WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES
BY DEPUTY M.R. SCOTT OF ST. BRELADE
QUESTION SUBMITTED ON MONDAY 25th SEPTEMBER 2023
ANSWER TO BE TABLED ON MONDAY 2nd OCTOBER 2023

Question

"Will the Minister advise what progress is being made in implementing the recommendations of the 2022 Review of Health and Community Services (HCS) Clinical Governance Arrangements within Secondary Care and provide –

a) the reason for the distinction between mental and physical health within the scope of the report;
b) the rationale for separating the crisis team from the home treatment team and the evidence on which this decision was based;
c) clarity on why an individual has been engaged to look at clinical governance in mental health, separate from the clinical governance team based in the general hospital; and
d) evidence of any consideration given to the possible creation of a silo in these areas that could increase risk of error?"

Answer

A progress report on the implementation of the recommendations of the 2022 Review of Health and Community Services Clinical Governance Arrangements within Secondary Care is available on gov.je as part of the meeting papers for the HCS Advisory Board meeting on 4 October 2023; see 'BeOurBest Monthly Report, August 2023'.

In relation to the specific questions asked:

a) The scope of the report does not clearly differentiate between physical and mental health. The report looked at quality and safety across Health and Community services, which included mental health and social care. Mental health was specifically referenced as a dedicated external review had recently been undertaken in that area, which was clearly relevant to the scope of the report and made specific recommendations in this area (as was the case with Maternity). The quality and safety arrangements within mental health and social care services were discussed with the author as part of the preparation of the report, and certainly many of the overarching recommendations from the report apply to these areas.

b) The decision to separate the crisis team from the home treatment team was made through the redesign of community mental health services, which occurred during 2022. Modern models of community mental health delivery (including crisis and home treatment teams) differ significantly in different places; the redesign of the community mental health system aimed to create a model that would work well for Jersey (rather than just replicating any model from the UK) and involved a vast amount of input from clinical staff from across the services, as well as reference to standards and evidence (including the Core Fidelity Standards for Crisis services).

   An explicit aim of the redesign, reflecting consistent feedback from service users and carers, was to improve crisis response and enhance consistency of care during this time. Crisis assessment and home treatment can be seen as quite discrete aspects of care, and the work undertaken during

the redesign identified the potential to improve both of these by separating the functions (as has happened in other jurisdictions). In particular this allows the crisis service to focus specifically on responding in a timely way to (unplanned) crisis presentations, whilst the Home Treatment Team is able to maintain planned interventions (including acute & assertive home treatment) to an identified caseload of people and also accept 'step up' cases from the Community Mental Health Team for brief periods of intervention. These services also moved from being solely for working age adults to all adult services as part of the redesign. Linking the crisis and initial assessment parts of the service also aimed to increase assessment capacity (and therefore move towards a standard of all referrals being seen within 10 working dates, which is significantly different from the previous model) and bring together the Authorised Officer / Mental Health Law Assessment function with the Crisis & Assessment Team, better utilising their skills and experience.

c) For the purposes of answering the questions, it is assumed that the question is referring to the Quality & Safety Manager role that is dedicated to mental health services.

   As with other Care Groups, the Quality & Safety role is partially based within the HCS Quality & Safety Team, and is line managed within that team (not within the mental health care group). By nature of the role, the post holder spends much of their time based within and working directly with mental health services and has specific expertise & experience relating to this area. It is important to stress that good clinical governance is the responsibility of the Senior Leadership Team in mental health services (as in all other care groups within HCS) - the role of the Quality & Safety Manager is to support this.

d) In terms of governance, the local Care Group governance arrangements report into HCS-wide quality and performance review structures, through to the new Advisory Board. This helps ensure that our approach to clinical governance is consistent, open to check & challenge outside of the care group, and that the HCS Senior Leadership Team (and Advisory Board) have oversight across all HCS services. This ensures mental health service performance and clinical quality issues are very much in view, alongside all other parts of HCS service delivery.

   Finally, due to the nature of the clinical work and learning from previous Serious Incidents, it is essential that consistently improved joint working occurs between the hospital and mental health services – these are the potential silos that most impact on patient care. This has resulted in a number of initiatives over recent months – such as joint training, the development of a joint programme of work focussing on the care of patients with dementia or delirium within the hospital setting, and a planned joint consultant event that is looking specifically at the interface between the services and how we can deliver effective, multi-team care to patients who require this.