

STATES OF JERSEY



DRAFT ANNUAL BUSINESS PLAN 2011 (P.99/2010): AMENDMENT

**Lodged au Greffe on 21st July 2010
by the Health, Social Security and Housing Scrutiny Panel**

STATES GREFFE

PAGE 2, PARAGRAPH (a) –

After the words “withdrawn from the consolidated fund in 2011” insert the words –

“except that the net revenue expenditure of the Health and Social Services Department shall be increased by £110,000 in order to prevent job cuts at the Child and Adolescent Mental Health Service and the Alcohol and Drug Service and not proceed with the Comprehensive Spending Review proposals on page 62 of the Plan HSS-S9 and HSS-S11 (‘remove vacant counsellor post’ and ‘remove vacant CAMHS post’) and the net revenue expenditure of the Treasury and Resources Department shall be decreased by the same amount by reducing the allocation for restructuring costs.”

HEALTH, SOCIAL SECURITY AND HOUSING SCRUTINY PANEL

REPORT

It is the view of this Scrutiny Panel that proposals HSS-S9¹ and HSS-S11², put forward by the Health and Social Services Department as part of its savings plan for the Comprehensive Spending Review (CSR), will seriously impair the Department's ability to provide assistance to some of the Island's most vulnerable residents.

This view is based on evidence gathered during the recent HSSH Sub-Panel Review of the Co-ordination of Services for Vulnerable Children. During the course of this review, the Sub-Panel was made aware of a serious staff shortage at the Child and Adolescent Mental Health Service (CAMHS), from which one FTE, equivalent to £55,000, will be cut if proposal HSS-S11 is adopted.

Consider the following excerpt from the Sub-Panel's report (S.R.6/2009) –

“The CAMHS team is the most important mental health resource for the Island's children and young people and yet it is limping along at half capacity, barely able to meet the demands of critical cases, let alone indulge in the luxury of extensive joined-up working with other agencies. Dr Williams told us that statistically Jersey's population would see an annual incidence of around 1,600 children and young people experiencing some form of serious psychological disturbance, and yet only a quarter of them can be looked after by CAMHS:

‘We can look after 400 children a year, which means that 1,200 children at some degree are not getting access to the kind of help they need. Which is why... and I do not think we will ever have enough because nobody is going to buy enough, but the Royal College of Psychiatry, Young Minds, Kathie Bull, say for example, said there should be two psychiatrists working in Jersey, we have got one; it says there should be four clinical psychologists, we have got two. It says we should have family therapists; we should have specialist cognitive therapists. We have got John, but he is on his own.’³”

In the light of this information, how is it possible for the States to approve a proposal that would remove further staff from the CAMH Service? This Panel is concerned that the wording of HSS-S11, which refers to the removal of a ‘vacant post’, creates a misleading impression that the post is surplus to requirements. Based on the evidence the Panel has received, we believe that this would be a dangerous and potentially damaging assumption at a time when the service quite clearly requires more, not fewer, staff. The post in question is that of ‘team leader’, with a job description as follows –

“to provide leadership for the multi-disciplinary team as well as carrying a caseload of children or young people with mental health problems.”⁴

In other words, this is vital and time-consuming work.

¹ Remove vacant counsellor post

² Remove vacant CAMHS post

³ Transcript of Public Hearing with Dr. B. Williams, Consultant Clinical Psychologist at CAMHS

⁴ H&SS Department's response to a written question from the HSSH Panel concerning the Department's CSR proposals

However, no-one was ever recruited to the post – which the Health and Social Services Department attributes to the fact that the Children’s Directorate recommended by Williamson was never established – leaving the Consultant Psychiatrist to take on the workload instead. Surely, this is an unacceptable state of affairs. Has it not been made clear enough that the CAMH Service is already massively overburdened with work and that all reports into the subject have recommended that more manpower should be made available? And yet what will happen if this proposal is approved? The complete reverse of those recommendations. The Consultant Psychiatrist will be forced to continue with an extraneous workload at a time when there is an urgent need for CAMHS staff to be afforded every available moment to tackle what is already an extremely challenging situation.

The other service that would be affected by the proposals targeted in this Amendment is the Alcohol and Drug Service (ADS). The removal of the £55,000 allocation for the post of counsellor from the ADS (as proposed in HSS-S9) would, in the Department’s words –

*“have the effect of not being able to provide the current range of services rather than increasing the waiting time”.*⁵

This is an outcome that would, in the view of this Panel, have serious and far-reaching repercussions. Consider, for example, the effect of cutting some of the ‘range of services’ mentioned above, such as the ongoing counselling support for clients who have received detoxification treatment. The cessation of this service would inevitably result in an increase in the number of clients relapsing and re-entering treatment, which would have the knock-on effect of creating extra demand for treatment services and, ultimately, increasing waiting times for those services.

Another of the services that would be cut as a result of this proposal would be the drug awareness programme that accommodates the cases of young people who have been referred to ADS by the Centeniers as an alternative to prosecution. This early intervention work, which is vitally important in keeping young people out of the criminal justice system (thereby preventing them from needlessly acquiring a criminal record, and also alleviating the burden on the Courts), would be lost if the post were to be cut. Add to that the additional loss of the support service for relatives of those with drug and alcohol problems (up to 30 relatives received counselling, support and information through this service in 2009), and the extent of the repercussions of cutting this post become abundantly clear.

Perhaps most importantly of all, though, the question Members need to ask themselves is this: can we really afford not to fill a vacant post at ADS at a time when the 2009/10 Annual Report of the Medical Officer of Health leads with the headline statement “alcohol again – tackling it has never been so important”⁶? Surely, any cut to the ADS, even in the current economic climate, would seem particularly hard to justify. The Medical Officer’s report goes on to explain that “it has long been recognised that Jersey has a drink problem: Jersey consumption per capita is one of the highest in Europe”⁷, and that 73% of evening street violence arrests and 60% of domestic

⁵ H&SS Department’s response to a written question from the HSSH Panel concerning the Department’s CSR proposals

⁶ *Our Island, Our Health 2009/10*, Annual Report of the Medical Officer for Health, p.10

⁷ *Our Island, Our Health 2009/10*, Annual Report of the Medical Officer for Health, p.64

violence arrests involve alcohol – all of which leads the Medical Officer of Health to ask what can be done to tackle this “old and ongoing problem”⁸.

Surely, an obvious answer to this would be for the States to do more, not less, to assist services such as ADS. In fact, it is clear from the following comment made by the Health and Social Services Department in May 2010 that demands on the ADS have actually increased in recent years –

“The average waiting times have remained at 2-3 weeks since 2004 even though numbers of referrals have continued to rise in the last two years.”⁹

Surely, then, this reduction in available services, combined with the increase in demand for those services, will result in the ADS becoming even less able to serve the community, and at the worst possible time – as the Island’s long-standing “drink problem” continues to get steadily worse.

Financial and manpower implications

The financial implications are self-explanatory: namely that this amendment would increase overall States spending in 2011 by £110,000. There are no additional manpower implications but current posts would be preserved.

Re-issue Note

This Amendment is re-issued because the lodging Panel wanted to make some changes to the wording of the Amendment and its accompanying Report.

⁸ *Our Island, Our Health 2009/10*, Annual Report of the Medical Officer for Health, p.64

⁹ Departmental response to the Panel’s recent follow-up questions regarding recommendations made in S.R.1/2004