

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES
BY DEPUTY G.P. SOUTHERN OF ST. HELIER
ANSWER TO BE TABLED ON TUESDAY 9th OCTOBER 2018**

Question

Will the Minister state –

- (a) what additions have been made to the budget for mental health services for the use of bank or agency nurses and temporary locum staff in 2017 to 2018;
- (b) what lengths of contract are put in place with such staff to ensure continuity within the services delivered;
- (c) whether the Ambitions for 2017 and the Data Quality Improvement Plan (contained in the ‘Mental Health Quality Report 2017’) have been achieved; and
- (d) what specific measures, if any, he has in place in respect of mental health services to respond to items (vii) and (viii) of the ten fundamental failings of the care system, as listed on page 52 of the report of the Independent Jersey Care Inquiry (R.59/2017), regarding staff recruitment, retention and development?

Answer

- a) There have been no additions to the budget in 2017/18 for the use of bank or agency nurses and temporary locum staff.
- b) The length of an agency contract is specified according to service need with a defined end date. Generally bank contracts are issued on a zero hour permanent basis which allows flexibility and deployment of staff according to service need. This can be on a short-term basis as well as on a longer-term basis to cover vacancies and long-term periods of sickness/absence. Individuals can exercise choice by working on the bank as well as choosing to apply for posts which are vacant.
- c) The following ambitions were identified within the Mental Health Quality Report 2017:
 - i) Population-based indicator: ***By 2018, 70% of respondents know where to find information about local services***

In 2017 the proportion of people who said they knew where to find local information on Mental Health was 46%; this is slightly down from the response of the previous year.
 - ii) Prevention & early intervention: ***By 2018, 75% of people referred to the JTT Service begin treatment within 6 weeks***

A new information system has been introduced and staff are now working to extract the data in order to accurately report activity against this indicator. In 2017 the service received 1,861 referrals. The number of clients discharged as having completed treatment in 2017 was 380, up from 123 the previous year.
 - iii) Service access, care co-ordination, and continuity of care:
 - a. ***By 2018, 95% of referrals will meet set waiting times (CAMHS)***

Overall 60% of referrals in 2017 were seen within agreed waiting times

b. By 2018, 95% of referrals will meet set waiting times (Adults)

In 2017, 45% of clients were seen within the target timescale

iv) Social Inclusion & Recovery: % of school days lost to exclusion - Re-establish a baseline for 2017

The % of school days lost in 2017 was 0.056% - an increase compared to 2016

v) Quality Improvement Leadership & innovation:

a. Staff satisfaction: *Maintain the baseline (90%)*

There is no new data beyond the 2017 report

b. Reduce sickness: *By 2018, reduce sickness and absence rate to below 4% for the mental health workforce*

Sickness and absence rates for the mental health workforce were below 5% during each quarter of 2017. The annual sickness rate for the mental health workforce is 4.5%

c. % of whole time equivalent mental health staff posts that are vacant: *By 2018 establish a baseline according to professional group*

Vacancy rates across the Mental Health workforce decreased compared to 2016. The vacancy rate for 2017 was 21%.

Work has continued to improve data quality in line with the Data Quality Improvement Plan. During 2017, a number of workshops were held with key stakeholders to capture a more accurate picture of the Jersey Mental Health system which is continually reviewed throughout the year. New indicators were identified and are now in development.

d) The government response to the Care Inquiry was lodged with the States Assembly in October 2017 (link below). The response includes 43 projects that make up a comprehensive programme of work. Currently, all projects have been started with 11 projects completed. The Director General of Policy, Performance and Population provides governance and oversight via a programme board that meets every two weeks.

<https://www.gov.je/government/departments/homeaffairs/respondingtoindependentjerseycareinquiry/Pages/home.aspx>

The Children in Jersey Review Panel has provided public scrutiny of the Care Inquiry response to date. The legacy report presented to the States on the 23rd April 2018 provides a clear overview of progress made to date.

<https://statesassembly.gov.je/scrutinyreports/2018/care%20of%20children%20in%20jersey%20review%20panel%20-%20legacy%20report%20-%2023%20april%202018.pdf>

The publication of the Council of Ministers' Common Strategic Policy Statement gives a very clear indication of how the government is learning the lessons identified by the Care Inquiry. The link to the Policy Statement and the agreed priorities is here.

<https://www.gov.je/sitecollectiondocuments/government%20and%20administration/r%20common%20strategic%20policy%20summary%20english%2020181003.pdf>