States of Jersey
States Assembly

États de Jersey
Assemblée des États

Health and Social Security Scrutiny Panel

Follow-up Review of Mental Health Services

Witness: The Minister for Children and Education

Friday, 25th February 2022

Panel:

Deputy M.R. Le Hegarat of St. Helier (Chair)

Deputy K.G. Pamplin of St. Saviour

Deputy C.S. Alves of St. Helier

Senator S.Y. Mézec

Witnesses:

Deputy S.M. Wickenden of St. Helier, The Minister for Children and Education

Deputy T. Pointon of St. John, Assistant Minister for Children and Education

Mr. R. Sainsbury, Interim Director for Children, Young People, Education and Skills

Mr. D. Bowring, Head of Children's Health and Well-Being

[15:32]

Deputy M.R. Le Hegarat of St. Helier (Chair):

Good afternoon, everybody. This is the Health and Social Security Scrutiny Panel. It is our follow-up review in relation to the mental health services, and this afternoon we are going to be speaking to the Minister for Children and Education, along with the Assistant Minister with responsibility for children's mental health. I am Deputy Mary Le Hegarat and I am the Chair of the Scrutiny Panel.

Deputy C.S. Alves of St. Helier:

I am Deputy Carina Alves and I am a member of the Scrutiny Panel.

Senator S.Y. Mézec:

Senator Sam Mézec, member of the Scrutiny Panel.

The Minister for Children and Education:
I am Deputy Scott Wickenden and I am the Minister for Children and Education.

Assistant Minister for Children and Education:
I am Deputy of St. John, Trevor Pointon, with responsibility for ... as the Assistant Minister for Children and Education with responsibility for C.A.M.H.S. (Child and Adolescent Mental Health Service).

Interim Director General for Children, Young People, Education and Skills:
Good afternoon. I am Rob Sainsbury. I am the Interim Director General for Children, Young People, Education and Skills.

Head of Children's Health and Well-Being:
Good afternoon. I am Darren Bowring. I am Head of Children's Health and Well-Being so I have operational accountability for C.A.M.H.S. within C.Y.P.E.S. (Children, Young People, Education and Skills).

Deputy M.R. Le Hegarat:
I am not sure if there is anyone else that is going to speak this afternoon, but obviously if there is, then I will ask that they introduce themselves if they then speak. What I will ask is that while someone is asking or responding to a question that their camera is on so that the public can see us, but I would ask in order to facilitate the fact that we are still remotely working on this occasion that cameras are off while not speaking. The normal rules apply in relation to this hearing as if we were in the States Assembly. I am going to start the questioning this afternoon. Please could you provide the panel with an overview of how C.A.M.H.S. was affected operationally during the COVID-19 lockdowns in 2020 and 2021?

The Minister for Children and Education:
Chair, I am going to hand over to the Deputy of St. John, Deputy Pointon, to answer as he has political responsibility for C.A.M.H.S., if that is okay.

Deputy M.R. Le Hegarat:
Certainly.

Assistant Minister for Children and Education:

Well, it is a good question, Chair. Like other services, C.A.M.H.S. was affected by the pandemic and it is still feeling the effect of the pandemic. The effects were such that there was a need to play catch-up with the financial position of C.A.M.H.S. and there was a need to extend the numbers of staff delivering services. I am going to hand this over to Darren Bowring, who is the head of service there, because he has been intimately involved in the difficulties that COVID has presented.

Head of Children's Health and Well-Being:

Thank you, Deputy. I think it is fair to say that in recent years there has been a growing prevalence of mental health issues of children and young people, and we have seen growing prevalence here in Jersey and elsewhere in terms of referrals to services. During the COVID pandemic and lockdown this has been accelerated considerably. So in 2021 C.A.M.H.S. received 855 referrals, which was up from the 683 in 2020 and 661 in 2019. At the same time the caseload has risen to just under 1,000 children and young people currently, up from 800 in 2020. These trends have been seen in other jurisdictions as well, with data from N.H.S. (National Health Service) England showing the number of children and young people aged 5 to 16 presenting with mental health disorders has risen from one in 9 in 2017 to one in 6 in 2021. The N.H.S. also shows that there was an 81 per cent increase in referrals for children and young people's mental health between April and September 2021 compared to the same period in 2019, and also that there was 15,000 crisis referrals last year, up 59 per cent from 2020. So, Jersey is reflecting, in terms of referrals, we are seeing a very similar picture to what is happening in the U.K. (United Kingdom) and elsewhere. Most specifically here, we have seen an increase in referrals for eating disorders, for self-harm, for anxiety and depression, and also increases in the number of requests for neurodevelopmental assessments such as autism and A.D.H.D. (attention deficit hyperactivity disorder). Again, this has been reflected in the U.K. with the N.H.S. reporting only this last month that last year there was 3,200 young people admitted to U.K. hospitals for eating disorders, which was 50 per cent higher last year than the year before, with increasing waiting lists for support for young people with these issues. The other problem we had during the pandemic and lockdown was securing beds off-Island for children who needed crisis inpatient care. So the service created Meadow View at very short notice, which provided some inpatient support for a small number of people during the pandemic, which was not easy and was not without its challenges but it kept a number of young people safe and gave them the treatment they required. So, I think it is fairly safe to say that children and young people's mental health has been impacted by the pandemic. C.A.M.H.S. has been under significant pressure. What I would also say, though, in recent years is I think there is a growing community understanding and recognition of mental health issues and neurodevelopmental conditions. This greater recognition and desire for support to meet needs I think is also a positive aspect. People are recognising these issues earlier and I think there is less reluctance to seek support as well. So I think that is also partly contributing to why we are seeing increased referrals. Just to give you some latest figures as well, since 1st January, by yesterday C.A.M.H.S. has had 183 referrals this year. For the whole of

January and February last year it was 137, so even again this year we seem to have jumped up, which if this continues will take us to around 1,100 referrals this year. So a quite significant impact of the pandemic on the service and real pressure for the staff who are working here.

Deputy M.R. Le Hegarat:

Thank you for that comprehensive response. How did you adapt your services while we were in lockdown?

Assistant Minister for Children and Education:

Again, there was a gradual adaption but Darren will be able to appraise you of that.

Head of Children's Health and Well-Being:

Yes. I think one of the most helpful things that was done was the creation of a specific duty and assessment team within C.A.M.H.S. That was managed with some COVID monies that were identified and the recruitment of a number of agency nurses from off-Island. The ability of having a dedicated duty team meant that certainly referrals were screened quickly. Initial assessments were completed much quicker than they have been in the past. Risk assessments were done promptly and children and young people began to get some initial support while there continued to be some delays for the more specialist therapeutic and other sorts of inputs. So the dedicated duty team helped. The staff, as I mentioned, worked to redesign the inpatient offer to make sure that Meadow View was created for those that needed some specialist support. We also saw during this period an increased number of inpatient admissions, both in Orchard House and on Robin Ward, and at times C.A.M.H.S. staff had to supplement the staffing, certainly in the general hospital, to support young people with mental health and admissions that was required at those times. So, the service organised itself in some different ways to try to meet the growing demand and some of the ways that it reorganised are going to be maintained and has helped inform the strategy and the redesign of services going forward.

Deputy M.R. Le Hegarat:

Thank you. So were you able to still do face to face consultations?

Head of Children's Health and Well-Being:

Yes, absolutely. Obviously, a number of children and young people that get referred to the service are experiencing some considerable difficulties, so it still relies on our staff, as it would do in other nursing staff in the general hospital, to still continue with direct contact. Where possible the service adapted and some therapy and some check-ins and some other appointments were done through more virtual means. The team itself also split into A and B teams as well, where each team would be in the office for a day and the other teams would be working either remotely or elsewhere. We

also used a number of different environments to reduce footfall into C.A.M.H.S. itself using some of the youth centres and the Bridge and other facilities to do some of our clinics as well to try and maintain social distancing of staff and people using our services. So, there was some adaptions in those ways as well.

Deputy M.R. Le Hegarat:

Thank you for that response. I am going to move to the C.A.M.H.S. move to the C.Y.P.E.S. Department from H.C.S. (Health and Community Services). One of the recommendations from the panel's last review was that the C.A.M.H.S. service should not be moved from Health and Community Services and into C.Y.P.E.S. Please could you provide an assessment of how the move from H.C.S. to C.Y.P.E.S. has impacted C.A.M.H.S.?

Assistant Minister for Children and Education:

Thank you for the question, Chair. There was initially, of course, an impact because it was a very strange arrangement. You remember when I was part of the Scrutiny Panel when we were first elected my immediate response was: why have they done this? But over time, and we did ask that question in the report, but over time it has become apparent that integrating C.A.M.H.S. into C.Y.P.E.S. has had its distinct advantages in the sense that there is now a very much closer relationship between all of the services providing for children. Only the other day it is said that a visit to Guernsey demonstrated that they are really envious of the fact that we have amalgamated these services to ensure that children have continuity throughout the delivery of services.

[15:45]

But having said that, I think I have changed my mind, certainly I have changed my mind, to accept that this was not the negative that we thought it was, that it has become a real positive. After all, there are still connections, strong connections, a memorandum of understanding, between Health and C.Y.P.E.S. in relation to the provision of care and the approach to transition to adult mental health services. I do not know whether you would like to say any more about that, Darren.

Head of Children's Health and Well-Being:

Yes. I guess the move of C.A.M.H.S. into C.Y.P.E.S. happened before my appointment last year, but I can certainly give my view since being in the role. There was an original memorandum of understanding about how the 2 services would work together and collectively. There were 2 meetings last year chaired by team meetings between directors of Health and C.Y.P.E.S. and all the lead practitioners to clarify these arrangements and address any ongoing issues and it continues to be really close work in terms of several areas where both services are involved in terms of inpatient admissions, out of hours development and the neurodevelopmental pathway. I have seen much

better working relationships in here between C.A.M.H.S. and social care, being based in the same building. Only last week all C.A.M.H.S. referrals began going through the Children and Families Hub, which now we have a unified and very clear front door for all referrers about where children and young people's referrals go through, and already by us having a C.A.M.H.S. nurse in that setting has enabled much better triaging of referrals and much quicker allocation to right services from being in there. We have also seen improvements over the last 12 months in terms of waiting times and feedback from casework, so I am seeing progress in the service by being part of C.Y.P.E.S. The other particular thing to note is that we are following the Jersey's Children First practice model and I think it is more important to children, young people and families that the service works in ways to support them as opposed to where it organisationally sits. The practice model is a cross-system approach used by all services, which has started to develop a shared language, tools assessment, has a lead worker and a team around a child approach, which I think has been helpful to improve the services that are offered for children, young people and their families. Prior to the pandemic, 2,000 staff were trained in that model and it is our intention now as we move forward to refresh that and drive a full implementation of the model. So I think overarchingly the children's services is working well collectively. We have plans as part of our redesign to invest in an early intervention model, which will provide greater input and support within schools and bring together services that work with children to provide input at an earlier stage in a more proactive way. We still have staff within our department who are funded and supported by Health, such as our psychiatrists and our medics. So I have not seen too many issues with joint working and I am seeing progress from the service in its current location, so in terms of my experiences to date it appears to be working well.

Deputy M.R. Le Hegarat:

Thank you. In the ministerial response to our last review, it was indicated that a joint peer group would be established between H.C.S. and C.Y.P.E.S. Has that actually been done and how does the group work?

Assistant Minister for Children and Education:

I am very much aware that this group has been initiated and it is increasing the interaction between adult mental health and C.A.M.H.S. Again, I have to call on Darren to get down to the detail.

Head of Children's Health and Well-Being:

So, work has been done by Daniela Raffio, who is head of commissioning, to reinvigorate the governance and oversight group and to develop a board on that, which is going to deliver some effective governance around both H.C.S. and C.Y.P.E.S. as both departments currently have some money to invest in children and young people's mental health service. So terms of reference for that board have been developed. There have been workshops around that and board members

have been identified to develop and to sit on that. So for the next 4 years there is going to be a substantial programme of work being overseen by that board going forward.

Deputy M.R. Le Hegarat:

Okay, thank you. Has there been any independent oversight of C.A.M.H.S.?

Assistant Minister for Children and Education:

There has not been any independent oversight in the sense that there is an executive group looking at the developments and being critical of developments as suggested in relation to the Jersey Care Model. I presume that is the type of oversight that you are referring to, Chair.

Deputy M.R. Le Hegarat:

Well, yes. We just wondered if there was any independent oversight and is there any intention for there to be any independent oversight in the future.

Assistant Minister for Children and Education:

There are no plans at this stage to introduce the sort of oversight that the Jersey Care Model will be scrutinised by. The oversight currently is you, the Scrutiny Panel, but if you felt from your deliberations that an oversight board were needed, it could be suggested. Darren is wanting to come in again.

Head of Children's Health and Well-Being:

Just to ensure that we are clear as well, the service is going to be reviewed by the Care Commission, as are other areas within Health, from later this year. So we have already had initial meetings about how that is going to work and we have further ones coming up. I think the idea in terms of timescales is going to be towards the end of the year the first inspection will happen. We are also about to have another review as well with the Comptroller and Auditor General and we are doing some work towards that. So they are going to be 2 pieces of scrutiny on the service coming forward, but I certainly welcome any independent views of what we are doing and any ability of contribution to plan towards what we are doing to make the service better.

Deputy M.R. Le Hegarat:

Okay, thank you. How do clinicians in C.A.M.H.S. maintain links to other clinical organisations?

Assistant Minister for Children and Education:

The medical team are employed by Health, not employed by C.Y.P.E.S., so they have direct contact with other medical professionals. Within the other professions, they are all registered with their professional bodies and there are requirements for each of those professionals to conduct a

minimum level of C.P.D. (continuing professional development) each year to ensure that they maintain their skills and knowledge. Of course, there are interactions between Health as well in relation to the supervision and input into the inpatient services that Health provide for C.A.M.H.S. I do not know whether that answers your question.

Deputy M.R. Le Hegarat:

Yes, thank you. My next question is for the Minister. Minister, through which forums do you receive advice about the mental health of children and young people in Jersey?

The Minister for Children and Education:

So, I will receive updates from my colleagues at C.Y.P.E.S. when it comes to mental health and referrals through schools I will hear. I have 2-weekly meetings with the Children's Commissioner, who then talks with her work that she does along with children. Of course, I have a weekly meeting with the director of Children's Services, with Mark Owers and Susan Devlin, and I am updated on a weekly basis about services and provision within our sector.

Deputy M.R. Le Hegarat:

Okay, thank you. One of the reasons the panel expressed concern about C.A.M.H.S. moving from H.C.S. to C.Y.P.E.S. was the process of the transition of patients into adult mental health services. Please can you describe how the move worked in practice and highlight any significant changes that have taken place as a result?

Assistant Minister for Children and Education:

Chair, there has been a significant improvement in the way in which we assist adolescents or older adolescents to transition into adult mental health. It is something that is bound to happen, it is just how do we assist those individuals transitioning. What we do not do is to draw a distinct line. Technically speaking, adult mental health take on the task when an individual reaches the age of 18, but we do support people past. When an adolescent gets to 17 and a half, we begin planning their future. If their future requires them to remain in C.A.M.H.S. and remain supported by C.A.M.H.S. then C.A.M.H.S. will do that. At this point in time there are some 31 people - I believe it is 31, low 30s anyway - who remain supported by C.A.M.H.S., albeit they are over the age of 18. Perhaps I could invite Darren to make any further comments.

Head of Children's Health and Well-Being:

Yes. I understand there was issues with transition historically, so in terms of the working arrangements to address that, there is now a monthly transition meeting between C.A.M.H.S. management and senior C.A.M.H.S. practitioners and adult mental health management and practitioners. So every young person that is of 17 and a half years that is open to C.A.M.H.S. is

taken to that transition meeting and discussed and transition arrangements planned. So all planning involves that young person and their families and both departments to make sure that that transition is smooth and works. There is a draft transition policy now in place which we are going to be ratifying in the coming months and I do believe that that has improved the process. It is not without its challenges in terms of capacity to move through, but we are responding to that. The other thing I would say as well and just emphasise is that the Deputy is correct, we do not want a clear line at 18 for children and young people. If a young person has a good relationship with their C.A.M.H.S. staff member, with their therapist, and they are making considerable progress, then we would like them to continue that journey and remain there. So despite the pressures that we have with capacity, we are trying to make sure that we remain following best practice plans and we do not have a clear cutoff at 18. A young person will remain here and transition at a time they are ready or is appropriate for them to do so, and that is what we will do as we go forward.

Deputy M.R. Le Hegarat:

That is really good to hear. Depending on the age of the service user, are there any legal obligations to carry out services specifically within the remit of C.A.M.H.S. or adult mental health services?

Assistant Minister for Children and Education:

There is no law enacted that requires C.A.M.H.S. to move with a client over the age of 18. The general children's law that we debated 3 weeks ago is a framework in which we would want to be managing children and their lives, but there is no specific law that says that an individual should continue or not continue to be supported. There is a law that says that ... it is clear that it is said that for the purposes of treating mental illness and mental health problems there is that age cutoff of 18, but the age cutoff, as you have just heard, is flexible. If it were in the law, it could not be flexible, but we are being very flexible, endeavouring to meet the needs of these young people. As in social work, in social services, looked-after children have a continuing relationship with Social Services to the age of 25 and that is seen as a responsibility of Social Services for looked-after children.

[16:00]

Deputy M.R. Le Hegarat:

Okay, thank you. I think you have already described how young people are involved in the process of the transition from C.A.M.H.S. to adult mental health services, but what about the carers of those young people? How are they involved in that transition from C.A.M.H.S. to adult mental health?

Assistant Minister for Children and Education:

It is a part of the capacity law that once a person reaches that age of 18 it becomes their responsibility and it is very difficult without their permission to discuss their circumstances with their

carers. But there is an acknowledgement that carers remain carers and do need to be involved if the new young adult gives their permission, and that is often about a barrier which is generated by the fact that a relationship with parents, with carers, has perhaps not been one to their liking.

Deputy M.R. Le Hegarat:

Yes, as we were fully aware of in our previous review. Do you collect feedback from patients about their transition and the process and, if so, what has this indicated?

Assistant Minister for Children and Education:

Again, Darren will have to answer that question because I am not involved in the day to day relationship with transitioning people.

Head of Children's Health and Well-Being:

So, I guess as I started the role one of the focuses that we have had to address is the data that C.A.M.H.S. collects, the data we have on outcome measures and the data that we have on feedback, and I do not think it has always been particularly good. What we have now is a dedicated C.A.M.H.S. email feedback address and we have dedicated feedback forms that we collect for children, for young people and from families based on all experiences with casework. You will notice we have Q.R. (quick response) codes on our entrance where people can scan to gain access to our feedback forms, which we are encouraging people to do. The service is going to be much better at this, about listening to what people say about our service and learning from it and making plans on the basis of what people are telling us. To date, that has not been great and substantial so I cannot give any review of what data are showing to date. We only established a data officer last year to begin this and we established a quality and assurance manager last December, whose task is to develop our outcome and our feedback measures. So from early next year we will have an annual report to C.A.M.H.S. which will describe all our performance with casework, all our performance with transition, and some clear feedback and clear summaries of feedback from all those areas, as well as the compliments and complaints we receive. So it is an area I do not think historically has been well considered. I cannot give a good update on that at the moment but I certainly will be able to going forward.

Deputy M.R. Le Hegarat:

Okay, thank you very much. I am now going to hand over the questioning to Deputy Alves in relation to children and young people's emotional well-being and mental health strategy.

Deputy C.S. Alves:

Thank you, Chair. Okay, so please can you provide an update on recent work undertaken in relation to the strategy? There was a draft of the strategy released last year, so what changes, if any, were made in the recently published version?

Assistant Minister for Children and Education:
Well, yes, as you know the strategy has been published and we regret that we have not been able to brief you on the strategy because of illness and so on. But the strategy is now out there and it has been developed over that 2-year period. It is forming the foundation of the approach to children and young people. Children and young people have been heavily involved in its development and so the relevance to them is that they are assured that they will receive the support that they perceive they might need if they have mental health issues. Again, I will bring in Darren.

Deputy C.S. Alves:
Okay, thank you.

Head of Children's Health and Well-Being:
Thank you, Deputy. So, the final draft strategy did go out to consultation last May and there was 300 further responses, which enabled the final strategy to be put into place, which then concluded on 4 key priorities for the service. The priority 1 is that everybody promotes good well-being, mental health and resilience by thinking about mental health in the same way as physical health and making it as simple as possible to get help early. Priority 2 was that it is easy for people to find help and what support is available. Priority 3 is that people can get the right help and support at the right time and the right place, and priority 4 was that the service will listen to people that use the service about what helps, and this is going to help us improve the quality of the service. In terms of my focus at the moment, my focus is about implementing the redesign that all young people and their families contributed to our service and moving away from just a distinct C.A.M.H.S. to development of 4 key services so that we will have ... this year we are moving into a dedicated duty and assessment service, an early intervention service, a bigger specialist community C.A.M.H.S. service and then the quality and assurance service, which I just described as being badly lacking. So I am quite happy to update on the developments and what we are trying to do in those 4 services, but that will be my focus now going forward.

Deputy C.S. Alves:
Okay, thank you. So are you able to tell us some more about the Thrive model of care used for the strategy and why is this the most suitable?

Assistant Minister for Children and Education:
I will hand you once again to Darren, who has been heavily involved in the planning.

Head of Children's Health and Well-Being:

The Thrive model is a model and structure that works and has been used elsewhere. I guess the whole emphasis of where we need to get better is about being more proactive and about early intervention as opposed to growing numbers of young people having to come to a specialist community service like C.A.M.H.S. as they approach crisis. That has been the issue. When we look at last year when we had 855 referrals, 92 per cent were accepted by C.A.M.H.S., which is much higher than in other areas and not a bad thing because what it indicates is that children, young people and their families are not turned away from the service. But the issue why they are coming to C.A.M.H.S., and C.A.M.H.S. have capacity issues, is because there is not other services underneath that that work in a more proactive way earlier to address the issues. That is the whole emphasis of the Thrive model, that we want young people and their families to be able to thrive and we will provide the building blocks for them and work much closer with families, with education and other services to put those building stones in place so children do not get to crisis situation requiring a crisis service. In that way, hopefully the crisis service then will be able to respond quicker and more effectively to the children and young people that do get to that stage.

Deputy C.S. Alves:

Okay, thank you. So, obviously, we note the pressure on resources to meet the needs of patient groups with the lower level mental health needs as well as those with more acute and enduring needs. So how will this be addressed by the redesign of services?

Assistant Minister for Children and Education:

Well, already, Deputy, we are utilising the services of third sector charities. Mind, for example, provide peer support and other services to young people and, of course, the Recovery College and so on are providing support. But it will be a matter of determining, like the Youth Service, what level these organisations are able to support. That support could well be sufficient to keep people out of the front door at C.A.M.H.S. Again, I will have to bring Darren in.

Head of Children's Health and Well-Being:

In terms of that earlier intervention model, we have a contract with Mind, which has been working well. Mind have supported a number of young people with some lower level mental health issues. That has worked particularly well and a number of those young people that have received support have then not needed support from specialist C.A.M.H.S. so that has been helpful. We also have Kooth, which is the online platform that we are contracting to. C.A.M.H.S. as at the end of last year had ... Kooth had 720 young people registered to it and it was used around 4,380 times in total last year. Also, the benefit of that, Kooth can be accessed out of hours and a number of ... we know from the data they provide that a number of young people access that late at night and in early

hours, often with some quite complex issues, and they are able to get support. So I think that is a helpful service and I would like to see that used more as well going forward. The Yes Project is continuing to provide free independent confidential advice and support and counselling for young people aged 14 to 25. They provided 1,900 sessions last year of counselling as well. So, as we move into investing in our early intervention service, we have an early intervention service manager starting next Tuesday, on 1st March, and we are going to build on the work that we have within education and with the primary mental health workers and we are going to grow that service to 11 and a half staff members. We are going to have the ability to work much closer in schools, so every second school we should have a mental health practitioner between every second school, every 2 schools, in Jersey working proactively on the ground providing training in specialist areas, providing early intervention support, proactive measures and some therapeutic input. The early intervention manager as well will also pull together all these other supportive elements, from school counsellors, the Yes service, Kooth, Mind and others, so we have a much better early intervention, much more robust early intervention service offer. That is going to be a big focus for us in this coming year to improve what we do on the ground.

Deputy C.S. Alves:

I think you have pre-empted my next question because I was going to say we understand that recruitment has started following the signoff of the redesigned model, and obviously you have mentioned a few different roles there, like the early intervention manager. Are you able to provide a further overview of that process and the recruitment plan and any outcomes to date?

Head of Children's Health and Well-Being:

I assume that I am probably best answering that question. So last April when I started in post we had 21 staff. We currently have 38 staff within C.A.M.H.S. We have 2 locum psychiatrists and 6 agency nurses. The rest are permanent staff. Following the redesign we have recruited to 13 posts, so we have a service manager for specialist C.A.M.H.S., we have a service manager for duty and assessment service starting on 1st March, and we have the service manager for early intervention starting on 1st March as well. On 1st March we also have a team manager starting who is going to take special responsibility for cases involving children with care experience and working closely with the early intervention service and with our residential and social care counterparts as well to provide better support in that area. Our quality assurance manager started in December and we have already seen some inroads in terms of our improvement in data collection, as I mentioned, and our feedback forms being put into place and our policies and processes being described, and we have had 2 new nurses starting in recent weeks as well. So I think we have already seen that we have a much more robust management structure and we have also taken on a number of staff to meet demand. Next week we also have another psychiatrist starting on Wednesday on a fixed-term

contract. So all this is helping. Also at the moment we have had adverts out for 9 other positions and we have interviews starting from next week.

[16:15]

So from my board we have interviews for a specialist eating disorder dietician next week. We have interviews for an eating disorder nurse next week and a behavioural support practitioner. We have interviews the following week for psychologists, assistant psychologists and mental health practitioners as well. We have 5 posts within the mental health practitioners to add to our area. I think we went into this feeling that recruitment was going to be difficult, but actually in this latest round of advertising we have been quite encouraged. We have had applications for every single post and we have interviewees for every single post. Particularly of interest is the assistant psychologist position, where we have had 37 applications for 3 assistant psychologist positions, all local graduates with good experience and good academic qualifications. So I think we need to reflect as we develop and grow the service further about that and I think we have a duty as a C.Y.P.E.S. Department and an Island to look at how we can support local qualified young people who have initial experiences to join our service and get further qualified here, rather than remain reliant on trying to attract people off-Island into these positions. So, that is going to be our plan. We have also had some work with Penna, who is a U.K. recruitment campaign, who is designing some creatives and graphics for further advertising campaigns should we struggle to recruit for some of the key positions going forward. We also have a company called Sanctuary, which is a U.K.-based recruitment firm, trying to identify staff for some of the more harder to recruit roles, psychiatrists, psychologists as well. So our hope is we can recruit locally. We might have to go off-Island for some key positions and we might have to use some recruitment agencies, but long term certainly we need to be more focused on growing local staff, of which as we have seen this week with our applications there is a large number very keen to develop their careers here.

Deputy C.S. Alves:

That is great. That sounds very promising and positive. I just wanted to pick up: have you done any assessment on the competitiveness of the remuneration packages for the new roles in terms of the cost of living in Jersey compared to other jurisdictions?

Head of Children's Health and Well-Being:

Well, our locum psychiatrists are telling us that it is not as competitive in Jersey anymore to be working in here and that is why we have struggled with some of those psychiatrist and psychology posts. They are telling us that it is not as competitive as maybe it once was, and we are struggling a little bit from that. Obviously, we have had feedback from some recent interviews about cost of living for accommodation as well, which has potentially been an issue for some people and families

moving to the Island. So we have not had any specific research but that is the anecdotal feedback that I have received. That said, the recent applications have been quite encouraging and I am hoping we are going to be able to recruit without using recruitment agencies, which comes with additional fees and costs as well. So I think it is a matter of seeing how we get on but also reflecting on the fact that we do have local people here that can be trained and supported to develop careers and qualifications with us, and I think that is definitely a focus for us going forward. What I am keen to do in terms of our recruitment is be adaptable to the market and to what is the right thing to do locally. If, for example, we are struggling to recruit for specific posts, can we adapt them and add more, for example, assistant psychologists to our number under our consultant psychologist and develop our support that way while at the same time putting people on training courses to develop that way. So I think we are going to have to look at our recruitment in that fluid way based on the market, based on the competition, and based on what is the right thing to do for Jersey as well in terms of young people's development over here.

Assistant Minister for Children and Education:

I have to add to that that this is not a problem specific to C.Y.P.E.S. or C.A.M.H.S. but a problem that we are all aware of that is relevant in all of the Government departments, especially in health and social care in the community, where it is very difficult to recruit staff. There is a pressing, ongoing need for Government to address this holistically. That is not just one department trying to tackle it, not just Health, not just C.Y.P.E.S., not just other Government departments, but to get together and form a board and address the problem to make it a permanent solution.

Deputy C.S. Alves:

Okay, thank you. Darren, I suspect ... well, you have pretty much already covered this but I wonder if there is anything else you would like to add with regards to the steps being taken by C.A.M.H.S. to address the support needs of service users with those lower level mental health needs. I am not sure if there is anything else you wanted to add on that.

Assistant Minister for Children and Education:

No, it is a process of development but there are already agencies involved providing that lower level support. Darren has spoken about the Yes Project, about the relationship with Mind and the relationship with the Recovery College and organisations such as that, that will be addressing this lower level of emotional well-being or emotional upset, not mental illness, which is at the end of the spectrum that C.A.M.H.S. is dealing with.

Head of Children's Health and Well-Being:

Sorry, the only other thing I was going to add to that is that we have implemented the Saturday well-being drop-in at the Yes Project at Eagle House, so every Saturday between 10.00 and 6.00 we

have a C.A.M.H.S. mental health practitioner, we have a counsellor and a youth worker based in there for children, young people and their families to come in and receive advice and support or direction. So, that is in place. What it has also enabled us to do as well is put some C.A.M.H.S. appointments on a Saturday for some of the individuals that require it to extend the service as well. So that is now available and in place and something that was not before the autumn last year.

Deputy C.S. Alves:

That is great. I wonder is there any more information about the co-production of services and involvement of patients and charities in the service redesign.

Assistant Minister for Children and Education:

Again, this is an issue for Darren. We are engaging with the third sector. We are talking to them collectively but detail of that Darren will be able to give you.

Deputy C.S. Alves:

The involvement of patients as well.

Head of Children's Health and Well-Being:

Absolutely. Certainly, since I commenced in the role this has been my number one priority, that we make sure that we listen to people that have used our services, that have had positive and negative experiences, and their families. We listen to that and we make plans and we adapt on the back of that. So I have had regular engagement with Youthful Minds, with the Youth Parliament, with the young people's drug and alcohol group, with the Parent Carer Forum, Mind Jersey, and the Jersey Eating Disorder Support group as just an example of some that we have involved in some of the processes. So, to date, we have had members of Youthful Minds young people sit on our interview panels. They have been part of our recruitment for all our positions and are next week as well. We have a young person from the eating disorder service sitting on the recruitment for the dietician and the eating disorder nurses next week. I met last week with the Jersey eating disorder society to look at our eating disorder pathway and we are going to work together to develop that. I am going to the committee meeting Monday night to further work on that. Youthful Minds have been in and given me a whole list of how we are going to redesign reception and how we are going to make it more welcoming and how we change our initial ways we manage appointments for young people. Youthful Minds have written our leaflets as well. So, certainly, it is something that we pushed. All of the redesign of our services, all of our pathways, all of our recruitment is going to be done in genuine co-production with people that have used the services and their families. So that is going to happen. One of the benefits as well is having a C.A.M.H.S. feedback email address and I have had communication from families most weeks over issues. There is not one in the last 9 months I have been here that we have not been able to solve really quickly. So I am hoping that C.A.M.H.S. is

seen as more transparent, more open, more welcoming of feedback and able to address any issues as they arise. This is certainly going to be a collaborative effort to improve the service as we go forward.

Deputy C.S. Alves:

That is great, thank you very much. We have been advised that C.A.M.H.S. patients who are on long-term medication often have to receive monthly prescriptions through the C.A.M.H.S. clinicians. We understand that this takes up a considerable amount of clinical time and also the process has been frustrating for patients. How could this process be improved?

Assistant Minister for Children and Education:

Well, thank you for the question, Deputy. The fact is that this has been a real issue, especially as most of the problems are with those drugs that are considered to be schedule 1 drugs that can only be prescribed by a consultant and not by a general practitioner. That does cause difficulties. The other side of the coin is that those drugs can only be dispensed by the hospital pharmacy, not by a local pharmacy. I was in discussions with the pharmacist at the general hospital about what would prevent these prescriptions being fulfilled in local pharmacies and there was not a solution to the problem because of the way that the law is drafted. It is a ridiculous situation in which a family presented evidence, living out in the west with 2 children requiring medication, both of them receiving medication prescriptions at different times, and the parents had to travel into town on each occasion. It is not a satisfactory system at all and it would be very helpful for the panel to mention that and to get something done about it. But it will require a change in the drugs law to allow that to happen.

Deputy C.S. Alves:

Okay, thank you. So have there been any conversations with G.P.s (general practitioners), for example, about their possible involvement in this process?

Assistant Minister for Children and Education:

These conversations would be had with Health and the consultant responsible for liaising with the G.P.s would have those conversations. I have not heard of any conversations of that sort but most certainly there are situations in which G.P.s have been reluctant to get involved in issues, not this particular issue but it is something that it would be worth raising with H.C.S. to see whether or not it could be progressed forward.

Deputy C.S. Alves:

So is there any other way you could see this process being improved, then? Obviously, you have highlighted there the issues, but what would be a way forward or a solution?

Assistant Minister for Children and Education:

Currently, there is not a way forward because it is only the consultants who are responsible for the treatment of these children who can prescribe. Darren may well be able to give you a practical example of why it works the way it does.

Head of Children's Health and Well-Being:

Yes. I guess the pressures come largely for the group of young people that have A.D.H.D., for example, a long-term condition, that benefit from some medication from that. Currently, on our list we have over 500 young people that have A.D.H.D. and, as you describe, as the medication for that, such as methylphenidate, is a controlled drug, our staff can only prescribe it in 4-week prescriptions. The families have to collect it from here or it goes to pharmacy, then they have to go to the hospital pharmacy, with obvious delays there. So we have had complaints raised from families about this process and obviously it is a huge demand on our prescribers having to complete such levels of prescriptions every month. So a solution would be to be able to prescribe for longer than one month, such as giving up to 3 months prescriptions in one go. Another solution would be that once the psychiatrist here, the specialists in this area, have identified that medication would be helpful and have commenced that to then hand over to the G.P.s for further prescribing and monitoring and then maybe do a 6 or 12 months review here within the service.

[16:30]

So I think that is a sensible next step. From what I understand, there have been initial conversations about that happening, but that would certainly improve the process for families and it would certainly relieve some capacity issues within our service.

Deputy C.S. Alves:

That is great, thank you very much. Going on to the location, the panel's previous review noted concerns over the location of C.A.M.H.S., particularly that it was co-located with children's services. It is not particularly private and does not offer much discretion to service users. Have you collected or received any further feedback on that?

Assistant Minister for Children and Education:

The lease on Liberty House expires in 2026 and we are very conscious that there needs to be appropriate accommodation. This accommodation, the solution being offered to C.A.M.H.S. to move the service, was to integrate the service into the new Government building, which when we look at the anxieties we held in relation to the children's service initially would have been going out of the frying pan into the fire. So, Susan Devlin and the team have put together a case to the States developers to say that that building would not be appropriate for a C.A.M.H.S. service. That stand

has been accepted and so the plan is no longer to integrate C.A.M.H.S. into that building but to provide C.A.M.H.S. with a building of its own which will be somewhat more user friendly. That is where we are at with accommodation. It is going to be changing and it is going to be changing for the better.

Deputy C.S. Alves:

Okay. So obviously there is still some time left on the lease and given the amount of recruitment that we have spoken about today so far, does the current location of C.A.M.H.S. have the capacity to incorporate the newly recruited staff posts until that lease is up, or are there any plans for the location to move or expand before that?

Head of Children's Health and Well-Being:

I can answer that question. Briefly going back to your previous one as well, we have had some families that have stated that our current environment is not ideal. Distance from car parks has been mentioned, particularly with young children who are reluctant to come to appointments, the double waiting room, having to come into the low reception to come up to the other reception because of the risks with balconies has been raised as well, and the co-location with social care has been mentioned before. Having said that, Youthful Minds overwhelmingly, every time we spoke to them, have said that they think that it is a good environment. Young people who have accessed here have said it has been great, much better than Royd House where this service was located in the past. I have got a great big list of requests from Youthful Minds to improve the environment to enable better privacy, things to do and adapt the waiting area, so we are going to do that. In terms of capacity for the additional staff, you are right, we are growing in considerable numbers. At the rear of the building we had some previous old tambours from when this was a financial building. Last month they were removed and we are going to have 6 to 8 more desks fitted there. We have recently converted one of the old kitchens and created 3 additional desks there, so we have got capacity certainly for the medium term for the additional staff coming to us. In terms of our recruitment, the Early Intervention Service staff are going to be working very much closely into schools and into the community, much more remotely as opposed to an office-based environment as well, given the busy nature of our work and people on appointments here and in other environments. The back office will have a considerable number of hot desks as opposed to permanent desks and at the moment we have confidence with our immediate recruitment that we are going to be fine with that.

Deputy C.S. Alves:

That is great. Thank you very much. Moving on to place of safety and work with the States of Jersey Police, the panel understands that the community triage team is a partnership between the Department for Health and Social Services, the States of Jersey Police and the Ambulance Service

to deliver rapid response mental health services to persons aged 18 to 65. Please can you provide an overview of the relationship between C.A.M.H.S. and the emergency services?

Assistant Minister for Children and Education:

Again, this is an operational question but in terms of the place of safety it is planned to create a place of safety in the newly refurbished buildings at the St. Saviour's Hospital site. That will be a place of safety that takes section 36 people, that is people who the police get involved with and other professionals get involved with, and that will be provided there in a much more appropriate place than it currently is. As for the relationship with the Ambulance Service, Darren will be able to tell you a lot more about that.

Head of Children's Health and Well-Being:]

Yes, Deputy Pointon is correct in terms of the plans for the Article 36 suite, which will be helpful to replace some of the areas used that are not appropriate at the moment. From my experience over the last 9 months we have not had huge amounts of engagement and joint responses involving the Ambulance Service, but we have had periods of time where the police have had to intervene for risk and safety for young people and families regarding that. We have had some very positive case experiences, particularly in recent months as well, where we have collectively reviewed with the police particular cases with our social care partners and with hospital staff, and we have been able to develop much better and more robust risk assessments and joint multiagency plans, which have been really successful for some of the young people that we work with and support. I am hoping that leadership and that new approach of getting everybody together to work effectively through that will be helpful, and certainly we have had positive recent experiences with the police. In terms of the out of hours with community triage we also have got some working groups in place at the moment to look at how we develop that and expand that service, so children and young people can access support. Currently C.A.M.H.S. is a 9.00 a.m. to 5.00 p.m. community-based service, so we do need to look at what happens outside of hours so we do not have to rely on the emergency department as well. Initial meetings have taken place and there is also some Government Plan money within H.C.S. for us to be able to develop that further and we have had some initial discussions with the adult mental health and the community triage team about how that would work, whether that service could potentially expand its age group or whether we create something different. I certainly think that would be very helpful and would certainly help impact sometimes young people who we have to place overnight in an inpatient setting for risk and safety. We would have skilled mental health practitioners to respond, particularly in the community and family homes, to reduce the likelihood of that. I think that is an important thing that we need to develop in 2022.

Deputy C.S. Alves:

Okay. Thank you. I am conscious of time and I have still got a couple of questions. Can you clarify all of the locations that are currently used as a place of safety for children and young people?

Assistant Minister for Children and Education:
I am aware of the place of safety at the general hospital at A. and E. (Accident and Emergency). There is a room dedicated to a place of safety, but the other place of safety, which is not appropriate, is a police cell and that is the reason why the Article 36 room will be built at the new development at St. Saviour's campus. Again, this is operational so Darren will be able to expand.

Head of Children's Health and Well-Being:
I am aware certainly over the time I have been here of 2 young people who have been taken out of hours to the police station as a place of safety. In both instances it was considerable risk involving risk to life for those people and that was deemed the most appropriate place. The majority of young people are taken to the emergency department for review there. In terms of our inpatient admissions we have had people placed overnight to Robin Ward and on occasions into Orchard House, so there certainly needs to be further discussion going forward about our places of safety and about the issues that we have by using Robin Ward and Orchard House as places of inpatient admission for safety and for treatment as well.

Deputy C.S. Alves:
Okay, thank you. I am going to group my final questions together because they are related. Can you provide an overview of any partnership working between C.A.M.H.S. and the Jersey Youth Court and can you describe any C.A.M.H.S. involvement with children due to be sentenced by the Youth Court, in what scenarios would mental health assessments be provided and what ongoing involvement, if any, takes place between C.A.M.H.S. and a child who has been provided with a sentence by the Youth Court?

Assistant Minister for Children and Education:
Of course, we are talking about C.A.M.H.S. offering the Youth Court reports on individuals, the medical reports, psychiatrist reports, but most of the liaison work would take effect between C.A.M.H.S. and the Probation Service because it is the Probation Service who continue to support young people within the criminal justice system. Again, the nuts and bolts of that Darren knows more about than I.

Head of Children's Health and Well-Being:
Again, I think it is another area that needs to be considered further in the future. I think it is something that is not particularly described how C.A.M.H.S. works into those settings and I do not think it happens necessarily as standard and always. I would imagine and from what I have seen

C.A.M.H.S. would be involved following a referral from, for example, a social worker or a professional involved. It is not something that is standard. As I mentioned we have appointed a new team manager who is going to start on 1st March. Their responsibility is very much going to be about children with care experience and certainly linking much closer to Greenfields and some of our other areas. I think it is certainly something that as you have raised that question we can task him with following up and making sure that we have a much more robust process and oversight of those issues.

Deputy C.S. Alves:
That is great. Thank you very much. I am now going to hand over to Senator Mézec. Thank you.

Senator S.Y. Mézec:
Thank you. Some of these questions follow on from the press release that came out by the Government earlier this month about service improvements for C.A.M.H.S. The first ones to focus on are on staffing and recruitment. Could you start by providing us with an overview of the recruitment processes in place within C.A.M.H.S. that you use to attract and retain staff?

Assistant Minister for Children and Education:
Again, Senator, this is an operational matter and Darren would be best to speak to it.

Head of Children's Health and Well-Being:
I think the positive is that we have not had high turnover and there has not been an issue with losing staff. I think to date the service has been reliant on agency staff, particularly through the pandemic in terms of trying to produce capacity. There was reliance on recruiting agency type staff from the U.K. Now the Government Plan monies are in place from 1st January we are looking to replace all our agency staff eventually with permanent members of staff. As I mentioned in one of the previous questions, we have had pretty good responses to some of those initial advertisements and we have got people to interview for every single position we have out to advertise. Certainly, in terms of our management structure, that is now in place and we have got appointments for that, and particularly in crucial positions such as quality assurance manager and even some of our admin support that was not in place last year, which was causing impact on letters and appointment times, that is now in place. If we do struggle, as I mentioned before we have Penna working on our advertising campaign and looking at how we can make that better to attract people to Jersey.

[16:45]

We have also Sanctuary, who is a U.K.-based recruitment firm, who have a list of our job descriptions and key posts that we envisage that we will struggle to recruit to, and they are beginning a period of

headhunting key individuals and have already begun forwarding some C.V.s (curriculum vitae) to us for specific roles. So that is going to be our general approach as we progress towards our recruitment.

Senator S.Y. Mézec:

So, given that ambition of eventually moving to having everybody on permanent contracts, how far away from that do you think you are now and what is the breakdown at the moment between agency and permanent staff?

Head of Children's Health and Well-Being:

We have 30 permanent staff and 6 agency nurses and 2 locum psychiatrists at the moment. Next week we are going to have a permanent duty and assessment manager join us and we are going to have a psychiatrist on a fixed-term contract, not agency, as well. We are starting to make inroads. Then the other 9 roles advertised, some of which have multiple positions, we are hoping to recruit to those next week, so I think it is 17 jobs in total. We will be interviewing 4 in the next 2 weeks and obviously then we will see how many of those we can fill in the coming months. I do not for one minute think recruitment is not going to be without its challenges. We know it is a difficult market and, as I mentioned before, we might need to be adaptable in terms of the type of position we look to and the qualifications and the type of people that we need to bring in, such as focusing on local people that we can train for these roles in the long term. So there is going to have to be some reflection on this as we go forward, but certainly I am encouraged by what we have had so far this quarter in terms of responses.

Senator S.Y. Mézec:

What do you think are the biggest challenges for recruiting new staff?

Head of Children's Health and Well-Being:

We have 2 key positions; psychiatrists and psychologists are notoriously difficult. We have had posts out for psychologists 3 times in the last 6 months, for which we have had very few applications. That is the same across the U.K. as well. Those positions are in short demand across those jurisdictions and lots of people are working on agency contracts where they can secure higher rates. Given the market they will always be in demand. That is a potential issue. As I mentioned before the rates of pay we have been told by other people are not competitive in Jersey as maybe they were, and we have had people mention accommodation issues as well, and cost of living and flights back. I think it is a challenge, given those issues, and it is a challenge across the board as Deputy Pointon mentioned, for all departments. I would say I think C.A.M.H.S. is making good progress. It is a good place to work and an exciting place to work and I think people are seeing that, hence why we are getting so many applications for our jobs. I hope we do have some attraction, given that and

that we are going to be a good place to work, we are going to look after staff and provide support and training and development and make improvements, and I hope that does attract people to come on the journey with us.

Senator S.Y. Mézec:

On the point about cost of living and housing being barriers to recruitment, that is something we obviously hear not just from health services but out in the private sector in areas of our economy. I guess this is a question for the Assistant Minister or maybe even the Minister. What conversations are you having in the Council of Ministers to raise these as issues that do impact on your ability to staff the services for which you are responsible?

Assistant Minister for Children and Education:

That very definitely is for the Minister, as I do not attend the Council of Ministers' meetings.

The Minister for Children and Education:

Thank you, Senator. Of course, there are conversations. Everyone is having challenges from Health, the Minister for Housing and Communities, so there are conversations that happen about what it is like for retention. I had a conversation this week with Guernsey and the Isle of Man about resources and the troubles that we are having on all 3 Islands, and how we can work in an education facility to share resources using technology. There are ongoing conversations that do happen about how we are going to help with retention in all different roles.

Senator S.Y. Mézec:

This may be back to Darren now, but what impact specifically do you think that the pandemic has had on staffing levels within C.A.M.H.S.? I know that much of that will predate your arrival into this role, but have you had feedback on numbers of staff not wanting to stay in their roles in Jersey any more because of the pandemic and, if so, how have you tried to overcome that?

Head of Children's Health and Well-Being:

I am not aware of any issues such as that. It has been quite a stable workforce that I can see and we have been reliant on some agency staff. In terms of our staffing, I have not seen any evidence or heard anything that the pandemic has impacted on that.

Senator S.Y. Mézec:

Okay, so even for your agency staff, you are retaining the same ones for the last few years?

Head of Children's Health and Well-Being:

Yes, we have a consistent set of agency staff. We had more when I started and at the moment we have retained a number of really skilled agency staff as we continue to recruit. As we recruit into permanent positions we will be able to let some of those agency staff go. Part of the issue is growing rates from agencies that they are charging for people, and also something that might help, that we are reluctant to do at the moment, we are getting a lot of agencies recommending practitioners that are all home based. Therapists, for example, all work from home and do things virtually. I know a number of local authorities in the U.K. are moving towards those assessment and intervention models through more virtual means and maybe that would be an option if we struggle with people moving to Jersey in the future. It is not an area we want to go down at the moment over here. We want to try to do what we can but I know that other areas who are struggling to recruit are looking at that.

Senator S.Y. Mézec:

How do you monitor staff morale in C.A.M.H.S.?

Head of Children's Health and Well-Being:

That is a good question and I think it has been a challenging environment to work out. I think the service has been under huge pressure. We have had staff working considerable hours. The last 12 months we have had staff working overtime to complete autism and A.D.H.D. assessments. Even in the last month with an issue to provide staffing support for an inpatient we have had staff working additional hours to manage that. I think the staff have worked really hard; I think it has been tiring and challenging. Some of the work is emotionally demanding. I would say that staff get impacted by some of the negative stories that are sometimes raised about C.A.M.H.S., without justification a lot of the time. It is something that we are really focused on. We make sure that we meet as a whole staff team every week and we have well-being on our agenda in terms of efforts to make collectively to do that. We have had a number of initiatives such as walk-in supervision, walk-in sessions. We have some yoga sessions downstairs and other initiatives to support well-being. I think more than anything what I have tried to encourage is to make sure that all of our managers here are visual and really make sure that we check in with everybody, we work alongside all of our staff, and we make sure that we are checking in on people, we know what they are doing and we are making sure that they are shown care and attention. We can see, because we work so closely, when people are struggling and we put the right support in for that. I think overwhelmingly the feedback from people is that this is a good place to work. I think there are generally good levels of well-being and where people have struggled we have all got round and supported them to do so. It is not an easy place to work; it is not an easy job. It is a difficult, demanding job of long hours at times but I think overwhelmingly it is a very strong and dedicated staff team who are doing really well.

Senator S.Y. Mézec:

If a member of staff did feel that they had concerns that needed to be escalated how would they go about doing that?

Head of Children's Health and Well-Being:

They would raise that with their line manager. We have had some staff who have accessed AXA support and some other therapeutic support from outside our service from colleagues in adult mental health, J.T.T. (Jersey Talking Therapies), for example. So within our supervision and structures and the fact that as managers we have open doors and we are keeping an eye on people and speaking to people when issues flag up we do make sure that they get the right support and that is put into place.

Senator S.Y. Mézec:

Is there a trade union representative on the floor?

Head of Children's Health and Well-Being:

Yes, there is.

Senator S.Y. Mézec:

Okay, thank you, and are they ever spoken to or contacted with to understand what sort of feedback they are getting?

Head of Children's Health and Well-Being:

They are particularly vocal and make sure that everybody receives the support. It is maybe something that we need to put in a more regular and formal process, to make sure that we have got regular meetings with them. As a union representative I think that is something, as you mention it, that I think would be useful to take away, but we certainly have informal contact and they certainly raise issues in the meetings and periodically from that union point of view, but I will make sure that we structure something in, because I think that is a useful thing as you mention it now.

Senator S.Y. Mézec:

I am starting to get concerned over the length of time we have got left, so moving on to waiting times, in that press release I mentioned earlier you did outline reductions in waiting times. How do you measure success when it comes to waiting times? Is there an optimal waiting time? Did you benchmark against other similar jurisdictions or how do you decide when you have done enough work to get waiting times down and what is acceptable?

Head of Children's Health and Well-Being:

Yes, so every referral that comes into the service is triaged as well. Some cases are triaged as urgent and need to be seen the same day or even the next day, some within a week and some within a month. With our new dedicated duty and assessment service and with the new service manager coming they have got a clear remit to make sure that every referral is seen, there has been contact and there has been an initial assessment completed within the triage timescales. That is absolutely clear going forward. What we have been measuring in Jersey is referral to completed initial assessment, which as I said last year averaged 21 days. In the U.K. I understand from referral to initial contact it is 9 weeks, so we are already ahead of that service. As I mentioned we have got a new data officer and a quality assurance manager and we are making adaptions to Care Partner, which is our data recording tool, to make sure that we can pull different data up from that as well in terms of referral to first contact, referral to risk assessment, as well as referral to initial assessment. We are also looking to make sure that we get better data in terms of presenting issues at referral and looking at people's journeys with the outcome measures and feedback. We have got 3 new outcomes measures that we discuss with C.O.R.C. (Child Outcomes Research Consortium), which is an organisation in the U.K. to make sure that we are going to be measuring as the U.K. providers are going to do as well. They are now all in place and will be measuring pre- and post- for all referrals in 2022 as well as getting feedback on everybody which we will be able to report to. With those tools within outcome measures we can benchmark with the U.K. and with some of the adaptions to Care Partner we will be able to benchmark better with the U.K. as well. It is not all about doing it quickly. It is also about doing it well and young people have also said to me that sometimes they feel rushed when they arrive at C.A.M.H.S. They feel it is straight into assessments and sheets and they want things to slow down a little bit, to have staff explain to them what they do, what C.A.M.H.S. is, what their role is, and to take more time listening to what the issues are going on before we go in to complete some of the assessment tools and some of the measures. It is a balance as well between getting it right in terms of the experience and support and getting these measures in place and getting things completed quickly. That is something that we intend to do and find that good balance.

Senator S.Y. Mézec:

Absolutely, and having the needs of the young person at the heart of what approach you take is obviously fundamental. In terms of waiting times to what extent do you think those are affected by the allocation of resources to C.A.M.H.S.?

Head of Children's Health and Well-Being:

Absolutely, if you are getting 855 referrals a year that all require initial assessments and some require therapeutic input for particular people, we have had growing issues of eating disorders that require specialist support, I think the service has done remarkably well with the staffing level it has and the capacity it has in terms of adapting what we do to drive down waiting times, but ultimately

to improve things further it is going to be reliant on additional resources. There is no question about that.

Senator S.Y. Mézec:

I guess this final question on this subject area is again either for the Assistant Minister or for the Minister, but obviously there have been more resources allocated to C.A.M.H.S. recently, which is a very positive thing. Do you feel that there is more you could do if you did have further resources and if that is the case what are you doing behind the scenes in the Council of Ministers or elsewhere to argue for those?

[17:00]

Assistant Minister for Children and Education:

As you know, Senator, the most recent funds agreed were agreed as part of the Government Plan and if there is a perception that we do need to increase expenditure on staff especially that will go into the Government Plan for 2023. You, of course, understand the process. The reason that I do not say we are fighting for more funds now is that we have a release of funds. We are now in a process of trying to recruit people into posts and it does mean that we have not yet got the full picture in relation to what will be required for 2023. Yes, we will be putting a bid in for monies in the 2023 Government Plan, but we have not yet got a crystal-clear view of where we will be at that time.

Senator S.Y. Mézec:

Great, thank you. I had more questions to ask but I do realise that we are at the end of our allocated time. I do not know if I should defer back to the Chair to make a call as to what we do now.

Deputy M.R. Le Hegarat:

I have just put something in the chat to ask if people had, say, 10 minutes just so that we could finish one or 2 more sections and then the remaining questions, if the Minister was in agreement, we would provide to him in writing so that we can get a written response to them, if that was in order. I am minded that it is after 5.00 p.m. and whether people are able to stay for another 10 minutes just to do probably just one more section and then the remainder of the questions to ask the Minister if he would be willing to answer them, provide us the answers, in writing?

The Minister for Children and Education:

Chair, absolutely I am happy to stay for another 10 minutes, but then I do have to go and pick up a child, so I have got 10 minutes and then I will have to go. Yes, of course, any questions you want to hand on we will answer in writing. We are more than happy to.

Deputy M.R. Le Hegarat:

Yes. I will refer back to Senator Mézec and he can ask another couple of questions, another section maybe, and then we will put the rest in writing. Thank you for that.

Senator S.Y. Mézec:

Okay, yes. Thank you. So there were just some questions on the use of third party services. How many young people have been referred to third party services by C.A.M.H.S. clinicians?

Assistant Minister for Children and Education:

Again, Darren will have to deal with this operational question.

Head of Children's Health and Well-Being:

Yes, so to address waiting times for autism assessments, we contracted with 2 third party companies for support with that. We gave each 31 referrals initially to deal with. My understanding is we have given the on-Island company another 10 since this year, so they are the numbers that have gone for autism assessments. I have not got the exact figures on me in terms of the people that we have contracted out to Mind but at any one time it is around 30 young people that Mind are working with that have been sent on by C.A.M.H.S. which, as I said, is working well. They are the approximate figures for those sectors.

Senator S.Y. Mézec:

Would there be anywhere else that you might refer young people to apart from for autism services or to Mind?

Head of Children's Health and Well-Being:

The only other occasion is if we would have to seek potential off-Island specialist support and for any issue. We currently have one young person off-Island for specialist eating disorder treatment and that has been the first during my period in post here, so that does not happen particularly often, but that would be the other occasion. I do think our ability to contract the autism assessments has worked particularly well, so I do think that we need to reflect in the future how we manage A.D.H.D. assessments, which are increasing in prevalence and numbers and how sustainable it is for a specialist service to do that. They are harder to contract out because it relies on diagnosis and then it would have to come back in anyway and there are some issues with our own prescribers doing it based on other people's diagnostics so that is not as easy to do, but there may well be benefit in that in the future to make sure that families do not have to wait to get an understanding of the issues that their children are facing.

Senator S.Y. Mézec:

Do you have written agreements with those organisations that you would refer to?

Head of Children's Health and Well-Being:

Yes, so commissioning has led with that and there are written contracts in place for all of those providers.

Senator S.Y. Mézec:

Feel free to step in and answer this, whoever thinks it is appropriate to, but is the arrangement by which you would refer some young people to those organisations the one that you think meets best practice or are there any referrals that are made that in an ideal world you might prefer them to be services that are done in-house?

Head of Children's Health and Well-Being:

I can answer. No. The off-Island provider, we have found one of the best places in the U.K. for treatment for the young person, and both the young person and their family were delighted that we secured that, so that has been appropriate. In terms of the 2 contractors for autism, the local one used to work for government services and has got a good reputation and the feedback we have got has been excellent. The off-Island, virtual one again a number of families have mentioned they preferred the virtual assessment. Because of the social and sensory nature of their children's difficulties they could do it from the comfort of their own home. I think both of those settings have worked well and we have our consultant psychologist monitoring reports from those organisations and the feedback and as a collective management team we are having periodic meetings with them as well on a monthly basis to review their performance and to oversee that. I think those arrangements have worked well. Regarding our contract with Mind, again Mind does excellent work here in Jersey and a number of those referrals that they have worked with have not needed to come through for specialist support, which has been excellent, and I hope we can build on that going forward as well. I am confident that all of the agencies that we are using on a third-party basis we have good contracts and they are monitored well and they are doing a good job, and that is what the feedback appears to be telling us. It has certainly enabled us to reduce waiting times, which has been the significant concern of families in Jersey in recent years.

Senator S.Y. Mézec:

Thank you. That is it from me, but I see from the chat that Deputy Pamplin wants to get in with a question before we finish up.

Deputy K.G. Pamplin of St. Saviour:

Thanks, Senator, thanks, everybody, and I apologise, for the record, I have missed most of today's hearing. I had a P.C.R. (polymerase chain reaction) test so I had to do my civic duty, fingers crossed.

I just wanted to echo the comments that have already been mentioned, and congratulations on your success. It is encouraging to see the improvements and the goodwill and effort being made by all staff around C.A.M.H.S. especially over the last 2 years. Long may that continue. The point of this was obviously to pick up our review, Deputy, that you know all too well. I apologise if this has been covered in more depth. I have been listening where I could. Our key recommendation 11 was: "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." As we have heard and as the pandemic has exasperated the point and the issue around this problem, this is still not in place and as we are hearing the rise of eating disorders and self-harm in young people, it is still not appropriate for them to be on that Robin Ward, as we know, though staff do an incredible job, and we also know the pressures that Orchard House have experienced. I guess as part of your legacy work from the work that we started together before the election, how can we ensure that this gets in place, that there is a place of safety other than a prison cell for young people in crisis or a hospital ward that is not fit for purpose? When will we have that?

Assistant Minister for Children and Education:

This is of significant concern to all involved in this, Deputy. I am very concerned about the fact that there is not a facility currently, but at the end of this year, September, there will be a facility and that facility will exist in the new build on the site close to Rosewood House. You saw this for yourself the other day, albeit you were not wearing a hard hat and so were not allowed on to the site. There will be a place of safety that will accommodate Article 36 people and will accommodate those people in desperate need. It will not accommodate children. It will accommodate adolescents. There is a process in which children who have to go into Robin Ward are accompanied by C.A.M.H.S. staff who can give them the benefit of their specialist knowledge. Again, this is an operational question and again Darren will be able to give you an answer.

Head of Children's Health and Well-Being:

I guess the concerns have been very clear about the use of Orchard House, so currently Orchard House is used for 16 and 17 year-olds who may require some inpatient support. Robin Ward is used for the young people and we have had some younger people with eating disorders, for example, on some of the other wards such as Corbiere recently. I think as a collective group we need to reflect on if these environments are appropriate for the level of support and what we can do differently. I think it is to do with the environment, it is to do with the skills of the staff and the nature of some of the environments being child friendly as well, and having additional things that children and young people can do outside of their treatment. We need to look at that. The only reflection on that is that during COVID we did create Meadow View, which I think our learning from that was that that was not particularly successful. It is difficult to have a unit or an environment that is all singing, all dancing for all sorts of different issues, so you place somebody with an eating disorder with

somebody with psychosis, with somebody with extreme self-harm, and that is potentially not conducive as well to a good setting. Also, we need to reflect on that our admissions are relatively low still in Jersey and they do not happen that often, so to create anything bespoke would require paediatric input, psychiatric input and considerable resources and expense. I think it is something that we collectively need to continue thinking on. I think there are things that we can do within the existing environments to make them better and certainly with some of the new Government Plan money we can look at some of the support being better and the approach being better in some of the environments to make them more child friendly. I think there are immediate things that we can do and there have been workshops looking at that, how we can adapt the hospital to create some separation on the wards, and certainly Orchard House use I.C.U. (intensive care unit) and some of the other areas to separate, but again we are into seclusion of young people on these issues, so it is not necessarily ideal there as well. I think this is a dilemma for us as an Island, what we do, while at the same time acknowledging that sometimes people only go in for a night or a couple of days and we do not want to be putting people off-Island. It is a bit more complex than it looks but something that I think we all acknowledge and we are all open about, and I think we just have to be transparent and come up with a collective solution to improve what we do.

Deputy K.G. Pamplin:

I appreciate that. Thank you, Darren. I guess that is what I was looking for and we are looking for outcomes. That is what this was all about in the first place, so I think the point is to continue that momentum so a solution can be found. The place of safety at Orchard House has been delayed and delayed for all sorts of reasons; the longer that delay goes on the service is not there for the people who need it and, of course, when you talk about young people, who do not have any service at all, it is just a tragedy. I know it may be only one or 2, but the impacts and the effects that that has on your service and families and especially those young people, it is just not good enough. It is encouraging to hear your words. I know that we are out of time and I was late to the meeting, but I just want to thank you and everybody for the work that you are doing. Thank you.

Deputy M.R. Le Hegarat:

Okay, yes, that is us. It is now 5.13 p.m. Thank you very much, Minister, Assistant Minister and also to Darren, who I think probably thinks he was in a job interview this afternoon, because he seems to have been asked lots and lots of questions, and also for those listening as well. Thank you to Darren for the comprehensive visit that we had 2 days ago as well, because that was exceptionally helpful to us all. Thank you all very much and have a good weekend. No doubt we will see you all next week.

[17:14]