

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES  
BY DEPUTY T.A. VALLOIS OF ST. JOHN  
ANSWER TO BE TABLED ON TUESDAY 22nd SEPTEMBER 2015**

**Question**

“Following the adoption by the States on 23rd October 2012 of P.82/2012, “Health and Social Services: A New Way Forward”, could the Minister advise of any progress made to date in terms of deliverables and investment in services?”

**Answer**

Work continues on P.82/2012 funded services to achieve the strategy outlined in “Health and Social Services: A New Way Forward”. Each service has a Service Specification, which contains metrics including activity and quality. Metrics are reported quarterly:

**Services introduced through P.82/2012 funding:**

- Children’s Community Short Breaks
- Family Care Coordination
- Community Midwifery
- Children’s Centre
- Sustained Home Visiting
- Jersey Talking Therapies low intensity
- Jersey Talking Therapies high intensity
- Community Resources Centre (under construction)
- Pulmonary Rehabilitation
- Rapid Response & Reablement
- Single Point of Access
- Specialist Palliative Care Team

**Services enhanced through P.82/2012 funding:**

- Specialist Fostering
- Parenting Support (Mellow Parenting Programme)
- Community Detox & Relapse prevention
- Opportunistic Screening & Brief Intervention
- Alcohol Liaison
- Carers Support Services (Jersey Online Directory)
- Older Adults Community Mental Health Team
- Memory Assessment and Early Diagnosis
- Mental Health Liaison
- Community Specialists – Community Respiratory, Oxygen Therapy and Heart Failure

**Service highlights from Q2 2015.**

- Children’s Short Breaks: Twice as many children now accessing short breaks
- Family Care coordinator: 42 children on the pathway (100% increase), 16 assessed for autism. Waiting time reduced from 7 to 5 months
- Community Midwifery: 52% of antenatal care now in surgeries (was 35%)
- Jersey Talking Therapies: Waiting time reduced 20 to 2 weeks (assessment)
- Carers support services: Jersey Online Directory had over 31,000 views between January - June 2015
- Pulmonary Rehabilitation: Waiting times reduced 12 months to 6 weeks (routine) and 2 weeks (urgent);
- Specialist Palliative Care Team: 92% of individuals achieved ‘Preferred Place of Death’

**A list of all services including service descriptors and metrics from Q2 2015 is attached at Appendix 1.**

## Appendix 1 – Services and metrics, Q2 2015

Area	Title of Service	Provided by	Description	Q2 2015 Update
Children	<b>Specialist Fostering</b>	HSSD	An increase in the number of active accredited foster carers, through a combination of proactive awareness raising which will encourage more people to become foster carers, and targeted learning and development programmes (and additional payments) to encourage more foster carers for hard-to-place children.	32 foster carers - 21 at level 1, 12 at level 2 and one at level 4
	<b>Short Breaks</b>	Autism Jersey, Les Amis, Tutela, New Horizons	An increase in choice and availability of Community Short Breaks for children and young people (up to age 18) with complex needs, including those on the Autistic Spectrum and those with other disabilities. Community Short breaks are provided by a range of organisations who have been assessed as meeting the required standards to be included on a framework. The process and panel for assessing and recommending Community Short Breaks has also been improved.	4 providers on framework offering choice. Twice as many children now accessing short breaks
	<b>Family Care Co-ordination</b>	HSSD	Care co-ordination for families of children in the early years with complex needs; with an identified practitioner as a single point of regular and consistent contact to offer support and information and co-ordinate services around the child and family. Including: <ul style="list-style-type: none"> <li>• A single care pathway for children in the early years with complex needs including social communication needs with co-ordination of multi-agency support including the community short break service and autism diagnosis when required.</li> <li>• A re-designed one stop autism and social communication clinic for school age children with reduced waiting time from referral to diagnostic feedback.</li> </ul> Training for practitioners in early years settings working with children aged 0 – 3 years to promote children's communication development (Language for Life training).	Language for Life training delivered to 78 practitioners. 42 children on the pathway (100% increase), 16 assessed for autism. Waiting time reduced from 7 to 5 months
	<b>Community Midwifery</b>	HSSD	Community Midwives provide care for women in the antenatal period, during birth and for 10-14 days following birth. They provide 'shared care' with GPs for women at low risk, and 'shared care' with GP and hospital	Covers 78 GPs. 52% of antenatal care now in surgeries (was 35%)

			Obstetrician for women at high risk.	
	<b>Parenting Support (Mellow Parenting Programme)</b>	HSSD	<p>Programmes for up to 30 families each year (3 programmes of 10 participants). Programmes last for 14-weeks, with attendance one day a week. Play work and video feedback is given which is aimed at improving the parent – child relationship. This is supported with therapeutic work on parent’s own difficulties whilst their child is in a crèche. The day includes:</p> <ul style="list-style-type: none"> <li>• Review and reflection</li> <li>• Children, mothers and facilitators take lunch together followed by planned play activities</li> <li>• Children engaged in play work whilst the mothers share videotape material and work on parenting topics.</li> </ul> <p>Links are made between the mother’s own experiences past and present and their current feelings towards the children. Fathers are invited to evening sessions.</p>	14 regular attending families, 9 accepted for the next group; 100% reported improved wellbeing
	<b>Children Centre Coordinator / Parent Engagement</b>	Samares School	The Samares Child and Family Centre is a joint project with Education, Sports and Culture and Family Nursing Home Care, which will provide increased access to universal services such as Health Visiting and Early Years Education Services such as Parenting. The centre is an integrated part of the school, and a Parent Engagement Officer will work with families, including engaging with families who have children with complex needs.	198 development checks completed, 25 families attending groups, plus 363 people accessing well baby clinic
	<b>Sustained Home Visiting</b>	FNHC	Targeted support to families who have additional needs, the programme begins in the antenatal period until the child is 2 years of age, aiming to promote parental confidence and attachment with child and child development. The programme involves health and wellbeing, support and information, including increasing aspirations and supporting family and social relationships. Services are initially provided within the home with a view to connecting the family to existing community resources. The programme is delivered as part of the universal health visiting service which reduces stigma and increases uptake of the programme.	46 infants in 44 families receiving services. 90% said they were able to cope better or much better; 67% felt more able to help themselves
Healthy Lifestyles Alcohol	<b>Community Detox &amp; Relapse prevention</b>	HSSD	Detox for individuals at home or in a community residential setting, with care planning and co-ordination of ongoing care.	19 detoxes undertaken in Q2; 263 clients seen by alcohol liaison nurse in Hospital’ 123

	<b>Opportunistic Screening &amp; Brief Intervention</b>		Opportunistic alcohol screening in a range of settings, predominantly in Primary Care, using validated tools by to assess alcohol consumption and inform subsequent advice, guidance and referral. 'Brief intervention' advice is provided on safe drinking and avoiding harm from alcohol, with onward referral to other services as appropriate, including detox and relapse prevention.	training sessions with staff
	<b>Alcohol Liaison</b>		Community-based relapse prevention programmes, comprising of 6 – 8 sessions of individual motivational counselling, abstinence and Support Group programmes (maximum of 10 people in a group), social support to make lifestyle changes, such as housing, employment, family and social relationships; advice, guidance and support on accessing benefits, housing and accommodation, employment and return to work programmes and educational and or volunteering opportunities.	
Mental Health	<b>Jersey Talking Therapies low intensity</b>	Consortium led by Community & Social Services, MIND Jersey, GPs	JTT aims to provide adults aged 18 and over with quick, easy, and equitable access to a range of accessible talking therapies, for individuals who are experiencing psychological difficulties, mainly anxiety and depression and includes those with alcohol issues. The service provides face-to-face or telephone assessments and 1:1 therapy. JTT also provide psycho-educational workshops and courses and individual Computer Based Cognitive Behaviour Therapy, run by Psychological Well Being Practitioners and Psychological Therapists. The service works closely with GPs, and is predominantly provided in GP surgeries and in a town location (not a health service building)	Waiting time reduced 20 to 2 weeks (assessment). 436 referrals were received in Q2 2015, 246 individuals completed treatment
	<b>Jersey Talking Therapies high intensity</b>			
Adults & Older Adults	<b>Carers Support Services</b>	Citizens Advice Bureau 10 providers on Adult Respite Approved Provider Framework	Improved information and advice for carers, including a directory of services for carers. Jersey Online Directory (JOD) is an essential resource for Islanders on line, and holds useful information about services, where to go for help and links to organisations associated with health and social care.	Jersey Online Directory live – >31,000 views in January - June 2015
	<b>Community Resources Centre (from 2014)</b>	Community & Voluntary Sector	This will provide multi use rooms that can be utilised for a range of activities including meeting room space for VCS organisations, health improvement activities, service user meetings and bookable space for other activities such as counselling.	Due to open in 2016
	<b>Older Adults</b>	HSSD, working	A multidisciplinary team caring for people with a functional mental illness	213 new assessments and

<b>Community Mental Health Team</b>	with Jersey Alzheimers Association	such as depression and psychotic illness and people with dementia, working through a single point of access with integrated, person-centred care planning and care for older adults and their carers living in their own home or within a community setting.	476 follow up appointments for Memory Clinic; 48 Liaison referrals, 39.5% increase CMHT referrals
<b>Memory Assessment and Early Diagnosis</b>			
<b>Mental Health Liaison</b>		<p>An enhancement and expansion in capacity of existing services, which ensures that dementia is diagnosed as early as possible, in the mild stages of the condition, and supports service users and carers to make informed decisions and choices about care and support. People with dementia and their carers will have more information (being developed in partnership with Jersey Alzheimer's Association), to help them manage their care more effectively and understand how to access other assistance, with personal care plans to meet identified needs.</p> <p>A single point for information on any mental health issue for over 65's – at the hospital and in care homes, with training, support and guidance to hospital and care home staff – including delivering training, discharge planning and advising on the care of a patient / resident.</p>	
<b>Community Specialist Team (3 new services)</b>	HSSD	<p>Integrated care for individuals with long term conditions, working across different services, with agreed care pathways.</p> <p>Long term conditions management will be patient-centred, and will form an integrated part of the 'Out of Hospital' system following further P82 investment and service development in 2016 (subject to MTFP2 funding).</p>	1,456 lung function tests in Q1 and 2 2015, 128 long term oxygen assessments, 142 exercise tests and 993 ECGs in Q2 2015
<b>Pulmonary Rehabilitation</b>	HSSD	An increase in the availability of Pulmonary Rehabilitation programmes, for up to 208 people per year. These programmes last 8 and 16 weeks and comprise two sessions per week, of 1 – 1.5 hours each, with a range of education and exercise components to improve lung function and exercise tolerance for people with COPD and other chronic lung conditions enabling them to have improved health and reduced need for more intensive care.	234 patients since 2014. Waiting times reduced 12 months to 6 weeks (routine) and 2 weeks (urgent); 79% improved 'walking test' in Q2 2015
<b>Rapid Response &amp; Reablement</b>	FNHC	An integrated system, which incorporates a Single Point of Access and includes Rapid Response, Crisis Support and Reablement. Care is provided by a multidisciplinary team, accessible during extended hours. The aim is to prevent admission to hospital, delay admission to Long Term care and facilitate timely transfers of care from the hospital, through co-ordinating a range of responses tailored to the individual's needs; the integrated system will comprise	362 patients cared for in 6 months; >90% response within 2 hours for rapid response.
<b>Single Point of Access (linked to above)</b>			
<b>Specialist Palliative Care Team</b>	Consortium led by Jersey Hospice Care,	<p>A partnership led by Jersey Hospice Care to ensure:</p> <ul style="list-style-type: none"> <li>• Good quality end of life care services available to all islanders irrespective of their condition</li> </ul>	92 patients cared for at home in 6 months. >20% Hospice activity is non-cancer; 92%

		FNHC, HSS and GPs	<ul style="list-style-type: none"><li>• More Islanders dying in their preferred place of death</li><li>• Better working between primary care, community, hospital and hospice providers</li><li>• Clear pathways ensuring the right level of support to patients at the right time</li><li>• Improved knowledge and capability in all providers including primary care and care homes</li><li>• Improved clinical governance</li></ul>	Preferred Place of Death
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