

STATES OF JERSEY

Health, Social Security and Housing Scrutiny Panel SO 354 - Health White Paper Review Hearing with the Minister for Health and Social Services

FRIDAY, 10th AUGUST 2012

Panel:

Deputy K. L. Moore of St. Peter (Chairman)
Deputy J.A. Hilton of St. Helier
Mr. G. Wistow (Panel Adviser)

Witnesses:

Deputy A.E. Pryke of Trinity (The Minister for Health and Social Services)
Connétable J.M. Refault of St. Peter (Assistant Minister for Health and Social Services)
Mr. C. Dunne (Director of Adult Services)
Mr. I. Dyer (Director of Older People's Services)
Mr. M. Gafoor (Director of Drug and Alcohol Service)
Ms. J. Garbutt (Chief Executive, Health and Social Services)
Ms. R. Williams (Director of System Redesign and Delivery)

[10:02]

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

Good morning. Thank you for joining us for an extra hearing of the Health, Social Security and Housing Scrutiny Panel doing our review of the Health White Paper. I have some opening remarks to make for the members of the public. I just have to draw everybody's attention to the code of behaviour which is on the noticeboard behind us here, in particular to the fact that all electronic devices, including mobile phones, should be switched to silent. The taking of visual images or audio recordings by the public will not be permitted. If you wish to eat or drink please leave the room. Finally, I would ask that members of the public do not interfere with the proceedings and as soon as the hearing is closed please will they leave quietly. Members and witnesses

may wish to make themselves available afterwards but any communication should take place outside of the building. For the sake of witnesses, we will start by all of us introducing ourselves. I am Deputy Kristina Moore. I am the Chairman of the panel.

Deputy J.A. Hilton of St. Helier:

I am Deputy Jackie Hilton. I am Vice Chairman of this panel.

Mr. G. Wistow (Panel Adviser):

I am Gerald Wistow. I am an adviser to the panel.

Ms. K. Boydens (Scrutiny Officer):

Kellie Boydens, Scrutiny Officer.

Director of Adult Services:

Chris Dunne, Director of Adult Services.

Director of Drug and Alcohol Service:

Michael Gafoor, Director of the Drug and Alcohol Service, States of Jersey.

Assistant Minister for Health and Social Services:

Constable John Refault, Assistant Minister for Health.

The Minister for Health and Social Services:

Deputy Anne Pryke, Minister for Health and Social Services.

Chief Executive, Health and Social Services:

Julie Garbutt, Chief Executive for Health and Social Services.

Director of System Redesign and Delivery:

Rachel Williams, Director of System Redesign and Delivery, Health and Social Services.

Director of Older People's Services:

Ian Dyer, Director of Older People's Services but I previously managed Mental Health Services.

The Deputy of St. Peter:

Thank you. The panel, as I said earlier, is seeking to explore the White Paper proposals and, given the importance of the role with the third sector within that, the relationship that is developed both now and in the future is of great significance, we feel. What we heard during the hearing with Silkworth Lodge naturally raised some questions and we are mindful that there are always 2 sides to every story. As part of that review of the general role of the third sector we would like to hear the views of the department. Initially we will ask some general questions and then we will go on to some more detailed questions related to the points that were raised by Silkworth Lodge. Obviously at the moment you have many relationships with members of the third sector. I just wanted to know if you could describe your present working relationship with the third sector as a whole.

The Minister for Health and Social Services:

Good morning. I would like to say, firstly, thank you for inviting us back to the scrutiny panel and we are happy to discuss any relationships that we have with the third sector. I am sure you know, and I have said it many times with you, the third sector is important. In fact, I would even go as far as it is central to the new approach of redesigning Health and Social Services. For all Islanders it is important, as set out in our White Paper. We know we do have a vibrant third sector and we have always been keen to involve them and hear from as many organisations as possible about their input into the White Paper. We engage with many in the third sector from a big service provider like Family Nursing Services to a small bariatric service which is very specific. But the third sector is important in our outline business cases and I think we have identified in the medium-term financial planning the need for extra funding for Health and Social Services to be able to work with our third sector organisations.

The Deputy of St. Peter:

Have you identified any aspects of those relationships that need to be reviewed or developed to a greater extent?

The Minister for Health and Social Services:

I think it has always been interesting, because we do have such a broad range from Health and Social Services, ranging from the acute hospital setting into the community. We range from birth, antenatal care, right through to elderly care and engaging with the third sector in fact has been slightly easier because we have started doing Third Sector Forums liaising with all the third sector. That is something that Rachel started, which I chair, and we have had a very good response. I know that the voluntary sector too have formed a forum group, trying to work cohesively and looking at appointing a co-ordinator. Money was given to the third sector by the Minister for Treasury last year for that.

The Deputy of St. Peter:

Are you aware of any views regarding service level agreements and the duration of those service level agreements that you have?

The Minister for Health and Social Services:

Are you talking about specific ones or just general?

The Deputy of St. Peter:

Generally are you aware of any particular views or questions regarding them?

The Minister for Health and Social Services:

Well, other than this one here but not particularly. I do not get down to the actual nitty-gritty of organising service level agreements but they are important as we go forward, especially making sure that they provide the right service for Islanders and that they are value for money.

The Deputy of St. Peter:

What about the duration of the service level agreements? Perhaps your Chief Officer might be able to assist us.

Chief Executive, Health and Social Services:

Thank you. I think it is fair to say that in other jurisdictions you would find that service level agreements normally were for longer periods of time than a year and certainly I think in the department we would prefer to move to longer term service level agreements, particularly with smaller organisations because clearly they need the certainty of the funding flow so that they can conduct their business. The way that we are currently - and this is changing this year, as I know panel members are aware, in the move to the medium-term financial planning process - it was always the case that funding was given to the department on an annual basis. The formalisation of that funding being available year on year came very late in the year because of the processes that we go through. It was therefore difficult, if not impossible, to give a longer term agreement to anybody because we ourselves do not have certainty from year to year that all the funding will be available to do what we want to do. A move to a 3-year funding envelope, such as is proposed with the Medium Term Financial Plan, I think will help enormously in having those longer term agreements with third sector organisations.

Deputy J.A. Hilton:

Have there been any discussions with Silkworth Lodge about no further funding until the proposition has been agreed, the Health White Paper has been agreed by the States?

Chief Executive, Health and Social Services:

No.

Deputy J.A. Hilton:

So there have been no comments made about payments not being made in September or no more payments until the proposition is agreed?

Chief Executive, Health and Social Services:

No.

The Minister for Health and Social Services:

We discussed the other day when we met the whole process of medium-term financial planning and that we cannot guarantee getting the money. No department can guarantee getting that.

Assistant Minister for Health and Social Services:

If I may just help, Minister. I made a comment in a meeting the other day with Silkworth and the Chief Minister that until the budget is settled in this case by the M.T.F.P. (Medium Term Financial Plan) nobody has any certainty of money. It is highly improbable that States Members will throw out the whole budget but effectively they could. So until the budget is set then nobody, not even the department itself, can be sure of any funds. That comment was made and it was made by me in the meeting.

Deputy J.A. Hilton:

Notwithstanding the proposition being accepted by States Members and that funding going forward, as far as the department is concerned any payments that would normally be paid in September for the final 3 months will go ahead as normal to any of the third sector providers?

Assistant Minister for Health and Social Services:

Yes.

Chief Executive, Health and Social Services:

If I could perhaps add to that. Any type of service level agreement, particularly 3-year service level agreements such as I am familiar with in the U.K. (United Kingdom), would have written within them the agreements as to how a service level agreement would be terminated, if indeed somebody wanted to do that. They would inevitably include at least a 6-month notice period. We have no intention of terminating any agreements with our third sector providers but if we did we would be going through a proper process and we would want to agree that process upfront in terms of the written service level agreement between us.

Deputy J.A. Hilton:

Just to clarify, are you saying after the adoption of the Medium Term Financial Plan and we go into a 3-year funding cycle that the Health Department will be changing the service level agreements to 3 years to reflect that?

Chief Executive, Health and Social Services:

We would want to sit down with each of our third sector providers and negotiate with them those agreements. Providing I have agreement from the Treasury, because I think I would need their agreement that 3-year agreements were acceptable, then I would be looking to have those negotiations through my officers with each of our third sector providers.

Deputy J.A. Hilton:

So it would be a standard service level agreement with all of the third sector providers that you are dealing with? You would hope to have it standard?

Chief Executive, Health and Social Services:

You would have a core service level agreement that was similar for all but each individual third sector provider might have some different requirements for a different type of service. You might want to tweak it or add some additional parts with agreement but the core of it, the basic principles of what you were looking for in terms of what is the nature of the service that is going to be provided, how much will it cost, what sort of monitoring might we make to ensure that we are getting value for money from that service level agreement, would all be written in upfront so everybody knew what they were doing.

Deputy J.A. Hilton:

It would appear to us that there has been a breakdown of communication between the Health Department and Silkworth Lodge previously and we are concerned as to what you think you can do to improve the communication between the Health Department and the third sector providers to avoid the situation whereby charities are left high and dry without answers to emails and various other things. What do you feel that the Health Department can do to

try to improve that situation, or do you feel that as far as you are concerned you have done everything that you can do and that the communication between yourselves and Silkworth Lodge has been adequate in your view?

The Minister for Health and Social Services:

You talk quite broadly when you say charities.

Deputy J.A. Hilton:

Let us focus specifically on Silkworth Lodge then.

The Minister for Health and Social Services:

I would like to think all communications can be improved and, as I have said many times, it is sitting round that table discussing these particular issues.

Deputy J.A. Hilton:

What is your understanding of Silkworth Lodge's assertion, which came out in a previous scrutiny panel hearing, that between October and December last year I think their funding was cut for some reason or delayed? What is your response to that and why did that happen?

Director of Adult Services:

If I could just come in there. Obviously that period is the period where, with the reorganisation within Health and Social Services and the establishment of a division for adult services, I became involved with Silkworth Lodge and inherited the responsibility for the service level agreement. It was in response to a request from Silkworth to start to engage initially but there was never any position where money was stopped or reduced. There was an issue at the end of last year and the beginning of this year where there was an administrative error that I caused. I admitted to that. I wrote my apology on that and rectified it immediately once I knew, but there was never any move to either stop or reduce any of the funding in place for Silkworth Lodge.

The Deputy of St. Peter:

Could we perhaps see the written apology?

Director of Adult Services:

Yes. I have got it here if you want it.

The Deputy of St. Peter:

Thank you.

The Minister for Health and Social Services:

We have got a file of evidence which we are quite happy to ...

Deputy J.A. Hilton:

This was a written apology that was actually sent to Silkworth at the time?

The Minister for Health and Social Services:

Yes.

Director of Adult Services:

By email.

Deputy J.A. Hilton:

Thank you.

The Deputy of St. Peter:

If we could just backtrack a little bit and talk about the service that is provided and that you receive. What is their role in planning new services and what was their involvement in the White Paper process?

[10:15]

Director of System Redesign and Delivery:

Back in November 2011, as you are aware, we started to engage with a whole range of organisations and individuals when KPMG were here working with us to identify the needs for Health and Social Services going forward and looking at some of the challenges that we face now and in the future. We held a big

event called a U-Collaborate event. It is a technical term but it is basically over 100 people together in a room to talk about challenges in services and I understand one of the previous directors from Silkworth Lodge was involved in that. We then published the Green Paper, had a public consultation, prioritised the areas that we believed needed urgent attention and working on very quickly, and alcohol was one of those areas that we prioritised. We engaged in a process to produce the outline business cases. That was 3 workshops which were facilitated by KPMG and officers from Silkworth Lodge were invited to each of those workshops and I understand attended one of those workshops. In those workshops a number of stakeholders were brought together to talk about the issues, the challenges, some of the plans for service development, to try to get some joint agreement as to where we needed to change services or enhance services going forward. There is a copy of the outline business case as it stood at that point in the file that we have brought for you and you will have seen in the White Paper that alcohol was reflected in there as one of the priority areas and indeed that non-hospital detox was reflected in there as one of those priority areas.

The Deputy of St. Peter:

May I just ask you a couple of questions there. You mentioned that representatives, officers from Silkworth Lodge attended one of your workshops organised by KPMG. Do you have a note of which officers attended, please?

Director of System Redesign and Delivery:

I have got in the evidence file the acceptances for the meeting requests for those 3 workshops. I do not have file notes of the actual workshop but I have got assurances from 2 people who were at that workshop as to the people that were in attendance.

The Deputy of St. Peter:

I see. You mentioned the outline business cases. Silkworth Lodge are mentioned as stakeholders that have helped to develop those outline business cases. Do you have the name of the specific officer or officers that

you have worked with who has been your key communicator to help develop that outline business case?

Director of System Redesign and Delivery:

From the Silkworth Lodge perspective?

The Deputy of St. Peter:

Yes.

Director of System Redesign and Delivery:

Andrew Heaven leads for us on the alcohol outline business case and my understanding is that the Chief Executive of Silkworth Lodge was involved in that one workshop.

The Deputy of St. Peter:

It was just the one workshop that helped to develop the outline business case?

Director of System Redesign and Delivery:

There were 3 workshops to develop the outline business case. The information that I have is that the Chief Executive attended one of those workshops but the meeting request note in here showed that all 3 were accepted.

The Deputy of St. Peter:

I see. Thank you very much.

Deputy J.A. Hilton:

Can I just clarify. You said the previous director of Silkworth Lodge attended the U-Collaborate event. That was the previous director?

Director of System Redesign and Delivery:

That is my understanding. I have a screenshot of one of the boards where people wrote their names down at that U-Collaborate event that has his name on there.

Deputy J.A. Hilton:

Thank you.

The Deputy of St. Peter:

We mentioned earlier the services that are provided by Silkworth Lodge. How are those services commissioned by you as a department, please?

Director of Drug and Alcohol Service:

Silkworth Lodge is funded for 6 beds from the Health and Social Services Department which we refer into and between October 2011, which is the period that we were talking about, to July we have made 18 referrals for clients who would benefit from Silkworth Lodge. Silkworth Lodge is discussed with all our clients on assessment and we provide them with information, Silkworth Lodge leaflets, and our leaflets as well include Silkworth Lodge as an option for them to go to. Many clients, particularly those who are in employment, are sometimes reluctant to go into a residential facility because of their jobs. Quite a few clients are reluctant to sign up to an abstinence-based model and quite a few clients may be on medication which is not suitable for Silkworth Lodge. We have made on average 10 to 12 referrals a year but between October last year and July of this year we made 18 referrals, which we have written referral letters for.

The Deputy of St. Peter:

Have all of those people who were referred attended Silkworth Lodge for the 3 months?

Director of Drug and Alcohol Service:

I have the figures here. Of the 18 referrals that were made, 8 were admitted, 4 were declined by Silkworth Lodge, 3 were declined by the client, 2 did not attend and one is currently being assessed by Silkworth Lodge.

The Deputy of St. Peter:

Could you tell me how a referral happens? What form does it take?

Director of Drug and Alcohol Service:

Sure. When a client is seen by us they are assessed as to their needs. Every client's needs are different. People with drug and alcohol problems are not a homogenous group. They come from different walks of life; they may have different needs. Silkworth Lodge is one option. Some people may prefer to be treated in the community, in which case they will be detoxified. Particularly drug users may not want to be abstinent and our aim is to minimise the harm caused by their drug use, keep them alive until we can get them into Silkworth Lodge, and that process could take anywhere between 3 months and 6 months from assessment. The kind of clients that would benefit from Silkworth Lodge will be those who, as I said, want abstinence from alcohol particularly. Younger drug users are not very attracted to being abstinent from alcohol for the rest of their lives. Most of the clients are alcohol-dependent who have got very little social support in the community and who need more intensive residential support. As I say, on average that equates to about 10 to 12 people a year, which is in line with national statistics. I have got the recent guidelines from the N.H.S. (National Health Service) about rehab criteria.

The Deputy of St. Peter:

When a patient is referred by a G.P. (general practitioner) to a consultant a letter is written. Is that what happens when Drug and Alcohol ...

Director of Drug and Alcohol Service:

I think there are number of referral routes into Silkworth, some by G.P.s which are outside our area of responsibility. We can only account for the people that we have referred directly.

The Deputy of St. Peter:

How do you do that?

Director of Drug and Alcohol Service:

Usually by telephone, in which case the information will be recorded in the client's notes if a referral is made by telephone, but also by direct letter. We have had correspondence from Silkworth Lodge acknowledging a referral in email and we also had a letter recently from a member of staff also responding to a referral that we had made. So we have records both by telephone and by written referrals.

The Deputy of St. Peter:

So you have some correspondence during that period from October to July that you are talking about?

Director of Drug and Alcohol Service:

Yes, which I can let the panel know. Obviously we will have to be confidential about clients' names. It is also worth pointing out that the point of us discussing Silkworth Lodge with a client may take several weeks because they may want to go away, discuss it with their family, mull it over and then present themselves to Silkworth Lodge, in which case that would be considered a self-referral. But we have evidence of direct referrals made from the department, not self-referrals, made by us.

The Deputy of St. Peter:

Why do you think we heard that no referrals were made between the period from October to Christmas?

Director of Drug and Alcohol Service:

We were advised by staff from Silkworth Lodge that they were closed to admissions in the latter part of last year between November and December and I know other agencies have also got information that they were told that Silkworth Lodge were closed to admissions. We were still making referrals but there were no admissions accepted by Silkworth Lodge during that period.

Deputy J.A. Hilton:

Did they give a reason for why they were closed to admissions?

Director of Drug and Alcohol Service:

There were 2 reasons mooted. One is that admitting new clients so near to Christmas and the Christmas period would be disruptive for the existing residents and another reason was that there were staff shortages. As I said, I have got written evidence of staff discussing with Silkworth Lodge staff and being told that they were not accepting any more referrals.

Deputy J.A. Hilton:

So you have email correspondence between your department and Silkworth Lodge saying that they were closed to new admissions?

Director of Drug and Alcohol Service:

We have information from our staff stating that they have been in touch with Silkworth Lodge regarding referrals and they were told over the phone. I cannot guarantee that we have written correspondence from Silkworth Lodge that they were closed but 3 members of staff were told and a member of staff from Probation Service was also told.

Director of Adult Services:

If I may clarify, because obviously in looking at some of this information myself what we are seeing is that there is not evidence in receipt from Silkworth making that statement but there is evidence on individual client records in the electronic records where staff have recorded that is the case.

Deputy J.A. Hilton:

You said 18 clients were referred from the end of 2011 to July 2012 and 8 were admitted. Were those direct referrals from your department to Silkworth Lodge?

Director of Drug and Alcohol Service:

Yes.

Deputy J.A. Hilton:

They were direct referrals?

Director of Drug and Alcohol Service:

Yes. All 18 were direct referrals, either by letter or by telephone.

Deputy J.A. Hilton:

Can you try to explain to us why Silkworth Lodge would say in a scrutiny hearing that they had had no referrals? Can you shed any light on that statement?

Director of Drug and Alcohol Service:

No, I am afraid you would have to ask Silkworth Lodge.

The Minister for Health and Social Services:

We have anonymised the referrals for data protection and we are very happy to leave that file with you.

The Deputy of St. Peter:

Thank you. If we could move on, how valuable is Silkworth Lodge and the services it provides with drug and alcohol problems in Jersey?

Chief Executive, Health and Social Services:

I would say it is extremely valuable, absolutely. It offers a very, very good service.

The Minister for Health and Social Services:

I think we have always reiterated that it is a valuable service. It is the only community that does this 12-step plan and for some clients it is important and it has changed clients' approach to life around and that is why it is mentioned in the outline business cases. The pathway for alcohol at Silkworth Lodge is there and should continue to be there.

The Deputy of St. Peter:

You have mentioned that abstinence does not suit all clients and patients. Are there any other differences of view between members of Health and Social Services and Silkworth Lodge about the respective roles of Silkworth Lodge and other services that are available?

The Minister for Health and Social Services:

Sorry, I do not quite understand that question.

The Deputy of St. Peter:

I think what we mean is how does that communication happen? If there is a need for other services or different approach how that does communication happen between the commissioning body and the charity?

Director of Older People's Services:

If we go back to 2003, I was then managing the adult mental health services and took responsibility for alcohol and drugs and at that time set up a joint steering group with the third sector, including Silkworth Lodge, Shelter, Roseneath, Margaret House, and the steering group included prison, Probation and other services. At that time the National Treatment Agency for Substance Misuse had just published a document in 2002 about care pathways and pathways into treatment and that steering group took that piece of work forward to develop care pathways into services. What we identified locally were 4 tiers of service and Silkworth Lodge was a tier 4 service, which is a specialist service for alcohol and drugs. Within the pathway itself we came up with different pathways for different tiers of service because, as you rightly say, there are different needs for different client groups.

[10:30]

Some people benefit from harm reduction, some people benefit from detox, and then perhaps detox again 6 months, a year later because of the nature of their lifestyles, and some people benefit from an abstinence-based approach. So the pathway document, which was published and agreed in 2005, identified all of the treatment options and Silkworth were very much part of

that. I was not aware that the pathway had stopped being used. I do not know if it has. It has not been updated at all but it is still a document that is in the substance abuse domain.

The Deputy of St. Peter:

Perhaps the Drug and Alcohol Service can answer the question.

Director of Drug and Alcohol Service:

Sorry, on ...?

The Deputy of St. Peter:

Whether the pathway is still being used?

Director of Drug and Alcohol Service:

We have a pathway into Silkworth Lodge and other service providers, depending upon the client's needs, but ultimately it depends upon the client. We can refer a client but if the client does not want to accept the referral or does not want to take up the referral we cannot force people to go into any particular service provider. We have criteria in conjunction with the client about what services are available and how they can access those services.

Director of Adult Services:

If I may just come in on that as well. The answer to the question is yes, that is the pathway that is still in place. That was the agreed pathway that underpins how people access and then move on to other services from within the alcohol and drug service.

Deputy J.A. Hilton:

Health fund 6 beds at Silkworth Lodge a year, do they not, at a cost of £220,000? You talked about the 18 referrals so far up until the end of July. So as far as your department is concerned you are making good use of those beds at Silkworth Lodge from a financial point of view as well? When the statement was made that Silkworth Lodge had not had any referrals obviously quite rightly people were concerned that taxpayers' money was being spent

for what appeared to be no purpose. So you are content that the beds that were being paid for were being used during that period of time, absolutely?

Director of Drug and Alcohol Service:

Yes.

Deputy J.A. Hilton:

So there is no question of taxpayers' money being wasted on empty beds?

Director of Drug and Alcohol Service:

No. We do make referrals, as I say, according to need and on average between 10 and 12 referrals a year to Silkworth Lodge.

Director of Adult Services:

One of the things that has been difficult coming in and inheriting a lead around this is having asked questions around referrals and the sources of referrals and the occupancy use and the outcomes of that. That was certainly the range of information that I was hoping to be able to explore. It was not from any perspective that we would say that we would suddenly be withdrawing funding but looking at how are we making the best use of the resources that we have got. I have not been in a place where I have been able to acquire that breadth of information to be able to fully understand that as yet. I just go back earlier to the point that says we absolutely value the work that Silkworth Lodge does. It is a critical part of the overall services and we do need to be able to look at ensuring that we are getting best value for money out of that. Another factor that I am now aware of around the use of those beds is that I understand the original agreement was about the States as a whole benefiting from those beds and what I understand more now is that there are other sources of referrals which might include the prison, might include Probation. So there is something about understanding what the value is overall to the States and not necessarily just to the alcohol and drug service directly. I think that is something that we would hope to still explore with Silkworth to ensure that we are maximising the use of the resources that are being funded.

The Deputy of St. Peter:

If we do the maths, if there are 6 beds therefore 6 people for a 3-month long service, 6 times 4 is 24. So if you are making 10 to 12 referrals every year on average, what is happening to the others?

Director of Adult Services:

That is why it would be of real value to be able to look at the details around the sources of referrals, the actual referrals and the success rate out of them.

The Deputy of St. Peter:

So you are saying that other States bodies are able at the moment to use your beds by referring?

Director of Adult Services:

Yes.

The Deputy of St. Peter:

Do they come into communication with you? If say Probation want to use a bed then they speak to the Drug and Alcohol Service? How does that work?

Director of Adult Services:

I do not know the answer to that because I have been hoping to acquire that level of detail in order for us to unpick and understand how we are making best use from across a broader States perspective.

Director of Drug and Alcohol Service:

Can I just add there are sometimes joint assessments with Probation. A client may be seen by Probation who is suitable for Silkworth Lodge but needs detox before they go into Silkworth Lodge because Silkworth Lodge does not do detoxification. Drug and Alcohol will detox the client and Probation will then make the referral. As I said, GPs also make referrals directly, Accident and Emergency I know have made referrals directly and the prison have made referrals directly.

The Deputy of St. Peter:

I have spoken to some of the GPs and they have told me that when they refer clients they are as private patients not as States-funded patients.

Director of Older People's Services:

How the service level agreement was original set up was on behalf of the States of Jersey. Going back to the steering group who were involved with the substance misuse treatment pathways and also the service level agreement that we originally set up and going back to the scrutiny panel in 2004, one of the recommendations there was that the prison should have direct access to Silkworth Lodge. At the time the prison governor with the programme director at Silkworth Lodge had negotiations and discussions and it was agreed that people could be referred directly from the prison on a tagging system to Silkworth Lodge for residential rehab following a period of either remand or sentence. I do not know whether that has continued but it was very clear at the time in our discussions with Silkworth Lodge that they wanted more than one access to their service rather than just alcohol and drugs. On the back of those discussions at that time that is what we agreed. So there were more than just the Drug and Alcohol Service that can make referrals directly into Silkworth Lodge, and that included the prison, Probation and other health service departments other than Alcohol and Drugs.

Deputy J.A. Hilton:

Are you satisfied at the current time that those other government departments know that they can do that? You refer to going back to 2004. Is that happening 8 years later through the prison?

Chief Executive, Health and Social Services:

I think that is a very valid point and I think it is probably one area where I do not think there would be any disagreement between Silkworth Lodge and ourselves that what we need to do is craft the right SLA going forward for the future. I think perhaps it is unhelpful to talk about buying a number of beds because, with the exception of some numbers of patients who I think are referred from other islands, the bulk of the people who are coming to Silkworth

Lodge are Jersey residents. Therefore it seems to me not unreasonable to say that there is an SLA that ensures a level of access to Jersey residents for this sum of money. Then it is within the ability of Silkworth Lodge to assess those patients and some may well top up and some may well get that service for free according to their needs. If we can meet and discuss those sorts of issues I am sure it is possible to craft an SLA which will be fit for the future.

The Deputy of St. Peter:

There has been some mention of a lack of understanding of the bed usage. Do you communicate with Silkworth Lodge and receive data about bed usage, who is in, who is out, what spaces there are?

Director of Older People's Services:

We did traditionally. I used to receive monthly bed data which would say how many people are in within the envelope of the States-funded beds and it would say who they were, who their key worker was, age, gender and suchlike, when the expected discharge date was. At some stage that then went to one of the workers within the Alcohol and Drug Service and they managed and monitored that. That information stopped coming some time ago. In fact, I have got to be honest and hold my hands up. I only looked into this when this become the sort of public issue that it has become, but some time ago that monthly information stopped coming from Silkworth Lodge and from our point of view we did not pursue it at that time. I think when Chris took over responsibility for the services he went back and asked for the similar type of information over a period of time so he could analyse what had happened over that period of time and what we need to do to plan for the future SLA. But we have not had recent up-to-date information about bed usage within Silkworth Lodge.

Deputy J.A. Hilton:

It just seemed to me that going on the figures that you have given us this morning, in the 18 referrals you said 8 were admitted. So out of the 18 referrals in a period of approximately 7 months 8 people were admitted and the programme is 3 months, I believe, is it not? So obviously there is quite a

spare capacity of bed spaces in that period of time and it would seem to me that if the States of Jersey are not offering this service to all the departments - the prison would seem an obvious one - then that is a matter of concern and obviously something that presumably you would wish to address going forward.

Chief Executive, Health and Social Services:

Absolutely, yes. We can certainly check with all States departments. It was not my view that there was a problem in other States departments but we will certainly ask the question in case they have with the passage of time not realised they were able to do this.

Deputy J.A. Hilton:

Thank you.

The Deputy of St. Peter:

What communication has occurred between yourselves and Silkworth Lodge since the hearing?

The Minister for Health and Social Services:

Since last Friday personally I have emailed 2 members of the committee, who I think included the Chief Executive into it, about getting round a table to meet and after a few emails to and backwards they agreed to meet and we met last ... when did we meet?

Assistant Minister for Health and Social Services:

Wednesday.

The Minister for Health and Social Services:

Yes, Wednesday.

The Deputy of St. Peter:

Was it a productive meeting?

The Minister for Health and Social Services:

Yes. I like to think it is always with all meetings because it is good to get round a table and I think there is always something that should come out of a meeting and result from that meeting. The trustees said their point of view and that they wanted answers to questions that they put forward and I agreed to give those within 48 hours and for their part they agreed to meet Rachel next week, which has been done. I do not think a date has been made for next week but the 2 parties have said that they would agree to meet.

Assistant Minister for Health and Social Services:

Can I just advise the panel I misdirected the Minister. It was not Wednesday, it was 7th August at 2.00 p.m., which was Tuesday, just for the sake of being absolutely correct.

The Minister for Health and Social Services:

Sorry, I got lost on my days this week.

The Deputy of St. Peter:

Have you provided them with the information that you said you would within 48 hours?

The Minister for Health and Social Services:

We have, yes.

Deputy J.A. Hilton:

We have seen copies of correspondence where Silkworth Lodge asked various people, and I think latterly yourself, Rachel, about answers to their questions. They repeatedly asked what about the referrals and various things and from what we can see they never got a response back. I think it was the same with you, Minister. I think they met with you also and you said you would go back to them but there was never any going back with answers. Would you like to respond to that? I know you were planning on meeting. I think I saw an email exchange where you were hoping to get together with the Chairman of Silkworth Lodge and that did not happen on 25th June. So there

was this big gap and no answers. Can you explain why there were no answers and why this long period of time elapsed and nothing seemed to happen?

Director of System Redesign and Delivery:

Exactly as you say, we were planning to get together on 25th June but unfortunately the meeting was cancelled. I understand their Chairman was off Island on that particular day. There is email correspondence where we have talked about trying to rearrange a meeting. I was hoping that we could meet to try to talk through some of the issues. Silkworth Lodge wanted the full answers in writing before we had a meeting. So you will see in the file various correspondence between the Chief Executive and myself with me saying: "I am finding the answers for you. Please give me a little bit of time." I was quite new to this so I had to make sure that I was comfortable that I had the right answers before going back and giving answers that perhaps were not as complete as we might have liked. Those answers have been provided.

Deputy J.A. Hilton:

It seems to me maybe if there had been more communication between Silkworth Lodge and the department this thing would not have blown up the way that it did.

[10:45]

I do not know whether it is misunderstandings. We may go back to Silkworth Lodge and ask them to clarify certain things, but for us as a scrutiny panel we are just trying to understand how this situation came about and what we can do, what we can learn from it, and how we can move forward in a really positive sense and hope that relationships will improve.

Director of System Redesign and Delivery:

Absolutely. In fact, I met with the Chairman and the Chief Executive of Silkworth Lodge at the beginning of June as part of my understanding of the types of services that are provided with Health and Social Services and I think

we had a really good, productive meeting. I think there was a lot of common ground in terms of the way that we would like to move forwards together in terms of SLAs, improving communications, being clear on responsibilities on both sides. So I am looking forward to being able to continue to develop that relationship further going forwards.

Deputy J.A. Hilton:

So that meeting on 1st June was the only meeting that took place between yourselves and the Chief Executive Officer of Silkworth Lodge?

Director of System Redesign and Delivery:

Yes. I have got overall responsibility for third sector but not the detail of every service level agreement and I did not want to detract from the relationships and the communications that were already happening. I did undertake at that meeting to go away and find the information around the referrals. That has taken a little longer than I had hoped. I was hoping to get discussions and meetings in advance of having the exact detail of those questions so that we could start to discuss the generalities, get some principles and get some agreement about moving forward but unfortunately we have not been able to have that meeting. But I am hoping we can have that meeting next week and start moving forwards now.

Deputy J.A. Hilton:

Just one further question. Why do you believe it took you a little longer than you had hoped?

Director of System Redesign and Delivery:

A number of reasons. I was unwell for a while and could not physically speak, so it is very difficult to have a meeting if you cannot actually speak. I wanted to make sure I had got the most up-to-date and most accurate information rather than going back with something that was half finished. I had to have a number of discussions with a number of people to make sure that we were all comfortable that the information was indeed the information that Silkworth Lodge had asked for but also that it would meet their needs and form a good

bedrock for us to move forward. As I say, I believe that there is a lot of common ground between us and I do want to make sure that we can develop those relationships on a really positive basis going forward. They are valuable and I would really like them to be involved as we take the outline of the business case and the White Paper through into the detailed planning. They are a key partner and we want to continue working with them going forwards.

Deputy J.A. Hilton:

I think you have mentioned previously that some people who are referred to Silkworth Lodge decline to take up the offer of going to Silkworth Lodge for various different reasons and some are declined by Silkworth Lodge as well. There has been spare bed capacity, from the figures that you have given us and the information that you have given us this morning. Do you think that going forward there is any possibility that Silkworth Lodge could possibly offer an additional service to what they do to use up that spare capacity as far as the money goes? Is that possible or is their service so specialised that there is always going to be big gaps as far as bed occupation is concerned?

The Minister for Health and Social Services:

I would have thought that is a question that you would have to pose to Silkworth Lodge.

Deputy J.A. Hilton:

I asked the question because I did not know whether maybe Drug and Alcohol had considered whether there were any services that Silkworth could provide, whether you have had any discussion with them in addition to what they do or whether it is so specialised it ...

Director of Drug and Alcohol Service:

No. We have a leaflet from Silkworth Lodge that describes the services that they provide, which is abstinence-based and that suits a certain group of clients, but I do not know what other services they provide or can provide.

Chief Executive, Health and Social Services:

I think part of working up the outline business case into the full business case will allow us to put more detail into place about the types of services and where they should be. I see no reason why that should not involve opportunities for Silkworth Lodge and we would want to talk to them about that but essentially it does come back to, as I think colleagues from Silkworth Lodge would agree, we need to understand together the nature of the population in the Island and what their needs are and who is best placed to meet those needs and how then the money can flow round the system to ensure that happens. I think it does come back to, and I think it has been alluded to a number of times already in this hearing, good communication and having a way of interacting regularly and open dialogue, and that is what we want to put in place.

Director of Adult Services:

Certainly from a strategic point of view it would have been my hope that in getting information that we start looking at some of those broader issues. That is about, as I said earlier, maximising the use of the resources we have available to us and seeking whether or not a specific service remains specialist in one area or whether there are opportunities. I would still hope that we can get back round the table to be exploring those things. In particular around the theme of alcohol and drug misuse across the piece there are a range of services and individuals that we would want to be bringing together to be exploring those things.

The Deputy of St. Peter:

As we talk about opportunities, one area of concern was the dealings regarding Roseneath when the Nemo Trust was disbanded. Could you elaborate a little and tell us about Health and Social Services' involvement in this process?

Assistant Minister for Health and Social Services:

I think that is where I became involved. I can recall Roy Le Hérissier, who I believe at the time was on the Nemo Trust, sending me an email saying: "Is Health going to get involved in this because there is an opportunity?" I had

not been to Roseneath, knew nothing of it at that time, and I then asked to be shown around by a lady member of the Nemo Trust who invited myself, Chris and the other Assistant Minister for Health and Social Services, Judy Martin, to go down and view the premises, which we did do at that time with her. It clearly offered some opportunities for Health and Social Services in the wider regard and particularly at that time, certainly from my perspective and that of the other Assistant Minister for Health and Social Services, looking at care leavers and vulnerable young adults where there is a definite and demonstrable need to refine and improve the services that we are currently offering. There was a great opportunity there for Health and Social Services to get those properties, which is numbers 6 and 7 Springfield Crescent, into Health and Social Services use because it offers a number of alternatives to release some other potentially redundant facilities that we had. As we moved on through that, our relationship then transferred through to Property Holdings who then became the negotiators on behalf of the purchaser, the purchaser being Health and Social Services in this particular case. It was then a matter for the Nemo Trust who was the vendor to decide whom they wished to sell to. There may have been one or more other potential purchasers out there but it was Nemo Trust who advised their lawyers who they wished to transact with us and as it happened it was Health and Social Services.

The Deputy of St. Peter:

Could you just elaborate on the timeline? What time period are you talking about there, please?

Assistant Minister for Health and Social Services:

We are talking the early part of this year. I cannot give you exact dates because I have not tracked back in that detail. I was not expecting that line of detailed questioning.

Director of Adult Services:

Could I just make what I think is an important point here. The Nemo Trust had invited tenders originally for this. At that point Health and Social Services had not put in a tender and it was right at the eleventh hour that they approached

it in terms of an understanding that the circumstances had changed, because originally there was talk about requiring a tender on a purchase value as opposed to just the value of what would have been the outstanding debts of the organisation. It was at that point, having been invited in there, that information was shared with them in terms of some of the vision and the options that we would be looking at that then allowed the Nemo Trust to consider which option they would prefer to go with.

Chief Executive, Health and Social Services:

We had been working for some time within the department and with other relevant organisations and we were trying to invite as many organisations as possible into that debate to look at how we could enhance the provision for particularly vulnerable young people and particularly the St. Marks facility but also more broadly homeless people and homeless people who may have issues with substance misuse. I was approached before Christmas by the Chairman of Silkworth Lodge who wanted to come and brief me. Chris and I met with him and with his Chief Executive about their interest in the property and their plans for what they might do with it, which I thought sounded very interesting and very laudable plans. I also made the point that we were, within the department, also considering options around the property. Obviously as States departments sometimes those things take a little bit of time because business cases have to be prepared and money has to be found, and that was not proceeding particularly quickly but I did feel it was only right that that should be on the table. I then had an exchange of correspondence with the Chairman from Silkworth Lodge where he was very anxious to point out that they did not wish to be in any sort of competition with the department, and I can fully understand his perspective on that. However, I did, in responding to that, urge them to continue with their interest because I think from the point of view of enhancing services to the population of the Island whoever acquired the property would be doing things that would be of benefit to elements of the population of the Island. Equally it was probably only fair to the Nemo Trust that they had options. Thereafter there was a further communication from the Chairman of Silkworth Lodge in February to say that they were going to progress and make a formal offer. At that point we had not specifically

decided. I certainly was not aware that we were taking forward a specific proposal but then we did get the approach from the Nemo Trust and proceeded on that basis.

Deputy J.A. Hilton:

Did the approach from the Nemo Trust happen after February, after you became aware that Silkworth Lodge were ...

Director of Adult Services:

What is always tricky in these things is there is always an evolution that occurs. I was involved in the work that was undertaken when the Nemo Trust announced that Roseneath was due to close. So I led in terms of the closure policy and the support we put into place around individual people to rehouse people. It was officers within my service that did the key work around that. What happened along the way was that you end up having conversations with people about opportunities and such like and so an emerging theme was coming along that talked about some of the reasons why Roseneath found itself in a difficult place in the first place and ended up having to take the decision to close but then some of the other broader opportunities and sharing some of the development work and in particular around how we might respond in the future to effecting better services around care leavers and young adults who find themselves homeless. There were some emerging themes. It was more of an evolution that led to the point within the Nemo Trust, a recognition that there was another option here as well. It was talked up and then it was following discussions that we were asked to meet with them and formalise what the proposal might be and John and I met with representatives from the Nemo Trust.

Deputy J.A. Hilton:

So what you are saying is it was the Nemo Trust who preferred your option for ...

Assistant Minister for Health and Social Services:

That is a matter for them, I think. That would be the correct assumption, I believe, but that is a matter for them.

Deputy J.A. Hilton:

They wanted to take the option that you had presented to them rather than anyone else that had presented?

Assistant Minister for Health and Social Services:

One can only assume that.

The Minister for Health and Social Services:

That is something you would have to take up with them.

Chief Executive, Health and Social Services:

Could I make one further point, because I think it is important. We did discuss this when I met with Chris and with the Chairman and Chief Executive of Silkworth Lodge just before Christmas. We were anxious to try to work with a number of interested parties to see, if we all put our ambitions on the table and we looked at what accommodation and buildings were available to us and what our resources were, whether we could not have found a strategic solution that would have allowed everybody to take forward their ambitions. I did offer that opportunity to Silkworth Lodge and was hopeful that they would be interested in taking that up but I do not believe that they did.

The Deputy of St. Peter:

Were Silkworth Lodge wanting to provide an abstinence-based service at Roseneath or what?

Chief Executive, Health and Social Services:

I am not entirely sure what their proposition was. I think it was more to do with people who were post rehabilitation who were getting on with their lives but were having some difficulties in terms of having a residential base in order to help with the gaining of employment, et cetera. So I think it was more their follow-up work than their actual rehabilitation work.

The Deputy of St. Peter:

I see, yes. Some people would suggest that it was perhaps your offering is a cheap option and that is purely why it is more palatable. Would you see it like that?

The Minister for Health and Social Services:

I would not say that it is a cheap option. It is the States of Jersey that have acquired it and, as John said, we are looking at vulnerable young adults and care leavers so hopefully it will all work out because my aim is to close St. Marks hopefully.

[11:00]

There was a covenant on 7 anyhow and the covenant on 7 stays and there is a covenant put on 6 as well, which was not there before, so now there is a covenant on both of them.

The Deputy of St. Peter:

What do those covenants ...

The Minister for Health and Social Services:

I cannot remember the exact words but it should be used for vulnerable homeless adults. Is that right? I cannot remember the exact words.

Director of Adult Services:

It guarantees the long-term use of both facilities for vulnerable adults who find themselves homeless.

The Deputy of St. Peter:

That is now being operated by the Shelter Trust on your behalf. Is that right?

The Minister for Health and Social Services:

No.

Director of Adult Services:

No. At the moment it is still vacant and we are in discussion with the Shelter Trust about what is a very exciting opportunity to improve opportunities and services to adults over 25 but significantly to look at greatly improving the resources we have available to care leavers and young adults who find themselves homeless from 16 plus to 25. We are right at the early stages of that dialogue because, of course, we could not do anything until we knew we were in a place where there was a decision that said that the Nemo Trust chose the option that we presented and then, secondly to that, that we had approval through the Treasury to pursue that. We are now in a place where that has happened and we have a small working party that has started now that includes representatives from the Shelter Trust actively involved in the development of that plan. I am waiting on the delivery of an implementation plan now.

Assistant Minister for Health and Social Services:

If I could just add a little more. It may help if I add a bit more context. The public of Jersey have had a long interest in Roseneath, such that number 7, the original one with a covenant, was bought from the States of Jersey by the Nemo Trust for £10. So the people of Jersey have had a long-term interest in that and it is not unusual for the States to have interests in other organisations. In fact, in West Park Avenue there is a property which Silkworth have on a similar arrangement. They do not have ownership. They have usufruct, which effectively is ownership as well. So there is a commitment from the public of Jersey generally in supporting these third sector organisations.

The Deputy of St. Peter:

Are you still in a position, given the working party that has been described, to work with other organisations to provide services from the Roseneath properties?

The Minister for Health and Social Services:

As far as I am concerned, yes. As Chris has said, you have got a working party, everything is still in the pot.

Director of Adult Services:

Yes. We are at the very early stages of our development around that and the emphasis on this is improving services for people who find themselves homeless.

The Minister for Health and Social Services:

From my personal point of view, I would like to point out that I am concerned for our vulnerable young adults that suitable accommodation is given for them. As we know, that number unfortunately is increasing. So that is what I would like at the end however it pans out, because we know St. Marks needs a bit of tender loving care to it.

The Deputy of St. Peter:

Thank you. Can we talk a little about the third sector co-ordinator who is about to be appointed, I think. I am not quite sure what the position is with that. How do you see that role connecting? Do you see that as a co-ordinator between yourselves and all of the third sector, to get involved in commissioning and advocacy, resolving issues?

The Minister for Health and Social Services:

I think the role was identified last year. As I said, some money was found by the Minister for Treasury. I think we all had identified that the third sector wished to be more co-ordinated and that came on the back of - this is going back 18 months, 2 years - the Children and Young Person's Plan that it was difficult because there are so many third sector organisations. I think I attended a third sector last year where they themselves identified this need and the Minister for Treasury said: "Yes, I will find some money." I am not sure if the money has gone to them yet but it is waiting for that appointment. It is not a Health and Social Services appointment or a States of Jersey appointment. It is done through the third sector themselves.

Director of System Redesign and Delivery:

Can I add a little bit of detail on that? My understanding is that this coordinator post is going to be either an executive officer or a chief executive officer looking, as the Minister said, across the third sector not just for Health and Social Services. It is quite closely tied with the Third Sector Forum which the Minister mentioned earlier on, which I sit on as a non-voting member. I think what is important is that we ensure we can continue working with the third sector in its widest sense. We engaged people as we developed the plans in the White Paper. As I said earlier on, we want to continue to engage the third sector as we work up the detailed plans. We are aware that the White Paper presents a number of opportunities for third sector organisations should they wish to take advantage of those opportunities working with us but it can also be quite a tricky time for people in understanding what does that really mean, exactly what is our role going to be, exactly what are we going to be asked to do and when and how and why. I understand that that can be quite challenging for some people because we do not have that clarity just yet. We have got a secondee at the moment from the Chief Minister's Department who is working with me and her role is to look at engagement and communications, including with the third sector. Indeed, she has started already going and asking certain third sector organisations what they will need from us as Health and Social Services going forward so that we can develop the relationships, so that we can have those clear communications and so that we can help the third sector organisations who want to work with us and take advantage of opportunities in the White Paper to do that in a way that is perhaps more clear. So, rather than me saying: "I think the third sector needs this going forward", we are asking the third sector: "What do you need?" so that we have that clarity and we can start to take that forwards with them. The executive officer will be a key appointment in that because we will need to work with that person to understand what the third sector needs, to understand how we can work better going forward, because this is about care for Islanders and it is about us developing good care and good partnerships into the future.

The Deputy of St. Peter:

And making sure there is no duplication of services, because sometimes there is a certain overlap in the services provided in the third sector.

The Minister for Health and Social Services:

That is an important point which was brought up by a third sector organisation. I have chaired I think it is 2 meetings with all the third sector that wished to be there. There was a bit of saying where we are and I think Rachel has done a couple of presentations on where we are with the results of the Green Paper, where we are with the White Paper, and also allowed the chair before the forum to say his bit as part of the forum where they are. It is a way of giving information to the rest of the third sector. I think one of the members of the third sector made a point that it would be good to have a show and tell with us because there are some third sector organisations that do not realise what other third sector organisations are doing. If we can have that kind of evening then that has to be a good thing.

The Deputy of St. Peter:

Are you aware of any potential nervousness among the third sector regarding being put into competition almost with other providers, looking at what you are trying to achieve and thinking: "That is quite similar to what we do so is it going to be us who get the money or is it going to be them"?

The Minister for Health and Social Services:

I can understand that. It is a big change at Health and Social Services and how we deliver care to Islanders. That is why it is so important to continue to communicate with each other. It is a wonderful opportunity for that third sector to come on board and say: "This is what we would like to do. How can we do it?" It has got to be a 2-way partnership.

Director of System Redesign and Delivery:

Some third sector organisations are already talking with one another about the opportunities and about how they can work better together going forwards to take advantage of these opportunities, and that is fantastic that those communications are starting to happen. We are on a journey, we are entering

into a period of change, and I think as long as we can keep communicating, keep talking and help as much as we can do going forwards with that clarity hopefully the path might be a little smoother.

The Minister for Health and Social Services:

This is a very big change as we go forward. Health and Social Services cannot provide it all and that is why working with our third sector is so important.

The Deputy of St. Peter:

Thank you. Just to wrap up, I think, what lessons do you feel have been learned in the last week or so, Minister, from this episode?

The Minister for Health and Social Services:

Personally?

The Deputy of St. Peter:

Yes.

The Minister for Health and Social Services:

I would like to say how difficult it is to get 6 around a table and I like to think that is what we need to do. I have worked in the third sector all my working life as a professional and I know what the third sector does, as well as setting up some third sector organisations, and communication is so vital and should never be stopped.

The Deputy of St. Peter:

Given the number of different third sector organisations that your department has to deal with, do you feel that it is practical that you yourself are able to take such a role and be so on hand?

The Minister for Health and Social Services:

I think with Rachel with her commissioning role and with the secondment it is improving and it is going the right way. I must admit at the quarterly meetings

of any third sector organisations that we deal with it is not just Health and Social Services or me saying: "We will do this, this and that." It is very much a joint meeting where we allow the chair of the forum to say: "This has been happening now."

Assistant Minister for Health and Social Services:

Can I just add one last thing there. I think it is fair to point out that with regard to the Minister's objectives for the third sector, there is the political objective and therefore has a lead role in encouraging the management and staff. To take on all those negotiations is not something that we would normally, as Minister and Assistant Ministers, get involved in but we would lead it and expect our officers to carry out the work on our behalf.

Deputy J.A. Hilton:

Can I ask a general question about the department's policy with regard to drug addiction and the methadone programme. During a previous scrutiny hearing we were told of people using methadone for a period of 14 years. I do not know enough about the methadone programme or the outcomes and everything else but would that be normal that somebody would be addicted to methadone for 14 years?

Director of Drug and Alcohol Service:

It would be highly unusual. The majority of our methadone clients are on the programme between 3 months and a year. People need different periods of time to stabilise their lives, to stop using street drugs, to stop reoffending. That is the aim of the methadone programme. It is a harm reduction programme and while they are on the programme they are weaned off gradually. Some people take longer than others but not 14 years.

Deputy J.A. Hilton:

When I was told this I thought at what point does the Drug and Alcohol Service turn round to its clients and say: "You have been on methadone too long. You have chosen not to engage with, say, Silkworth Lodge", that you would get a little bit more robust in the way that you deal with those people?

Director of Drug and Alcohol Service:

We are a reducing programme. We are not a maintenance programme. We try to encourage people to come off their methadone and some people are quite happy to stay on methadone because it keeps them stable, keeps them in employment, it keeps them in their relationships and it stops them from being arrested. For those people there is a risk that if you take them off too quickly they may relapse or they may have an overdose. So, as I said, it is a harm reduction programme working towards abstinence. We encourage abstinence but we need to minimise the harm and stabilise people before we can get them drug free.

Deputy J.A. Hilton:

On average you say they would be on the programme for up to maybe one year?

Director of Drug and Alcohol Service:

Up to a year. Between 3 months and a year.

Deputy J.A. Hilton:

Then hopefully they would be drug free?

Director of Drug and Alcohol Service:

Yes. There may be somebody who has been on it for 14 years but maybe they have been stable for 14 years and they have not offended and they have not contracted blood-borne viruses or lost their jobs, and I think that is an equally valid objective.

[11:15]

Director of Older People's Services:

It is worth going back again to the original scrutiny panel on drugs where the same question was asked. It was raised then about the methadone programme. It was quoted as saying: "The methadone programme is

expensive and ineffective and is simply substituting one addictive substance for another.” The response from both Home Affairs and Health and Social Services at that time was: “Only a very narrow view sees methadone as simply a replacement for heroin. Methadone is widely known by the drug user community and is effective in drawing users into treatment. It is in the best interests of the substance misusers to get them started on a treatment programme which recognises that some will fail but the methadone programme offers many advantages compared to the health risks associated with the misuse of opiates, such as needle sharing, unknown purity of drugs. It also has many advantages to the community at large, such as helping preventing individuals from committing crime in order to feed their illicit drug use. It is a fundamental principle of ‘harm reduction’ that even sporadic intervention is better than none at all.” I think you need to be clear, this is where different models and different approaches from abstinence and harm reduction sometimes do not always see eye to eye.

Deputy J.A. Hilton:

I just wanted to be assured that as far your experience is concerned you are not aware of somebody who has been addicted to methadone for that period of time or for several years.

Director of Drug and Alcohol Service:

As far as I am aware I am not aware, but I would not have any objection if somebody is on methadone for that length of period if they are stable. You know, Deputy, ultimately it is the patient’s choice. We can only offer treatment that meets the needs of the clients. If a client does not want to accept a particular form of treatment, say to come off their methadone, then they would stop coming to us, because we are a community-based service. It does not matter how brilliant our treatments are, if we do not offer the client what they need they would not come.

Deputy J.A. Hilton:

Thank you.

The Deputy of St. Peter:

Thank you. I think we have answered all of our questions and I thank you very much for attending this extra hearing today. I thank the members of the public for taking the time also to attend. I hope that this has helped everybody in understanding the process and we look forward to continuing our work with you and producing our report. I close the meeting. Before I do so, sorry, I should also pass on the apologies of Deputy Reed of St. Ouen who is unable to attend due to annual leave. Thank you.

[11:17]