STATES OF JERSEY

ASSESSMENT OF MENTAL HEALTH SERVICES (S.R.4/2019): RESPONSE OF THE MINISTER FOR HEALTH AND SOCIAL SERVICES

Presented to the States on 1st May 2019
by the Minister for Health and Social Services

STATES GREFFE

ASSESSMENT OF MENTAL HEALTH SERVICES (S.R.4/2019):
RESPONSE OF THE MINISTER FOR HEALTH AND SOCIAL SERVICES

Ministerial Response to:	S.R.4/2019
Ministerial Response required by:	24th April 2019
Review title:	Assessment of Mental Health Services
Scrutiny Panel:	Health and Social Security

FINDINGS

	Findings	Comments
1	The Government's Mental Health Strategy represented a positive and welcome step toward improving mental health services. However, progress on implementing the Strategy has been piecemeal and it is not clear why somethings have been done while others have not. It is difficult to measure progress against the strategy as it did not include any objectives.	**Partially agree –** we welcome the Scrutiny Panel's positive statement about the mental health strategy. The strategy was the first mental health strategy for Jersey that was developed and co-produced by a wide range of stakeholders, including people with lived experience of mental illness. Investment was provided under P.82/2012 to implement the strategy, and a number of initiatives were identified in support of this. There has been and continues to be some difficulty in implementing the full ambition of the strategy, which has been compounded by workforce shortages. This has meant that progress in some areas has been slower than expected. However, since the strategy was launched in 2016, we have successfully developed and implemented – (i) Jersey Talking Therapies; (ii) Memory Assessment Services; (iii) a Suicide Prevention Framework; (iv) Mental Health Liaison in the General Hospital (planned for June 2019); (v) Primary Care Older Adult Mental Health Team; (vi) Primary Care Child and Adolescent Mental Health Workers; and we have also established the Recovery College. There is renewed emphasis on delivering the outstanding work-streams connected to the strategy, particularly the development of 24/7 services (Crisis Service and Listening Lounge), improving the estate, and implementing Recommendation 8.4 of the Children's Inquiry (provision of a Trauma Informed Pathway). A Mental Health Improvement Board has been established for this and related purposes, and is driving the operational delivery of these work-streams against agreed timescales. We agree with the Panel about the lack of strategic objectives upon which to measure progress. This is noted, and the strategy from 2021 onwards will include objectives.

	Findings	Comments
2	We are concerned that the appropriate outcome-based indicators for measuring the performance of Jersey's mental health services are lacking.	**Agree –** performance measures to date have, in the main, related to activity rather than outcomes. We are currently working on refreshing and updating the way in which we measure our performance to ensure both activity and outcomes can be measured. Securing improvement in mental health outcomes also involves the contribution of other government departments, e.g. housing, employment and education, and officers will be working across government to achieve this. It is also our intention to measure staff well-being outcomes.
3	We surveyed 340 mental health service users and found that while the majority of respondents found it easy to be referred, most people had to wait to access services, most people found the wait unacceptable and most people said that their mental health got worse while they were waiting.	**Agree –** we are also concerned that a person's mental health may deteriorate while waiting for care, and recognise the important and valuable contribution that the voluntary sector plays in bridging the support needs of some people during their period of waiting. We believe this in the main relates to accessing Jersey Talking Therapies, which has experienced huge demand since its inception. Attempts have been made to increase the workforce to meet this demand but, as elsewhere, problems with recruiting staff impact upon performance. We will work collaboratively with voluntary and charity sector partners to develop more support services and signpost people to these services, while ensuring that statutory services are focused on improving access in a timely way. We are also exploring web-based therapies as an alternative, and staff are being trained in family support to assist families where psychosis is experienced by a family member. Waiting times in our secondary care mental health services compare favourably with NHS Benchmarks.
4	In general, mental health service users had a positive experience when using mental health services. However, we note that over a third of respondents said that their mental health had not changed or got worse since using mental health services. Staff in mental health services were considered to be respectful, compassionate and knowledgeable. However, there were a number of issues including unwelcoming services, a lack of out-of-hours services, a lack of flexibility, poor communication with families and carers and failing to meet service users' needs.	**Agree –** it is encouraging to hear that people report a positive experience of the mental health care they receive, and that staff are compassionate, knowledgeable and respectful. However, we recognise that there are a number of improvements needed to bring the service up to standard, including – (i) Redesigning services to provide a 24/7 response; (ii) Providing 'recovery-focused' services; (iii) Improving the environment and estate; (iv) Improving communications and engagement with people who use services; (v) Implementing 'person centred' care and support and upholding rights and responsibilities; (vi) Improving the 'customer' experience for people who come into contact with services;

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		(vii) Developing our staff; (viii) Achieving better partnership working; (ix) Raising our performance and quality and measuring outcomes; (x) Taking advantage of the changes in technology; (xi) Using evidence to guide decisions around care and support; (xii) Learning from others; (xiii) Developing new ways of working and supporting innovation; (xiv) Being 'great' at what we do by setting and maintaining high standards. To deliver the above, we are investing in clinical and professional leadership, and plan to appoint to the following roles under the Target Operating Model for Health and Community Services – • Head of Care Group/Associate Medical Director • Lead Nurse • Lead Social Worker • Lead Allied Health Professional • Mental Health Improvement Lead • General Manager. The new leadership team will be responsible for driving forward the changes needed.
5	We believe that our survey has provided a valuable insight into the current state of mental health services. It has highlighted the importance of asking service users their views and opinions about the quality of mental health services.	**Agree –** we will strengthen our approach to obtaining feedback going forward, and ensure that co-production is embedded in everything that we do.
6	There has been a lack of political and executive leadership focused on improving mental health services in Jersey. This has had a detrimental impact on efforts to implement the Mental Health Strategy and improve services.	**Agree –** however, we welcome the priority that mental health has been given by the Council of Ministers in the Common Strategic Policy, and the renewed efforts under the Target Operating Model to establish clear leadership arrangements. The introduction of the Mental Health Improvement Board provides additional executive leadership.
7	We are seriously concerned about the structure of the Mental Health Improvement Board. We are concerned that it is chaired by the Director General of the Department of Justice and Home Affairs, and we are concerned that it does not have anyone with lived experience of mental health services on the Board.	**Disagree –** the Board was set up to introduce good governance in support of the identified improvements and to support the senior leadership team in Health and Community Services and a number of key stakeholders who provide expertise, appropriate challenge and ideas, to improve the current provision of mental health services in the Island. Mental health is everyone's business and the independence, oversight and assurance provided by the Chairman of

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		the Mental Health Improvement Board (as someone who sits outside of mental health services) brings a valuable contribution of challenge and impartiality, consistent with the ethos and approach to One Gov. We feel that the Panel has not had the opportunity to consider the positive impact the Board has made in a very short period of time (6 months) and would welcome the opportunity to provide more detail to the Scrutiny Panel in relation to the Board. The inclusion of people with lived experience needs to be supported and not tokenistic, and the Board's Terms of Reference will be rewritten to ensure that any individual who is able to contribute as a member of the Board is formally recognised and supported to fulfil their role and function.
8	Mental health services have suffered from a lack of investment over a sustained period of time. The improvements required in mental health services are dependent on increased financial investment. Some of these improvements are essential to ensure that the service is able to function properly and include recruiting and retaining staff and enhancing the mental health estate.	**Partially agree –** while funding was available through P.82/2012 investment, workforce supply remains a significant issue which has impacted upon the services' ability to function. Investment in the mental health estate has fallen short of what is required to provide fit-for-purpose recovery-focused facilities in the absence of a new mental health facility. Plans to address this have been submitted as part of the Government Plan. The longer-term estate needs will be considered alongside broader plans for the future new Hospital.
9	Prospective candidates applying for mental health roles often reject offers when they understand the implications of Jersey's high cost of living. These recruitment problems have led to a lack of staff in mental health services.	**Agree –** pay and conditions (including affordable housing), and career opportunities for key workers have impacted upon the Island's ability to recruit appropriately qualified professional staff. We are working with partners to secure improved access to affordable living.
10	Programmes to increase the pool of home-grown mental health staff in Jersey is very positive. However, it is unlikely to solve the immediate staff shortage problem.	**Agree –** we welcome the Panel's acknowledgement of our efforts to increase the talent pool and our continuing efforts to recruit staff. Most staff applying for jobs originate from the UK, where there are significant mental health nurse vacancies. The competition for professionally-trained mental health staff is challenging for a variety of reasons. We will be exploring a range of potential solutions to ongoing staff shortages, including consideration of 'experts by experience' and peer services, to support the delivery of statutory care.
11	The quality of the mental health estate is completely unacceptable. Many of the buildings are dilapidated, uninviting and not fit for purpose. This is having a detrimental effect on staff and service	**Agree –** providing safe and effective care is our priority, and we share the Panel's concerns about much of the mental health estate and the lack of therapeutic recovery-oriented facilities. There has been a programme of work to improve safety

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	users. In some cases the poor quality of the estate is failing to keep both service users and staff safe. It is highly likely that this is having a negative impact on recruitment of mental health staff.	standards at Orchard House, but the environment does not lend itself to entirely eradicating safety risks. Plans are in place to relocate Orchard House to a newly refurbished building at Clinique Pinel. While not ideal, it offers an opportunity to provide a more therapeutically safe environment in the interim, until longer-term plans for the service are developed. Relocating Orchard House to Clinique Pinel should create an environment that attracts potential candidates to the service. We are also preparing to establish a 'place of safety' at the General Hospital so that people who present at the Emergency Department are responded to appropriately, away from the major trauma area. Plans are also in place to upgrade the outpatient facilities at La Chasse. Maple, Oak, Cedar and Beech Wards are in a more acceptable condition, though we acknowledge that facilities should be improved, e.g. by the provision of *en suite* facilities. Such improvements are likely to feature in the longer-term plans for the service, whilst more immediate attention and resources are focused on priorities, such as the replacement of Orchard House. Any capital development will be subject to funding and planning permissions.
12	Orchard House (the Island's adult in-patient mental health service) is particularly bad. It recently failed a health and safety inspection. We received a significant number of complaints about Orchard House via our survey, when collecting personal testimony and from our expert witnesses. In particular we note that there appeared to be little therapeutic activity for patients to do while they are there.	**Agree –** the environment is unsuited to therapeutic recovery, despite the best efforts of staff to provide recovery-based interventions. Staffing and skill mix shortages compound the inability of staff to provide a range of therapeutic recovery activities. We will, however, continue our efforts to provide quality care and support within these constraints, and link with Jersey Recovery College for its support.
13	The Government has the potential to create a world-class mental health facility. In order to achieve this, we believe that as far as possible, mental and physical health services should be co-located. The redevelopment of Jersey's General Hospital means that this is an ideal time to incorporate mental health it into the planning for the future Hospital.	**Partially agree –** while this is the view of the Panel, in the spirit of co-production, we would want to ask people with lived experience for their views on what a 'world-class' mental health service should look like in Jersey (and where), alongside those responsible for developing the estate and planning a new Hospital.

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14	Jersey does not have an appropriate place of safety for children or adults in a mental health crisis. People in crisis are often detained in inappropriate environments such as police cells. It is inappropriate for young people to be detained on Robin Ward (the children's ward in the General Hospital) or Orchard House (the Island's adult in-patient mental health service).	**Agree –** responding to crisis and putting the appropriate crisis response in place is a priority for the Department. We believe that the development of the 24/7 crisis service will be instrumental in preventing people needing to go to the General Hospital or be detained in a police cell in the first instance. We are also mindful that the specific needs of children and young people in mental health crisis need to be developed separately to adults, and we are working with colleagues in children's services to address this.
15	Parity of esteem, treating physical and mental health equally, has benefits for patients and staff. It allows health and social care services to take a "whole person" approach to people's care.	**Agree –** and will ensure this is embedded throughout all our services, and applied to the development of all our care and support models.
16	Co-production means delivering mental health services in partnership with service users and mental health professionals. There is evidence to suggest that empowering service users is a good way to deliver services. The Government has said that it uses co-production but we have seen little evidence that this is the case – especially in relation to refreshing the Strategy and improving services through the Mental Health Improvement Board.	**Partially agree –** we are totally committed to the model of co-production. The current strategy was co-produced with staff and people with lived experience, and has continued in areas such as the development of care pathways, the proposals for a 24/7 Crisis Service, and also the development of the Listening Lounge. The Recovery College also co-produces and delivers training with professional staff working alongside people with lived experience. However, we recognise that there is much more to do to fully embed the culture of co-production throughout the service, and to ensure that this is within both governance and operational arrangements of the Department. The Mental Health Improvement Board is reviewing its terms of reference to ensure that people with lived experience are able to become Board members, alongside those who represent Mind Jersey, Jersey Recovery College, and the Independent Advocacy service. We will also reconnect with the citizen panel, the mental health network, and other service user and carer forums with regard to their involvement, participation and engagement in future mental health developments, and explore further opportunities to strengthen our approach.
17	Jersey's community and voluntary organisations provide a range of valuable services which support people with mental health problems. It is clear that the Government wants these organisations to fill the gaps which are not covered by statutory services. The	**Partially agree –** the Government is committed to providing comprehensive services in partnership with the voluntary sector, rather than expecting the voluntary sector to fill the gaps in service. The model of co-production helps identify where resources are best placed to deliver the range of services needed, some of which are best served by the contribution of

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	gaps are so large, however, we are not sure that they can be filled by the community and voluntary sector.	the voluntary sector. However, we do recognise the need to review the current commissioning arrangements, which we believe may assist in improving planning and leadership in the sector over the medium to longer term.
18	It is clear that responsibility for promoting good mental health extends beyond the Government and community and voluntary organisations. Mental health is everyone's business. We note that some private sector organisations are starting to promote good mental health in the workplace and supporting staff who are experiencing mental health problems.	**Agree –** raising awareness of mental health issues and supporting people in the workplace is known to reduce stigma and discrimination, which enables people to seek early help, as well as helping people to remain in work and be productive – a key protective factor for well-being. We recognise the efforts of other agencies to promote positive mental health, and also the work going on in the department with local communities and parishes.
19	General Practitioners (GPs) play an important role in supporting people with mental health issues and referring people into mental health services. However, people's experience of GPs in relation to mental health has been mixed, suggesting inconsistency across the profession. This has potentially negative implications for those people who are under the care of GPs who do not know much about mental health or the services on offer in the Island.	**Partially agree –** early intervention and detection of mental health problems is crucial to reducing the potential for longer-term mental health problems, and we are aware that there are some GPs who have developed a special interest in mental health and understand the importance of addressing mental health problems as early as possible. A group of GPs has recently designed a new service to provide additional community-based support to patients presenting with mild mental health problems. This is hugely encouraging. Supporting primary care colleagues is central to our plans for improving access and early intervention and providing assistance to develop their knowledge and information about good mental health care in the Island. We have already started an initiative that allows GPs to gain instant telephone advice from a psychiatrist.
20	Jersey's General Practitioner (GP) practices are private businesses who charge a range of prices for a consultation with a GP. The upfront surgery costs associated with visiting GPs had an impact on how involved GPs were with a person's ongoing mental health. We have heard that people may avoid seeing their GP to discuss their mental health because of the cost involved.	**Partially agree –** we understand that charges for GP services may affect some people's ability to access primary care and early support for their mental health problems, and we are committed to working with primary care colleagues to ensure there is equality of access for all. GP practices run as private businesses and receive income from their patients, as well as some funding from the government. In the Common Strategic Policy, the Council of Ministers has committed to improving access for vulnerable people to all primary care services. We are working to mitigate the problems some Islanders have accessing GP services by revising our health and community service strategy, which will enable us

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		to explore further opportunities to improve integration, partnership and joint working between mental health services, primary care, community- and hospital-based care. We have initiated discussions with GP representatives to understand these issues and identify solutions.
21	Currently, children and young people with mental health problems are cared for by the Child and Adolescent Mental Health Service until they are 18, at which point they transition to being cared for by Adult Mental Health Services. The appropriateness of this cut-off was challenged by several stakeholders, including CAMHS clinicians. It was generally agreed that people should transition between services when it is right for them, or up to their mid-twenties. However, the ability for CAMHS to support this is dependent on adequate resources which it does not have at present.	**Agree –** we have already commenced a review of the transitional support available for people between the ages of 18 and 25 in order to improve this pathway of support, while recognising further resourcing is needed. Once the design work is completed, the arrangements will be communicated by this Department and Children's Services.
22	While we can understand the theory behind moving CAMHS from health to education, we do not think that this will work in practice. There are a number of risks associated with this change. We do not believe that the Government has sufficiently justified this change or demonstrated how the risks will be mitigated. It is also not clear who CAMHS staff will be reporting to and how clinicians will maintain links to other clinical organisations.	**Disagree –** we have established a transition planning team, and a collaborative programme of work is in progress led jointly by the Group Director of Children's Services and the Director of Operations in Community Services. Action is being taken to identify and mitigate risk, and clarify and establish line management and clinical governance arrangements between the services. Our focus is getting the service provision right for children with mental health issues in need of care and support, and then to ensure we have the right governance arrangements in place to enable the clinicians to deliver safe and effective care. Child and Adolescent Mental Health Services ("CAMHS") has been managed by Children's Services before, so the management arrangements are not new to Jersey. The Medical Director has overseen the development of governance plans to make sure that CAMHS doctors have a clear professional line of sight to him, and a clear line of sight to the Chief Nurse if a practitioner is a nurse or therapist. In addition, it is proposed to establish a 'Joint Care Group' to strengthen the links and communications between each service and the professionals involved, and consistent with the 'One Gov' approach to improving services for Islanders. There are significant benefits for children and young people by both Departments working

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		together in this way, including closer alignment with education and access to early help. We are confident that this joint collaborative approach can be sustained to meet their needs, as well as addressing the professional governance, quality and safety concerns of practising clinicians.
23	We heard some suggestions that mental health services were focused on a "medical model" for treating people with mental health problems rather than alternative non-medical therapies. Although the Government has made efforts to improve therapeutic services with the establishment of Jersey Talking therapies, the service is so oversubscribed and the waiting lists so long that this service isn't filling the gap. We heard about an alternative form of therapy called Open Dialogue, but it was not clear that mental health services used this or other alternative therapies when caring for people with mental health problems.	**Agree –** we agree that Jersey Talking Therapies is experiencing significant demand, and we are looking at ways to improve the access issues. As mentioned previously, workforce supply is key to this. However, we do believe that the development of the Listening Lounge will provide early support which does not require a 'clinical' response, and offers an alternative to people seeking help with issues that impact upon their mental health**.** We agree that the model of care does need to be refreshed to offer alternatives to Hospital and to embrace different organisational approaches to service delivery, such as recovery-focused services and Open Dialogue. **Disagree –** alternative therapies are available for people when they come into contact with mental health services, but this is dependent on the identified needs of an individual and the relevance of the therapy to address that need. Staff training in Systemic Family Therapy and Behavioural Family Therapy has started.
24	The current pathway for transgender people to transition is long and complex, which can have a detrimental impact on their mental health. We did not have the opportunity to look into this issue in more detail. However, we think that the arguments presented by Liberate Jersey have merit and should be explored further.	**Agree –** there is a need to ensure that all Islanders are served well by the Department, but this is an area of need for which there is little evidence to guide service developments. We have recently started work to review our current model of care, and the Department is very happy to discuss such matters further with Liberate Jersey.

RECOMMENDATIONS

	Recommendations	To	Accept/ Reject	Comments	Target date of action/ completion
1	A part of its refresh of the Mental Health Strategy, the Government should develop some clear objectives from which progress can be measured. These should be published on the Government's website.	Min. H&SS	Accept	The Minister is committed to ensuring that the outstanding work relating to the current strategy is accompanied by a specific set of time-bound objectives that underpin a delivery plan. He will publish the plan on the Government website by June 2019. This will involve setting out a schedule relating to all the outstanding work-streams identified under the strategy (but which have not yet come to fruition), and proposing a timeframe for completion before the end of 2020. A new mental health strategy to set the strategic direction will be required from 2021 and work will commence on this during late 2019/2020.	June 2019 End of 2020
2	The Government should publish a list of the outcome-based measures and indicators it will use to monitor its performance in relation to mental health by the end of 2019. The information it collects in relation to these measures and indicators should be published on a yearly basis thereafter.	Min. H&SS	Accept	The intention is to publish an annual Mental Health Quality Report which includes both activity and outcome data. The report for 2018 will be produced in September 2019. The plan is to produce the quality report in March of each year thereafter.	September 2019 and March 2020, and annually thereafter
3	The Government should regularly ask service users for their views and opinions on the quality of the **mental** health services it provides. In light of our survey, the Government should start this regular engagement in Q1 2020. Regardless of the tools that the Government uses to collect user feedback, the results should always be published.	Min. H&SS	Accept	The intention is to conduct an annual survey which will be designed and co-produced with service users and carers. The results will be published on the Government website. In addition, our intention is to collect routine outcome measures that are meaningful to people with lived experience and their carers, and pilot these during 2019/20.	January 2020

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4	The Government should consider the merits of having a designated Minister for Mental Health to provide sufficient leadership for mental health in Jersey. Alternatively, the Government should transfer official responsibility for mental health to a designated person. The Government should demonstrate that it has considered this matter and set out its decision in response to this report.	Min. H&SS	Reject	Mental Health Services is part of an integrated care system and 'integration' can be strengthened at a political level by assigning lead responsibility for mental health to an Assistant Minister for Health and Social Services. The role and purpose of the Assistant Minister will be to provide oversight on the mental health agenda and represent the Minister on the Mental Health Improvement Board. The Minister will maintain overall responsibility for the delivery of improvements as a member of the overarching Health and Community Services Board, which carries ultimate accountability for the quality and functioning of the care system. This approach has been carefully considered to bring the right balance and level of political involvement to the Mental Health Improvement Board, whose focus is to drive operational improvement.	June 2019
5	The terms of reference, membership and reporting lines of the Mental Health Improvement Board should also be made public. The Board should be chaired by a senior officer in Health and Community Services. Membership of the Board should include operational representatives from all frontline services that interact with mental health as well as appropriate third sector organisations. Its membership should also include at least 2 people with lived experience of mental health problems.	Min. H&SS	Partially accept	The Terms of Reference for the Board, along with the current membership arrangements and reporting lines, will be made public, with the details placed on the Government of Jersey website. In line with the 'One Gov' approach, the current role of the Chairman of the Improvement Board is to bring independent assurance to the work undertaken by the Department on the mental health strategy. This brings much valued challenge and additional senior leadership oversight of the Board's business. The function of the Board is to focus on operational improvement, and its agenda is derived from 5 key drivers for success that form the basis of the Improvement Plan – (a) improving experience (b) improving the workforce (c) improving the estate (d) CAMHS transition (e) delivering 24/7 services. The Board membership has recently	September 2019

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				been revised to include representation from the voluntary and charity sector (Mind and Independent Advocacy), as well as the Clinical Director for Mental Health and the Interim Divisional Manager for Mental Health. Further work is planned to encourage and support people with lived experience to become Board members. It is our intention to appoint members with lived experience of mental health issues by the end of 2019.	
6	If prospective candidates applying for mental health roles cannot afford to live in the Island, then either salaries need to increase or a way of mitigating the high cost of living need to be found. The salaries of key mental health staff should be reviewed and adjusted so that they are competitive with the UK when Jersey's cost of living is taken into account.	Min. H&SS	Accept	Our intention is to ensure that pay and conditions are attractive to potential candidates. Once the present pay-round has been completed, we will be able to shape recruitment packages that we hope will be more successful in attracting key workers to the Island. The Chief Nurse, the Interim HR Director, and a specifically appointed Panel are currently working on this issue. However, the migration policy and residency conditions for key worker staff and their families carry restrictions, and the Minister will continue to work with ministerial colleagues to find solutions to this issue. The Minister for Health and Social Services will also include information in the Annual Quality Report setting out the Department's performance in relation to agreed workforce targets.	Ongoing September 2019 and 2020
7	In addition to assisting with pay and cost of living, the Government should do more to help successful applicants with moving and settling in the Island. The Government could provide for example, resettlement loans/grants, assistance with the cost of importing a vehicle, registering for a driving licence, obtaining a registration card and childcare.	Min. H&SS	Accept	There are new accommodation options available, and the Chief Nurse, Interim HR Director, and a specifically appointed Panel are involved in helping to bring these options forward. The 'Welcome Jersey' initiative is also designed to support people make a smooth transition to the Island once they have succeeded in securing appointment to a post in the Department. Further consideration will be given to assisting those moving to and settling in the Island in addition to the relocation package which already exists.	December 2019

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8	Recruitment and retention problems in Jersey's mental health services should not prevent the Government from making progress on improving these services. Regardless of whether the number of staff increases, the Government should focus on improving ways of working within current resource constraints and focusing on investing in existing staff by giving them access to, for example, appropriate training.	Min. H&SS	Accept	The current model of service needs refreshing and updating to meet contemporary mental health standards. A number of business cases have been submitted for investment as part of the Government Plan to complete the programme of work planned for under the existing mental health strategy. If successful in securing the necessary funding, progress will be made in bringing 24/7 mental health services to the Island, which will facilitate opportunities for service redesign and associated workforce development. Staff are a valuable resource and absolutely vital to sustaining our community resilience, and it is therefore important to invest in and develop the workforce in order to equip them with the necessary skills and competence to fulfil their roles and functions within mental health services. We will develop a workforce strategy that not only addresses the recruitment and retention of staff, but also the career and training opportunities needed to support contemporary mental health practice that will retain staff and assist in developing better mental health services in the Island. This will be aligned to the future model of care and be evidenced and aligned with developments in technology, peer-led recovery services, and partnerships with primary care and the voluntary and charity sector.	December 2019 December 2020
9	The government should prioritise finding a replacement for Orchard House in the short to medium term. The Government should also improve governance within Orchard House including setting appropriate standards and performance processes to ensure that staff but especially service	Min. H&SS	Accept	In August 2018 the Department approved plans to relocate Orchard House to Clinique Pinel, and these are now being progressed as part of the Government Plan. This programme of work is due to be completed by the end of 2020. A significant programme of work has been undertaken during this time to improve safety within the constraints of the current environment at Orchard House. This includes a comprehensive programme for staff in	June 2020 Ongoing

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	users remain safe. These should be developed and implemented by the end of 2019.			physical interventions training, which is now established as the standard safety programme for equipping staff to deal effectively with episodes of behaviours that challenge. This is a mandatory training requirement for all staff who work at Orchard House. A risk-profiling exercise has been completed to help staff identify risks and develop the appropriate mitigation. The Unit now has a risk management plan to deal with these risks, which has included remedial work to parts of the estate pending the relocation of the service to Clinique Pinel. Tracking of safety incidents on the Unit is in place, and performance information shows that since the introduction of the safety training, incidents have fallen. These are monitored through clinical governance processes, but the intention is also to include the performance data in the Annual Quality Report, which will be made public. It remains the case, however, that along with these safety measures, mental health continues to be an area which carries high levels of risk associated with meeting the complex needs of some people who require services. It is our intention to ask service users – no matter where they are in the stage of their recovery while at Orchard House – about the safety aspects of their care. Ways to approach this will be discussed with people who use the services, and the approach adopted as standard. Plans to enhance leadership of mental health facilities are currently being implemented. This will improve the quality and standard of care on the Unit, which includes supervision of staff, process and performance improvement related to care planning and management, multi-disciplinary team working, and involvement of service users and their carers.	September 2019 September 2019 In progress

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10	As part of its work to develop a new General Hospital, the Government should conduct an assessment of what mental health services could be co-located with the future Hospital.	Min. H&SS	Accept	There is a range of professional opinions on the principle of co-locating mental health services within the future Hospital provision, and we will need to consider these, as well as taking the views of people with lived experience into account when conducting this assessment. We are committed to working with people with lived experience and the future Hospital team on the plans for the new Hospital. In the meantime, 'parity of esteem' afforded to people with mental health problems will continue to be promoted within existing general healthcare facilities.	Timescale to be decided
11	An appropriate place of safety should be created within the existing Hospital until an alternative arrangement can be found. Children and adults in mental health crisis should be separated.	Min. H&SS	Accept	Plans are already underway to develop the 'Place of Safety' at the Hospital, and the proposal for developing a 'crisis house' for children forms part of the business case for the development of the Listening Lounge. Both of these developments rely on financial investment and workforce supply (which has been referred to previously). The 'Place of Safety' has a planned 25-week lead-in time, and resources have already been released to progress the development.	December 2019
12	The Government should explore alternative options for dealing with people in crisis. This could include, for example, "crisis intervention teams" which provide a more patient centred approach.	Min. H&SS	Accept	A business case has been submitted for funding as part of the Government Plan. It proposes the development of a crisis team whose purpose will be to assist those who are at risk of admission to Hospital and, where possible, provide care closer to home as an alternative to admission. This service development forms part of the 24/7 mental health offer, which includes mental health support to primary care, Jersey Talking Therapies, a Listening Lounge and crisis house for young people, Community Mental Health Teams, a Place of Safety and Mental Health Liaison at the General Hospital, a Transitional Care Service for Young Adults, Drug and Alcohol Services, Memory Assessment	December 2019 (contingent on finance and workforce avail-ability)

	Recommendations	To	Accept/ Reject	Comments	Target date of action/ completion
				Services, an in-patient service for all ages, and a Recovery College. Work is also going on in local parishes to develop Care Closer to Home and a range of community developments which are designed to enhance community resilience. There is still some further work outstanding on provision of in-patient facilities for children and young people who require specialist support, which is currently provided off-Island.	
13	The Government should adopt the parity of esteem concept and develop a plan for how it will be integrated into health and social care services. This concept should be reflected in the Mental Health Improvement Board's terms of reference.	Min. H&SS	Accept	Parity of Esteem[1] is defined as *'valuing mental health equally with physical health' which would result in those with mental health problems benefitting from equal access to the most effective and safest care and treatment; equal efforts to improve the quality of care; equal status within healthcare education and practice; equally high aspirations for service users; equal status in the measurement of health outcomes; the allocation of time, effort and resources on a basis commensurate with need*'. This will be incorporated into the Improvement Board's work. However, parity of esteem relates to all aspects of Government, and the Minister and his officers will continue to advocate for people with lived experience of mental health problems to ensure parity of esteem is adopted across all portfolios. This will be evidenced by service and financial planning, audit and evaluation of policies, procedures, communications and operational standards. We will test organisational compliance against a human rights framework and associated disability standards, as part of a campaign to improve awareness of the needs of people with mental health problems and other disabilities. The intention is to ensure that fair access,	January 2020

[1] *No Health without Mental Health* (NHS 2011) (*Parity of Esteem enshrined in Health & Social Care Act 2012*)

	Recommendations	To	Accept/ Reject	Comments	Target date of action/ completion
				respect for rights, and compassion are integral to the services we provide, and take account of the cultural diversity in the Island and the needs also of the migrant population.	
14	The Government should adopt a genuine co-production approach to the design and ongoing delivery of Jersey's mental health services. People with lived experience should be empowered and involved in all aspects of mental health strategic and operation development, including having a voice at corporate management level. These people should also be remunerated for their contribution.	Min. H&SS	Accept	Across Europe, countries are now adopting a model of co-production and seeing the benefits of involving people with lived experience in service development and governance, and Jersey is no exception. We already have examples where this is working well, e.g. the Recovery College, which delivers co-produced training programmes in mental health. We will develop this approach further, and look at ways of assisting people to be more locally involved in planning their own care, and how people with lived experience can be remunerated for their work in helping shape, plan and govern services going forward. The mental health network and Citizens' Panel will be reconvened to work with officers to refresh and co-produce the next strategy for mental health from 2021 and beyond.	November 2019 June 2019
15	If the Government wants the community and voluntary sector to provide what are essentially frontline mental health services then it needs to provide realistic support to these organisations. The Government should provide adequate funding to, at the very least, cover the cost of delivering services, as well as longer-term contracts to these organisations (which could still be reviewed intermittently) in order to ensure that these services can provide the services required.	Min. H&SS	Accept	Involving the voluntary and charity sector as part of the service delivery model is integral to our future plans, and the contribution made by the sector is hugely valued. The Commissioning Framework will be reviewed to address this recommendation and to ensure that it is linked to the business cycle. Work will be undertaken to assess the current state of need, and a position statement prepared to guide future commissioning intentions. This will provide clarity to the sector on the business opportunities going forward. We acknowledge that commitment to developing longer-term contractual arrangements with the sector is needed in order for them to sustain their contribution, and this will be addressed as part of the review of the commissioning framework.	August 2019

	Recommendations	To	Accept/ Reject	Comments	Target date of action/ completion
16	The Government should offer to all Jersey's General Practitioner (GP) practices, training on mental health and information about Jersey's mental health services.	Min. H&SS	Accept	Enhancing the capacity at a Primary Care level to develop better mental health care is important to recovery, as early intervention is a key enabler to prevent further deterioration of mental health problems. Some practices are already providing access to mental health support funded from the Health Insurance Fund. We will continue to promote the Jersey Online Directory amongst Primary Care colleagues, and invite them to contribute and become involved in co-produced peer training at the Recovery College. GPs also maintain their own professional development relating to mental health.	June 2019
17	The Government should review the fees charged by General Practitioners (GPs) in relation to mental health. It should explore, in close consultation with GPs, whether a different funding method could be used if a patient presents to a GP with mental health problems rather than physical problems.	Min. H&SS	Accept	Ministers are committed to improving access to primary care services. The Department is currently reviewing the Primary Care Strategy for Jersey, which will include plans to further develop partnership models of care between Primary and Secondary Care. Joint meetings involving the Ministers for Health and Social Services and Social Security, and GPs and other primary care representatives, have been ongoing for several months, and discussions have included improving access for vulnerable patients. A range of sustainable funding options are being considered. Any increase in access by reducing fees will result in additional cost to the Government. This needs to be considered within the overall spending plans of the Government.	–
18	Until mental health services are better staffed it will be challenging for them to provide appropriate transition arrangements between CAMHS and adult mental health services. However, we believe that CAMHS should start	Min. H&SS	Accept	Please refer to the response on arrangements relating to the governance of the service (see point 19 and point 22 below).	–

	Recommendations	To	Accept/ Reject	Comments	Target date of action/ completion
	sharing a person's file with adult services once they have reached a certain age – even if that person isn't referred to adult services when they leave CAMHS.				
19	CAMHS should remain part of the Department for Health and Community Services.	Min. H&SS	Reject	The Ministers for Health and Social Services and Children and Housing will continue to ensure that all aspects of a child's health are appropriately and safely addressed by the 2 Departments through the assurances provided by the respective Improvement Boards. Locating CAMHS within Children's Services will provide a focus for improving services for children in line with objectives (1) and (2) in the Common Strategic Policy, and have found a better way to work together to integrate care for families and children. The starting point is where children use services, then to show how concerns of governance and safety are being addressed. This involves establishing a Joint Care Group between Health and Community Services and Children and Young People's Services, and the assurances that can be provided by the 2 Departments working together to ensure the needs of children and young people are addressed first, above the specific needs of each Department.	May 2019
20	The Government should review the model of care that is used in Jersey's mental health services. As part of this, the Government should define the model of care that it uses. This definition should include elements used in Open Dialogue including collaborative and joined up approaches to care. This should be published in Q2 2020.	Min. H&SS	Accept	The intention is to address this recommendation when setting out a new strategy from 2021 onwards. Work on the strategy development will commence during late 2019/ January 2020, and be published for wider consultation in July 2020. The strategy will be informed by evidence – both nationally and internationally – on models of best practice (including Recovery Oriented Practice and Open Dialogue), and what is economically and clinically effective to provide on-Island.	July 2020

	Recommendations	To	Accept/ Reject	Comments	Target date of action/ completion
21	The Government should commit to meet with Liberate Jersey to discuss their concerns and proposals in relation to pathways for transgender people. It should also review the current pathway for transgender people and consider if it would be possible to improve the process. This work should be made public.	Min. H&SS	Accept	Addressing issues of stigma, discrimination, equality and diversity is integral to the recovery of people who are transgender. The Department will explore further, and is already working with Liberate Jersey. The Minister will also commit to meeting Liberate Jersey to discuss its concerns.	To be decided

CONCLUSION

The Minister expresses his thanks to the Health and Social Security Scrutiny Panel for a thorough and well-considered report. The Minister particularly acknowledges the efforts made by the Panel and its officers in gathering evidence – written and in private and public hearings – particularly from service users, which has informed the report and helped ensure that it is rooted in day-to-day experience. The Minister looks forward to working with the Panel on implementing its recommendations and ensuring that the significant improvements that are required to our mental health services are delivered, and that mental health achieves the parity of esteem with physical health that has been lacking for so long.