a really fantastic piece of multi-agency work and I am really excited about it.

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

But it has to come from the M.A.S.H. rather than coming from the agencies.

**The Deputy of St. Peter:**

Staying in that area, has a Memorandum of Understanding been signed yet by all of those agencies in the M.A.S.H.?

**Managing Director, Community and Social Services:**

The Memorandum of Understanding for sharing information has been signed, I believe.

**Service Director, Children's Services:**

Yes.

**Managing Director, Community and Social Services:**

Is that what you are asking?

**The Deputy of St. Peter:**

A more general Memorandum of Understanding, I believe, about safeguarding, not just sharing of information.

**Managing Director, Community and Social Services:**

The chair has developed a Memorandum of Understanding for all agencies which the Ministers for the variety of the agencies involved will sign, but it has not been signed as yet.

**Service Director, Children's Services:**

It is still in draft.

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

It is still going through draft iterations.

**Managing Director, Community and Social Services:**

It was only discussed this week at the Safeguarding Board.

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

Yes. It will come back to the Safeguarding ...

**Deputy J.A. Hilton:**

Do you think, instead of a Memorandum of Understanding, this should be laid down in legislation?

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

We were discussing that the other day and there are pros and cons of doing both. Putting it in statute is good, but then it will take a little while. Meanwhile, having a Memorandum of Understanding is important which we all sign up to.

**Deputy J.A. Hilton:**

So the Memorandum of Understanding will be signed at some time in the future.

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

Providing everyone is fairly similar.

**Deputy J.A. Hilton:**

Okay. But at the same time, in parallel, will you be pursuing legislation?

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

There is work going on with the Law Officer's Department regarding that.

**Managing Director, Community and Social Services:**

Just for clarity, the M.o.U. (Memorandum of Understanding) that I was talking about was information sharing. So that has been signed for the information sharing, but what has not been signed yet, because it is under development, is a much broader M.o.U.

[12.00]

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

That goes across adults and children as well.

**The Deputy of St. Peter:**

Thank you.

**Deputy J.A. Hilton:**

One final question from me: is St. Mark's Hostel being closed?

**Service Director, Children's Services:**

Yes, it is.

**Deputy J.A. Hilton:**

Currently, how many young people are there?

**Service Director, Children's Services:**

There are 5 young people there, I think.

**Deputy J.A. Hilton:**

Where will those 5 young people be moved to?

**Service Director, Children's Services:**

Can I just talk a bit, very quickly, just on the wider bit because I think it is important to understand the services we have got from 16 through to 25. Residentially we have developed Field View, which is the provision for young people who have been in the care system, age 16 through to 20. Six individual bedsits to ensure those looked-after children get the best possible service. St. Mark's Hostel has always traditionally taken young people, aside from the looked-after children, who may find themselves homeless for whatever reason. We have had discussions and developments on the Strathmore site. So Strathmore is being developed and those young people will be part of that process.

**Deputy J.A. Hilton:**

Whereabouts is Strathmore?

**Service Director, Children's Services:**

It is further up St. Mark's Road.

**Deputy J.A. Hilton:**

Does it currently house ...

**Director of Adult Services:**

May I just, with respect, pass a comment? With the public and the press here you are going to absolutely ruin my very positive media release in the next week.

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

That was going to be my comment. We need the children to know first. We had this discussion only 2 days ago with myself, the Minister and Chris and there are young people involved. We will brief you. You are before the press but not in front of the press and not before we have ... They have been kept informed all along, but things are going to be moving very quickly, this side of the year.

**Deputy J.A. Hilton:**

Could we respectfully ask ...

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

You can close, yes. I mean it is finished now.

**Deputy J.A. Hilton:**

I have said it now. All I am trying to establish is are the premises going to be occupied just by the young people who would normally access St. Mark's Hostel?

**Service Director, Children's Services:**

The age group will be 16 through to 25. The plan is that young people would be split in the building, sort of 16 to 20 and 20 to 25 in the different parts of that building.

**Deputy J.A. Hilton:**

Because missing 16 year-olds and 25 year-olds ...

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

Yes.

**Deputy J.A. Hilton:**

All right. Perhaps we had best leave it there.

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

Yes. We could perhaps resume this privately.

**Director of Adult Services:**

I am very happy to do.

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

We are happy to do brief you for 5 minutes about it.

**The Deputy of St. Peter:**

Thank you. That will be very helpful. We will close the open part of this session and we will continue for 5 minutes privately, so if we could ask the members of the public if they would leave. Thank you very much for attending.

[12:03]