



STATES OF JERSEY

Health, Social Security and Housing Scrutiny

Panel

THURSDAY, 30th JANUARY 2014

Panel:

Deputy J.A. Hilton of St. Helier (Chairman)

Deputy J.G. Reed of St. Ouen

Witnesses:

The Minister for Health and Social Services

Connétable J.M. Refault of St. Peter

Deputy J.A. Martin of St. Helier

Chief Executive Officer

Managing Director, Community and Social Services

Deputy Director Commissioning

Deputy Director Commissioning, Vulnerable Adults

[10:30]

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Deputy J.A. Hilton of St. Helier (Chairman):

I will start by offering apologies on behalf of our chair, the Deputy of St. Peter, who sadly cannot be with us today. I am Deputy Jackie Hilton, vice chair of the panel.

The Minister for Health and Social Services:

Can I just mention, you know that I have to go to the planning panel afterwards straight away? So I apologise if I quickly scoot.

Deputy J.A. Hilton:

Yes, but I understand your team are remaining behind. Okay, that is lovely, thank you. The first question that I would like to ask you is about serious case reviews. Could you tell us how many serious case reviews are being actioned at the current time?

The Minister for Health and Social Services:

As you know, serious case reviews come under the auspices of the independent chair and the Children's Safeguarding Board and now the Adult Safeguarding Board, which started work last year. So far, to date, one serious case review has been completed.

The Deputy of St. Ouen:

Out of how many? How many are active, sorry?

The Minister for Health and Social Services:

How many are active at this present moment in time? As I understand it, there are 4 active.

Deputy J.A. Hilton:

Including the one that has just been completed?

The Minister for Health and Social Services:

No, the one completed was completed last year.

Deputy J.A. Hilton:

Right. Was that report put into the public domain?

The Minister for Health and Social Services:

Yes.

Chief Executive Officer:

No, it was 2010.

The Minister for Health and Social Services:

2010 was it?

Chief Executive Officer:

I think so, yes. Time flies.

Deputy J.A. Hilton:

So it is 4 serious case reviews at the current time?

The Minister for Health and Social Services:

As I understand at the current time.

Deputy J.A. Hilton:

How is that split between children and adults?

The Minister for Health and Social Services:

There are 3 under children's safeguarding and there is one adult.

Deputy J.A. Hilton:

Okay. When are you expecting those reports to be completed?

The Minister for Health and Social Services:

As I understand from the independent chair, one by the end of the summer. Obviously, it will go through whatever process it needs to go with the independent chair and it will come to the children's policy group and/or the adult policy group.

Deputy J.A. Hilton:

Those reports will be put into the public domain?

The Minister for Health and Social Services:

That is not my decision, I understand. That is the decision of the independent chair.

The Deputy of St. Ouen:

Following the completed serious case review, what actions have been taken to address the matters raised?

The Minister for Health and Social Services:

From the last one in 2010, there was an action implementation plan put into place and those issues were addressed at the time and followed up.

The Deputy of St. Ouen:

How confident are you that, indeed, those issues have been addressed?

The Minister for Health and Social Services:

I am very confident because we still get feedback as to the importance of having a children's policy group, as you know as a founding member of that. That is important that we keep those actions up into place but also looking forward to ways of improving the service. On the serious case reviews, it is always learning. At every case review there is always some learning, otherwise you would not need a serious case review. It is how that learning is put into place, into the services. It is multi-agency. It is not just within Health and Social Services. There might be issues within Home Affairs or the education sector.

The Deputy of St. Ouen:

So how are the outcomes measured and monitored?

The Minister for Health and Social Services:

As I said, all those ways of improving the service and lessons learnt are put into the service improvement plan.

The Deputy of St. Ouen:

But how are they reported to you?

The Minister for Health and Social Services:

The quarterly service improvement plan that we have for the children's policy group.

The Deputy of St. Ouen:

The children's policy group are provided with clear outcomes so that you can be confident that action has been taken and improvements made?

The Minister for Health and Social Services:

The service improvement plan, as you know because we have talked about the plan a couple of times here, is all the recommendations from all the reports over the last years. I think initially it was 240-odd, is that right? Something like that were put in, so they were all sorted out and put into categories of what areas they were and put into a way of ... the outcomes from it and how it is measured and the timescale, et cetera.

The Deputy of St. Ouen:

I am aware of the work that has been undertaken. I am just saying for you to be confident that the action has been taken I wanted to know what information is provided to you and the children's policy group to confirm and provide you with that confidence.

The Minister for Health and Social Services:

Through the service improvement plan which comes ...

The Deputy of St. Ouen:

So simply an action plan and that satisfies your concerns?

The Minister for Health and Social Services:

Well, no, because it is more than that. You have copies of the service improvement so you can see it is very thorough and each section links back to which recommendation it was from and whether it is completed and if they have met the timescale; if not, the reasons why not.

The Deputy of St. Ouen:

It is one thing to have a piece of paper that says: "Yes, recommendation completed, signed off" but that is not the end of the story, surely?

Managing Director, Community and Social Services:

Just to add the serious case review sub-panel, which sits as part of the partnership safeguarding board, will look at all the recommendations from S.C.R.s (serious case reviews) and they will hold each agency to account for the delivery against those recommendations. Of course, the independent chair will then report, as the Minister says, into the C.P.G. (children's policy group). So there is also that triangulation via ...

The Deputy of St. Ouen:

So there is a robust reporting mechanism in place?

Managing Director, Community and Social Services:

Into the board, that is right.

Deputy J.A. Hilton:

Can I ask whether any of the serious case reviews into the children - you said there were 3 serious case reviews - were any of those individuals in the care of the Department of Health?

The Minister for Health and Social Services:

At the moment, I do not know if it would be appropriate to mention because ... unless, Richard, you have anything because you are part of it.

Managing Director, Community and Social Services:

Sure. In relation to the 3 cases that were serious case reviews, all 3 of them will have had engagement from Health and Social Services. By definition, one would expect that to be the case. I think you are asking specifically whether they were looked after children.

Deputy J.A. Hilton:

Were they looked after children?

Managing Director, Community and Social Services:

In one of the cases there would be arrangements whereby the child has at times been a looked after child but not ... sorry, 2 of the cases there would have been those arrangements.

Deputy J.A. Hilton:

Right, okay. Thank you. Can you also tell me whether you have any serious untoward incident cases? I understand that is a slightly lower level than serious case reviews. Have you got any of those in action at the moment?

Managing Director, Community and Social Services:

To be clear, a serious untoward incident is not necessarily a lower level. It is a different process.

Deputy J.A. Hilton:

It is an internal review, yes.

Managing Director, Community and Social Services:

It is a process within Health and Social Services. So we have a panel which the Chief Executive is the chair of.

Chief Executive Officer:

Yes. We have a case which relates to one of the serious case reviews where we are also conducting a sudden untoward incident review within the department.

Deputy J.A. Hilton:

There is just one at the moment?

Chief Executive Officer:

There is one at the moment and there is one about to be commissioned.

Deputy J.A. Hilton:

Okay. Does that involve a child or an adult in the care of the Department of Health?

Chief Executive Officer:

I think they both involve children who were known to our services, yes.

The Deputy of St. Ouen:

On average, how many serious untoward incident reviews do you as a department undertake per annum?

Chief Executive Officer:

I do not have those figures with me but I am happy to provide them to you.

The Deputy of St. Ouen:

Right. Minister, are you concerned that currently there are 4 active serious case reviews being conducted?

The Minister for Health and Social Services:

Am I concerned? I think doing a serious case review, if the safeguarding board have looked at it and realised that a serious case review needs to be done, then I think it is a good thing because lessons need to be learned. It also shows that as a multi-agency we put safeguarding both children and adults high up on the agenda and different professionals are bringing forward their concerns.

The Deputy of St. Ouen:

I appreciate you say that lessons should be learned, but obviously we have been made aware in the media of a number of tragic events that have happened in recent times. One cannot help feeling that if actions had been taken sooner perhaps these tragic events would not have happened.

The Minister for Health and Social Services:

Hindsight is always a good thing. That is why it is important that these serious case reviews, if they are appropriate and meet the thresholds set down by the independent chair and the safeguarding board, are done. With the best will in the world, however hard we try, we cannot ... what is the word I am looking for? We cannot put things in place that will meet every eventuality.

The Deputy of St. Ouen:

With regard to action, much discussion has taken place over the last couple of years with regard to green papers and white papers on the health service that we need to develop and be far more proactive, as individual departments, in addressing some of the concerns before they reach crisis level. How successful do you think the department has been in developing and improving those early intervention services?

The Minister for Health and Social Services:

Are you talking about early intervention for children or talking about safeguarding interventions?

The Deputy of St. Ouen:

Well, we are talking in particular about the tragic events of recent times and the serious case reviews. You say lessons should be learned. I presume one of the lessons may be - I know you cannot second guess a review - that earlier intervention and support would have avoided perhaps a particular event taking place.

The Minister for Health and Social Services:

That might be the case and that is why it is important to have the serious case reviews. I think the one that is due to come out is going back quite a few years, too. We need to make sure that wherever possible we all learn from these to prevent it from happening again if possible.

The Deputy of St. Ouen:

One final question on this. Forget about what the serious case review may or may not say. What is your department telling you with regard to addressing some of the issues that we all know exist? Are they suggesting that you need to be quicker in developing the early intervention services? Are

they saying: “We are doing what we can. We cannot do anything further”? What information is being presented?

The Minister for Health and Social Services:

You can always do more and take as much of the risk as we possibly can. Nobody can take all the risk away because you do not know what the next phone call will bring in. We cannot legislate what happens in people’s houses. You cannot know what children or young people will do tomorrow. But we can hopefully put services in place and that is why it is important about the white paper because quite a few of the interventions are going into child as well as public health, raising the awareness so people understand themselves, too.

The Deputy of St. Ouen:

Are you happy with progress to date in the area of developing early intervention programmes or extending early intervention programmes?

The Minister for Health and Social Services:

Yes, with the white paper.

Chief Executive Officer:

Yes. I think there are a couple of things we could perhaps mention, depending on how much time the panel has. Obviously, Derek would be very happy to give you some updates, or perhaps it is Andrew on this one, on where we have been with early intervention. It was one of the areas that we highlighted, as I know you are aware from the white paper. It is one of the early business cases and there has been some investment in services last year. I think in terms of trying to react quickly, perhaps a good example of that is the very speedy action I think our Public Health Department took in terms of legal highs and bringing forward further legislation. Where we can take prompt and quick action we will do so. Where it needs time to develop a service, obviously we are trying to prioritise those through the work that our commissioning team are doing.

Deputy J.A. Hilton:

You must have been very concerned about the level of drug taking in the Island, especially with young people and legal highs. Can you just remind us how the department addressed that and what your future plans are going to be?

The Minister for Health and Social Services:

Obviously, we were very concerned and I want to keep it quite generic. That is why I think, as Julie says, the importance of reacting quickly with some of what we call now psychoactive drugs, and I think that is a very good distinction to make. We need to make that across because “legal

drugs” sounds: “Oh, that is good” but by calling them psychoactive drugs it is realised that these drugs are very toxic and can do a lot of damage to young minds and young bodies.

Deputy J.A. Hilton:

What action has been taken by the department in conjunction with Education to get that message out to young people?

[10:45]

The Minister for Health and Social Services:

A great deal of work. It is all about making that particular legal drug illegal. That was very swift. I think it is the quickest time that anything has been done. So it enables customs, et cetera, to do their bit. The parenting guide came out very quickly, but also the multi-agency work that happened over Christmas and New Year has been exemplary and has been very resourced there for the young people, and they had a strategic group led by Richard. I would like to take this opportunity of thanking all agencies because there were some vulnerable young people around.

The Deputy of St. Ouen:

Has the level of drug taking on the Island increased in recent years? I am speaking particularly with young people.

The Minister for Health and Social Services:

I do not have the actual incidence of it, but I would ... oh, Andrew can tell you.

Deputy Director Commissioning:

I used to work in the Public Health Department, but just to say that every 4 years there is a health-related behaviour questionnaire done for all of the children in years 6, 8 and 10. There are questions about all types of lifestyle issues. One of them is around alcohol and one is around drugs. What that survey shows us is that the trend in terms of illegal drugs is down and that the most frequently used drug - and this is going from data that was asked in 2010 - was cannabis. But we are talking very small numbers. I know that the Public Health Department is running that survey this year and has adapted its questions accordingly. So it is very timely in terms of getting an understanding of what the picture is because, as you know, the picture will change. So hold in your mind that in terms of illegal drugs it is very small numbers.

The Deputy of St. Ouen:

Are you simply relying on a self-assessment survey or do you collect other information through the drug and alcohol service on the incidence of drug and alcohol abuse on an annual basis?

Managing Director, Community and Social Services:

Can I just suggest all the agencies have been working together on this issue and it is the collation and triangulation of information from alcohol and drugs, the police, the customs, public health, which gives us a picture of what the real situation is. We must not miss out the good work that the media have done over this period in moving people's views that they were dealing with harmless legal highs, as the Minister says, to what are very harmful, illegal downers, in fact. That piece of work is being ...

The Deputy of St. Ouen:

Just to pick up on the first point that you made with regards the information shared with agencies, are you saying that that information confirms that self-assessment survey, which says that drug taking is reduced on the Island?

Managing Director, Community and Social Services:

I think it is a complex picture, the reality is, and the majority of young people are ... I think the general trend, Andrew ...

Deputy Director Commissioning:

General trend, yes.

Managing Director, Community and Social Services:

The general trend is a very positive picture. However, it is a very rapidly changing environment and the introduction of new psychoactive substances means all agencies have to be incredibly vigilant to how we deal and respond to new threats to young people.

The Deputy of St. Ouen:

I am not minimising the actions of making potentially legal highs illegal, but do you think that is sufficient action to take?

Managing Director, Community and Social Services:

No, it is not, and indeed one of the issues with revising the parents' guide and making sure that it coordinates advice to all parents at the start of this term was to ensure that parents can have a conversation with young people in an informed conversation, and also trying to put that document out as a published document, which has a high level of cost attached. I am very pleased to report that the Attorney General has supported us in funding that now. So we will be able to put out a hard copy of the drugs guide to parents into G.P. (general practitioner) surgeries, into places

where young people are, into places where parents are, so they can pick up ... because not everybody has access to the internet to download a great big document.

The Deputy of St. Ouen:

Bearing in mind it is the young people that are generally taking the drugs and not the parents, is there any guide for young people?

Managing Director, Community and Social Services:

There are plenty of guides for young people and certainly in the document itself it gives telephone numbers and help lines and internet websites for Ask Frank and a variety of different other ways in which young people can get educated.

The Deputy of St. Ouen:

Is that freely available to all youngsters at the moment?

Managing Director, Community and Social Services:

It is.

The Deputy of St. Ouen:

How can they access the information?

Managing Director, Community and Social Services:

Either directly into specialist services such as the alcohol and drugs service or indirectly through the schools who work with our Public Health Department and our alcohol and drug service to provide advice to young people about alcohol and drugs. We must not forget alcohol still remains the biggest threat.

The Deputy of St. Ouen:

It is something that has not been circulated to all children or young adults that are within the education system, is that what you are saying?

Managing Director, Community and Social Services:

Sorry, say that again?

The Deputy of St. Ouen:

That young person's guide to drugs is not freely available or has not been circulated to all children that are currently within the education system, is that what you are saying? They have to go and ask for it?

Managing Director, Community and Social Services:

No, I think it is made to all year 7 students, I believe. It certainly has a hyperlink to all parents and sent out to all parents in the Island from the Education Department. But we are really straying into areas in which we only work indirectly through the educational support ...

The Deputy of St. Ouen:

You were focusing on the fact that because of the tragic events of recent times you have reissued *A Parent's Guide to Drugs*, which is a huge document, but I am asking and it seems to be that although you have issued this document there has been no real proactive action that you have told me about so far relating to the youngsters at school that are taking these drugs.

Managing Director, Community and Social Services:

I do not think that is correct. I think there has been a great deal of proactive direct action of schools to talk to young people about the dangers of drugs and the misuse of drugs and alcohol. Not just within schools but the youth service and also a lot of the third sector providers such as the Freedom Church and all the other agencies that we work with have worked very effectively to speak to young people and have the conversation, which is what is so important.

The Deputy of St. Ouen:

Information is being distributed at that same time?

Managing Director, Community and Social Services:

Absolutely.

Deputy J.A. Hilton:

A couple of weeks ago it was reported that there was a group of young women who had effectively been sexually groomed. I wanted to ask you what action your department has taken to protect those individuals, especially as apparently one of the girls involved is in the care of the department.

The Minister for Health and Social Services:

I do not want to get down into this. There is only one child and I do not think it is in best interests. A lot of work is being done. A lot of work is support, as you know, within the children's services and with looked after services and that support is still ongoing and will continue to be ongoing. I am sure Richard can help you.

Deputy J.A. Hilton:

How confident are you at this present moment in time that those individuals are being safeguarded?

Managing Director, Community and Social Services:

I am confident that we are doing all that we can, but we have to remember that child sexual exploitation occurs not necessarily by physical contact, it can happen by multimedia, by telephones. Whether a child is at home or in a residential setting or in foster care or whatever setting, they will mix with other children, they will mix at school, they will access social media, and so there are always risks.

Deputy J.A. Hilton:

Is the official line that these young women have been exploited by a group of young men? Is that official, that it is sexual exploitation?

Managing Director, Community and Social Services:

All the agencies have been working together, predominantly last year, in a multi-agency way to identify those people at risk. A lot of this work becomes apparent through the working of the multi-agency safeguarding hub. If you imagine in the past all the safeguarding concerns would come to a single agency like the police or children's services or education. It is a bit like looking at the world of safeguarding through binoculars. The multi-agency safeguarding hub is like 3D glasses. Everybody sees everything simultaneously. That means that we can see a lot more, we can join the dots a lot better, we can be much quicker at identifying the children at risk. So none of this should be a surprise. There are always new threats - sexting, social media - and we are working with education and working with the police to put in information to young people to explain to them what the risks are that they take. As a result of that, those young people come forward and say: "This is what is happening to me." Well, that is what we want to see.

Deputy J.A. Hilton:

But it has to be a matter of grave concern that there are young women, as young as 12 years old, being exploited by older people, so that has to be a matter of grave concern and we want to be assured that steps are in place to protect especially a 12 year-old from being exploited in this way. Another question I wanted to ask you is: are there any parallels to be drawn from what has happened in the Jersey case compared to cases in the U.K. (United Kingdom) that have happened in various places like Rochdale? There are some well-publicised cases. Are there any parallels to be drawn?

Managing Director, Community and Social Services:

I think there are significant differences.

Deputy J.A. Hilton:

Would you like to say what those are?

Managing Director, Community and Social Services:

I think you would need to speak to the police about that investigation, but I would suggest that it would be wrong to draw significant parallels between these cases. They are quite different.

Deputy J.A. Hilton:

They are quite different. Okay, thank you for that. We would like to ask you about Roseneath and Strathmore. I believe Roseneath reopened recently.

The Minister for Health and Social Services:

These 2 here have slightly different hats but they have been really involved with Roseneath so ...

The Connétable of St. Peter:

I think I will start off and Judy can come in to help the panel. Certainly, we were delighted to see that the first people have now moved into Roseneath. It has not been officially opened but because of the pressures before Christmas we opened it early. I think we had 4 in before Christmas. We viewed the premises on the day they were moving in. Both the Assistant Minister and I went there to view the premises first and they have been done superbly, at great cost I hasten to add, but it is well worth having paid that money out.

Deputy J.A. Hilton:

How many beds are there at Roseneath?

Deputy Director Commissioning:

It is licensed for a maximum of 22 people.

Deputy J.A. Hilton:

What profile is its survey? What age profile?

The Connétable of St. Peter:

These are young adults, are they not, young adults essentially?

Deputy J.A. Martin:

Over-25s.

Deputy Director Commissioning:

Adults, it is higher. Because Strathmore has a focus around young adults and Roseneath is for 25 and above.

Deputy J.A. Hilton:

Twenty-five and above?

Deputy Director Commissioning:

Sorry, I am speaking away from the mic. Yes.

Deputy J.A. Martin:

Yes. If we feel that someone was waiting for Roseneath who is only 24, wanting to move on from Strathmore, it is not hard and fast. You look at the person, but that is the sort of generic age it should be.

Deputy J.A. Hilton:

Okay. Currently there are 22 beds. Is it full?

The Connétable of St. Peter:

Not yet.

Deputy J.A. Hilton:

So you have space. At Strathmore, my memory tells me that there are 18 beds there?

The Minister for Health and Social Services:

Nineteen, I thought.

Deputy Director Commissioning:

It is about that. I have not brought the exact figures.

Deputy J.A. Hilton:

Is Strathmore full at the moment?

Deputy Director Commissioning:

I spoke to the director yesterday and Strathmore is reaching full if not at full capacity.

Deputy J.A. Hilton:

That is still catering for 16 to 25 year-olds?

Deputy Director Commissioning:

It has a remit for young people. I am hesitating because you are using the number 16. I think it is 18 and above. If there were young people of that age pitching up, turning up, then of course they would provide emergency accommodation, but they would be working very, very, very closely with children's services.

Deputy J.A. Martin:

When you asked the question before, we did not have any 16 year-olds. The majority were 17 to ... there was a few 17, but the majority are 18 and 19. As I said, one of the children who turned up, who was not known to our service - it was different circumstances why they were homeless or going to be homeless - we assessed it was not suitable for Strathmore and they went to Field View. So it is all about working round the person.

Deputy J.A. Hilton:

Where would you normally accommodate young people with mental health issues, homeless young people with mental health issues?

Managing Director, Community and Social Services:

Whatever is in the best interests of the individual. One of the individuals who has been at Field View, who is 16, wants to be at Strathmore, so it is about where they want to be, what is in their best interests, and also the mix of other individuals at that other setting which will determine what is the most appropriate place for them. I do not think we can be absolutely ...

The Deputy of St. Ouen:

Right. So the facilities that you would use, can you just list them?

Managing Director, Community and Social Services:

We would use a range. Yes, we have our own facilities, but we would also rent potentially an apartment for an individual if that was what was in their best interests. We certainly would go into the private sector, into working with our partners in Housing, Property Holdings, or use our own facilities, all the way to specialist placement in the U.K.

The Deputy of St. Ouen:

Right, but initially they would enter the system, if you like, through Strathmore if they are under 25 or Roseneath if they are over 25?

Managing Director, Community and Social Services:

As a homeless person that is correct. There is, again, some broader work that is going to be looked at by the adult policy group tomorrow looking at homelessness strategy under the auspices of ...

The Deputy of St. Ouen:

What policy do you have to help people to move from and on from Roseneath and Strathmore into the community?

[11:00]

Deputy J.A. Martin:

John with his health hat on with his housing and Deputy Pinel from Social Security, firstly they work to get people into work or back into education and there is no time limit. It is as long as it takes, but housing will then provide, if that is suitable with support, they will go into housing or, if their family is still here, the ideal situation is living with the family. As I say, what we found with Strathmore - and there were a few cases - the family had lost their jobs over here. The child had grown up over here and did not want to go back to the U.K. or wherever and had decided to stay, and they were literally staying on friends' sofas. Then Strathmore opened and it was a place for them to go. A lot of these families with young people we did not even know. We do not know what is out there until it turns up on the doorstep, really.

The Deputy of St. Ouen:

What is the average time for an individual to spend in one of these facilities before they are moved on and out into more permanent accommodation elsewhere?

Deputy J.A. Martin:

Average? It is hard really to talk about average. When we talk to the director, John Hodge, he does not want to say to someone: "You have 6 months to turn your life around or you are out." Some people it would be sooner. It depends. They will work with the families first of all; they will work with the department, education, Highlands. I think when you asked for the figures before, out of the 17 that were there, 15 were engaging either with back to work or were back in education at Highlands. As long as they are stable but, as Andrew said, what we cannot do is make it permanent because there will be people behind them all the time.

The Deputy of St. Ouen:

Which is why I asked the question.

Deputy J.A. Martin:

I would not know an average. It has not been open that long.

Deputy Director Commissioning:

What I can say, okay, is that what we have now is a pathway of resettlement accommodation which goes from this end, which is walking off the street, which you have just been rehearsing, that takes us through the resettlement process which ends up here with independent living. It is a fantastic thing that we have. What it enables us to do now and the opportunity for Shelter Trust is to be able to work with people at different points of that process. We have accommodation that some people will need coming out of prison, for example, and they will be able to go straight into Roseneath. But for some people it might be walking in off the street, so they will be coming in through Aztec House. We also have provision for outreach, so we go out looking for vulnerable people, too. You have it from top to bottom. What I will be doing in working with John - because we have a service level agreement with Shelter covering those different facilities - is looking at and developing outcomes for his service so that we are better able to fine tune the service that he has and so we are better able to support vulnerable people. But what you have within that, okay, is a resettlement team. You have houses, but you have a resettlement team which work across all of those places. If me and you rock up in terms of Aztec House, we will have a key worker. We will have support from a resettlement team, which will look at our health needs, so getting in contact with a G.P. It will look at our work issues. It will look at are we getting the correct amount of benefits. It is a holistic approach based on our needs. So that is where it becomes difficult in terms of giving you an average of how long you are going to be in there because you might move quicker than me in terms of your own development.

The Deputy of St. Ouen:

It was interesting that you were saying you are developing outcomes.

Deputy Director Commissioning:

The work that we are doing with Shelter is they have a validated tool that they use, which is called outcome stars. It is used up and down England in similar services. I know that they have invested heavily in training their staff and I have meetings scheduled in this year to look at those outcomes with John, looking at these services which are just coming online now and how they are impacting in terms of the work that they are doing with their vulnerable people. It is very exciting.

The Deputy of St. Ouen:

We will be interested to see some of that information because obviously I appreciate that everyone is different, as you quite rightly point out, but equally if we have a comprehensive service it supports that individual but you still should be aware at some point the intention for the end date of when that individual will be able to move into the community and how effective your services are can be measured quite closely with that. So you have that information or you are developing that?

Deputy Director Commissioning:

I think John has baseline information and what we are doing this year is now we have everything in place in terms of the service level agreement, we have the investment coming in online, I am looking forward to working with Shelter this year in moving that forward.

The Minister for Health and Social Services:

But also to add on, too, that the homeless outreach group is even working before, picking up whatever people, and I think you only need to think back about 8 to 10 years when there were a lot of homeless sleeping in the car parks. Thank goodness it is quite rare, but they work with people where they are, at the car parks, and look at the health issues, et cetera, where they are.

Deputy J.A. Martin:

It does carry on. When we do resettle people back into housing or wherever, we do not just say: "On your way." They have a key worker. Sometimes it does not work out and they will come into ... they were not ready or they think they are ready ...

Deputy J.A. Hilton:

Can we move on?

Deputy J.A. Martin:

Sorry, Jackie.

Deputy J.A. Hilton:

Can we move on, please? Right, we just wanted to talk to you about Oakwell. We understand the work has started. I think in November you said that it is scheduled to finish in June. Are you still on track for that?

Managing Director, Community and Social Services:

I believe we hope to open again in the summer. We have our decamp facilities in the meantime and the work is progressing well.

Deputy J.A. Hilton:

Okay. We had some statistics from you with regard to the extra respite you provided. In 2013 you had extra funding to do that. Is that funding going to be there for 2014 to provide the same service?

Managing Director, Community and Social Services:

Yes, there are further developments to increase opportunities for respite. Perhaps Andrew might want to talk about the specific arrangements.

Deputy J.A. Hilton:

I just wanted to know. I do not really want to go into it in any detail. I just wanted confirming that the level of service that was provided in 2013 in addition to what you had before is going to happen again in 2014. Is that the case?

Deputy Director Commissioning:

Yes, the funds that were provided for in 2013 we will continue to do that and review that.

Deputy J.A. Hilton:

Okay. That is lovely, thanks very much. Could we talk about talking therapies?

The Minister for Health and Social Services:

Yes. Certainly, we can talk about talking therapies. **[Laughter]**

Deputy J.A. Hilton:

It slots in quite nicely with I.A.P.T. (improving access to psychological therapies), which was part of the *Health White Paper*, which was supposed to be delivered in 2013 to 2015. Last time you were here I believe the business case had been signed off and recruitment was going to commence. I understand that the plan was to put a resource into the G.P. surgeries and somewhere else. Could you give us a quick update?

The Minister for Health and Social Services:

I can do. Derek is itching to talk to you about it.

Deputy Director Commissioning, Vulnerable Adults:

Yes, absolutely itching. You are right, we have made considerable progress on Jersey Talking Therapies. Just to clarify, I.A.P.T. is the U.K. equivalent of Jersey Talking Therapies. It is not different. I.A.P.T. stands for improved access to psychological therapies, which is what Jersey Talking Therapies is intending to do. There are 2 levels of service. There is a low intensity service

with initial contact. It could be made either through a referring professional or from an individual self-referring themselves. So it is anonymised, non-stigmatised, with access into the system at an early stage with ...

Deputy J.A. Hilton:

How would that happen? Through a G.P. do you mean?

Deputy Director Commissioning, Vulnerable Adults:

There is going to be a telephone support service, which will be a number of psychological wellbeing practitioners; P.W.P. is the acronym. They would take the initial call with the individual. They would undertake an assessment and identify either telephone support or face to face, a combination of the 2, depending on the particular needs. It has gone around a few times, but all aspects of what we are doing are based on the personalised plan for the individual. It is what works for them.

Deputy J.A. Hilton:

Okay. So is the plan still to put extra resources in with the G.P.s?

Deputy Director Commissioning, Vulnerable Adults:

If I come to that in a second, that would be based ... the low intensity service would not be based exclusively within G.P. surgeries, although some of the face to face may be convenient to be delivered in that sort of community setting. Where people have issues that have not been resolved, where it is identified in that initial telephone contact that the issues that the individual is presenting with are more complex, it is then a high intensity service. It provides an additional level of one to one support for those individuals. That will be based predominantly within G.P. settings. All the plans that we are describing have been developed closely in conjunction with our G.P. colleagues and with the voluntary and community sector, particularly Mind Jersey.

Deputy J.A. Hilton:

So how close are you to rolling out that service?

Deputy Director Commissioning, Vulnerable Adults:

We are at the stage now we have ... all the specifications were prepared and agreed. We have the service model in terms of the pathway of the service agreed. We have all of the job descriptions prepared and validated. We are expecting that recruitment will start next month, which is only a few days away. We are expecting that recruitment will start next month. We are expecting that the service will become operational from around about May/June time, depending

on how successful our recruitment is. That will then build on a planned phased basis so that we have full capacity for the autumn of this year.

Deputy J.A. Hilton:

Okay. Would you agree with me that it would appear that it has slipped? Because in November when you were here my understanding was that we were told that recruitment was due to take place imminently. So has the whole thing slipped by a few months?

Deputy Director Commissioning, Vulnerable Adults:

We went through one variation because there was an initial proposal that we would be able to develop the telephone support service via a partnership with Solent Mind. Solent Mind then were successful in securing a major contract with Hampshire Clinical Commissioning Group to deliver Talking Therapies, which meant that they were unable to meet our needs. We have had to slightly reshape and the service will now ... and I think it is a better option because there is more flexibility. We will be delivering that service on Island in terms of the telephone support, so people will be dialling a local number. It will be local resources which we can flex between the extent to which they are providing telephone support or face to face support. I think it is a better solution. It has meant that we have had a very small amount of slip, and we are talking about a couple of months, but that means we have a strong service which is endorsed by all of the partners that are involved. We are now looking forward to that being in place starting from May/June time with a view that we can get those early interventions in place for the people in Jersey and some of the points ... because it ties in quite nicely with some of the points we were discussing before, is then that that should avert crises developing. We are expecting that it will also drive a decrease in the number of people that access hospital services.

Deputy J.A. Hilton:

I was going to just ask you that because the waiting list for the over-65s, we had the figure from you ... because at the earlier hearing we were told that I think there was 0.8 of a psychologist for all of the over-65s and the waiting list is pretty horrendous, is it not? Five to 6 months for an assessment and a further 6 to 8 months for psychological therapy.

Managing Director, Community and Social Services:

We will not be organising work by age group going forward.

Deputy J.A. Hilton:

No, I know, you did mention that before, but with an ageing population, and granted what Derek has just described is a vast improvement on what was available, it would seem to me that with an

ageing population there is still going to be tremendous pressure on the psychology department. What action do you intend to take to address the issue of the horrendous waiting list?

Managing Director, Community and Social Services:

Well, if we are talking about psychological wellbeing of older people, they are just like young people who have got a bit older, so there are issues around alcohol as well as things which would more traditionally relate to old age such as dementia. We are developing investments in all of those areas. We could talk about improvements in dementia care and improvements of access to therapies there, but the piece that Derek has just been telling you about is about the piece that Deputy Reed was talking about earlier, which is about getting upstream and early intervention so that you address issues of depression and anxiety at an earlier point so that you are not necessarily looking at tier 3, tier 4 or specialist services having to intervene because you have managed it earlier on.

Deputy J.A. Hilton:

I do understand that, but do you think that that resource is sufficient to address the issue of the ageing population as well?

Chief Executive Officer:

This initiative on its own will not be, no. We will need to do other things as well.

Deputy J.A. Hilton:

What message can we send out to those people who are having to wait almost a year, it would seem, for psychological therapy for the over-65s? What message can we send out from this meeting today that, yes, we are going to do something about the length of time you are having to wait? What are we doing?

[11:15]

Managing Director, Community and Social Services:

It will come down because there will be no age discrimination for access to Jersey Talking Therapies. Whether you are 18 or 85, you will be accessing J.T.T. (Jersey Talking Therapies). That is an improved access to psychological therapists for everyone.

Deputy Director Commissioning, Vulnerable Adults:

The whole intention around Jersey Talking Therapies is it provides rapid access to therapy support, and with it being integrated to the overall psychology pathway you have the routes in, as Richard has explained, where we are signposting to the alcohol and drugs pathway, where they

have complex mental health issues integrating to there. The key to this, though, is we are getting in the earliest possible intervention so we can deal with the issues at a low level to prevent them from becoming worse and, therefore, presenting additional demand on the more intense services.

Deputy J.A. Hilton:

Okay. Can you just explain to me if an individual presents at their G.P. with psychological difficulties, will they just be signposted by the G.P. to the telephone support service or will the G.P. make an assessment of where that individual should go? How is that going to work?

Deputy Director Commissioning, Vulnerable Adults:

The individuals will be made aware of the Talking Therapies service and will be able to access directly themselves after their assessment with the G.P. If the G.P. believes that there is a more complex need they will be able to direct the access the high intensity support service.

The Deputy of St. Ouen:

You say there is a rapid access to services, but are you suggesting that the individuals will not need to go through a diagnosis type process before they can receive some support?

Deputy Director Commissioning, Vulnerable Adults:

As I mentioned, the initial telephone support service will be initial screening and assessment to determine what the appropriate package of support for that individual would be.

Managing Director, Community and Social Services:

Maybe it would be useful to provide the panel with the pathways.

The Deputy of St. Ouen:

Yes, not now but if you can provide that to us it would be very useful. I am struggling to understand how a telephone conversation can determine and diagnose an individual that may have all sorts of different issues that may not necessarily come across just with a chat across the phone. Anyway, we will be better to first look at the information.

The Minister for Health and Social Services:

Yes, and I think take that up as more of a one to one because it is a good pathway there but it needs talking through.

Deputy J.A. Hilton:

Okay. The Regulation of Care Law, what is happening with this long-awaited law?

The Minister for Health and Social Services:

I totally agree with you, long awaited. It is with the Law Draftsman at this present moment in time. Hopefully, it is going to be lodged beginning of June. So I am hoping that it will be brought to the States and debated by the last sitting in July.

Deputy J.A. Hilton:

Okay, because obviously we need to fit that into our programme of work. You are saying it will be lodged in June?

The Minister for Health and Social Services:

In June.

Deputy J.A. Hilton:

Okay, so you are hoping that it will be debated before the end of the summer session?

The Minister for Health and Social Services:

Yes. I think it is as soon as we get ... because I appreciate you have been involved all the way through for I think the last 3 years, if not longer, and I appreciate that it is as important to you as it is important to me. So as soon as we have the law back we will make sure that you immediately have a copy.

Deputy J.A. Hilton:

Okay. You must have ... well, I know you did share the concern that I did over the recent case of a care worker who was convicted of fraud. I know enquiries have been made into that particular case. Are you satisfied that the Regulation of Care Law is going to be robust enough to prohibit people with relevant offences being stopped from working in the care industry?

The Minister for Health and Social Services:

I would like to hope so. We cannot legislate for every eventuality and if someone has a private relationship with somebody and you do not know about it and you do not know the law that they need to follow, that is going to be difficult. But again, when the law comes out, it is working over the next year just making sure that people really understand what it means and how they should safeguard themselves.

The Deputy of St. Ouen:

I just want to pick up on and look at, or better understand shall I say, how you and your department ensure that all the different recommendations that are presented and accepted in

different reports are fully actioned. Maybe you or somebody could just explain briefly the process that you follow once a recommendation has been signed off.

The Minister for Health and Social Services:

Again, it is put into place and making sure it is put into place and having regular updates back. We meet as a ministerial team every fortnight. Health and Social Services, as you know, is very complex and very wide and making sure ... and Julie and I do meet regularly ... and holding to account and making sure that things are followed through and also bringing things back to the ministerial team as well, as well as having my different one to ones with Rachel Williams, Director of Redesign or whatever, and seeing that all the new services are being implemented and we are having regular updates of where we are with it in each service. You 2 have a copy. I think you were sent copies, too, of that as well.

The Deputy of St. Ouen:

Are you satisfied now that you have good, reliable information that identifies and shows specific outcomes that you can then measure against, as the U.K. would use to demonstrate improvements in service?

The Minister for Health and Social Services:

That is a slightly different question.

Chief Executive Officer:

Do you want me to ...?

The Minister for Health and Social Services:

Yes, because that is about data collecting.

Chief Executive Officer:

I would say that we are in a much better position now than we were in 3 or 4 years ago, but we have some way to go yet before we will have the robustness and the breadth of data that is usual in the U.K. We have invested in recent years, as you are aware, in systems like TrakCare and we have systems in the community services as well. We have systems that run within public health. A lot of the work we are doing now is to see how we join those systems together and how we generate good quality data from them that guides our analysis of performance. So we have far more than we had, but I still do not have the in-depth suite of information that I would have in the U.K.

The Deputy of St. Ouen:

Let us just pick one, for instance: basic information that you would require would be how many individuals suffer with Alzheimer's on the Island. Obviously, we are only a small population. Do you have that information?

Chief Executive Officer:

Yes.

Managing Director, Community and Social Services:

Yes, we could certainly interrogate our database and identify everybody who is accessing, for example, the memory clinic. You only know what you know, so it is only people that you are working with.

The Deputy of St. Ouen:

I thought you said you had a multi-agency approach, so presumably their G.P.s would also be able to feed into that information.

Chief Executive Officer:

Well, G.P.s is a very good example. The G.P.s have recently signed a contract to bring EMIS Web into the Island, which will allow them to share all of their data with each other and to provide statistics to us, too, which means that for the first time we will have access to all of the information that G.P.s have in the right way where it is anonymised and it is for statistical purposes, not obviously at an individual patient level. We will be looking to join our system, TrakCare, up with the G.P.s once their system is up and running and that will allow, for example, electronic transfer of results from tests. It will allow electronic referral letters in due course. So we are working on that with them.

The Deputy of St. Ouen:

Why has it taken so long to share that information?

The Minister for Health and Social Services:

That is a very good question.

The Deputy of St. Ouen:

Well, maybe you could tell us. Please do.

The Minister for Health and Social Services:

I wish I knew the answer to that. I know that the States agreed ... Social Security brought a proposition 2 years ago about uplifting G.P.s fees to get the EMIS working, but it is that group because they needed to work together before they could begin ... the computers need to talk to each other before ...

The Deputy of St. Ouen:

But regardless of what the G.P.s have, you are confident that you can press a button and a number will come up of those health services, community services, social services, regarding the number of Alzheimer's patients on the Island? It will not be a calculation based on a U.K. statistic; it will be actual real information?

Managing Director, Community and Social Services:

I am quite sure we cannot press a button and give you that number, but I am also sure that we could interrogate our databases to identify a number which would represent the amount of people we are working with, yes.

Deputy J.A. Hilton:

Okay. Can we just finish off with another service development, intervention for children? I am particularly interested to hear what progress you have made with regard to professional fostering and the early intervention.

The Minister for Health and Social Services:

Would you excuse me? Thank you.

Deputy J.A. Hilton:

Thank you.

The Deputy of St. Ouen:

Thank you.

Deputy J.A. Hilton:

Professional fostering?

The Deputy of St. Ouen:

For the record, the Minister is now leaving the meeting, but the meeting will continue until 11.30 a.m.

The Minister for Health and Social Services:

Yes, I have to go to the planning panel. Thank you.

Deputy J.A. Hilton:

Thank you very much. Over to you, professional fostering.

Deputy Director Commissioning:

Okay. [Laughter]

Deputy J.A. Hilton:

Well, you looked as though you were about to answer the question before the Minister for Health and Social Services was leaving.

Deputy Director Commissioning:

Yes, I know. What I can say about specialist fostering is it was one of the early service specs that was signed up and we have committed additional monies to specialist fostering. Our adoption and fostering team within community and social services has taken forward some of the fundamental steps that it needs to do in order to cement the policy and also payments around bringing in specialist fostering. At this moment in time, that is a summary of where we have got.

Deputy J.A. Hilton:

So you have not got any professional foster parents at the moment?

Managing Director, Community and Social Services:

Well, there is a big programme on Island to develop specialist fostering among people who are fostering or want to be engaged in that. There is a really exciting piece of training that is going on. Yes, we do have specialist fostering, but our first specialist fostering placement is in the U.K.

Deputy J.A. Hilton:

Oh, right, okay. So does that mean that some of the budget is underspent for 2013?

Managing Director, Community and Social Services:

Not that I am aware of.

Deputy Director Commissioning:

No, not that I am aware of. But I think that is really important. What our fostering and adoption team are doing is looking to grow our own foster carers. There is an important piece to this, which is about training and developing, because they will inevitably be working with and fostering young

people with a multiplicity of needs. What we want to make sure is that we do the best by those children. So we are going slowly and steadily towards building something that is sustainable and good quality.

Deputy J.A. Hilton:

So, today, besides the young person that is in the U.K. with a specialist foster carer, are there any other children placed with specialists?

Managing Director, Community and Social Services:

You have to get people from 3 levels of training so that they can become specialist fosters. We are taking them into level 1 and to level 2 but we do not yet have any at level 3 at this point in time. Level 3 would enable them to be specialist fosters but that is ...

Deputy J.A. Hilton:

So there are not any children in the care of ...

Deputy Director Commissioning:

The answer to your question locally is no.

Deputy J.A. Hilton:

Okay, that is all I wanted to know.

Managing Director, Community and Social Services:

But it is in train.

Deputy J.A. Hilton:

But it is ...?

Managing Director, Community and Social Services:

It is in train.

Deputy Director Commissioning:

Absolutely.

Deputy J.A. Hilton:

So you are hoping to introduce that service when?

Managing Director, Community and Social Services:

The service has been introduced in that the people are being trained up to be in that role, and then it is a case of matching people with the right training and the right child.

Deputy J.A. Hilton:

Can I just ask you quickly about the 2-year programme ...

The Deputy of St. Ouen:

Sorry, just to interrupt, I am a bit concerned because you were kind enough to share with us a quarterly report which was presented to the children's policy group. It clearly says here that consideration be given as a matter of both urgency and common sense to establishing a professional fostering parenting programme with professional foster carers appointed. As I understand it, that action was signed off by the children's policy group on 27 July 2012. You are telling me January, nearly February 2014, they still have not done it?

Managing Director, Community and Social Services:

No, they have done it.

The Deputy of St. Ouen:

Yet as far as the children's policy group is concerned, reading this ...

Deputy J.A. Martin:

We signed the policy off, James, and then the work began, the actual on-the-ground work.

The Deputy of St. Ouen:

Well, nothing happens if you are not following up.

Deputy J.A. Martin:

We are following up because we have meetings. We know exactly where we are. The policy was signed off by the policy group and then the actual work began. Now, that is why it was signed off and we are ... as you say, just even deciding who these people were employed by was major issues, which they did have in the U.K. for specialist fostering. So there have been lots of hurdles but we are there now.

The Deputy of St. Ouen:

Are you not concerned that it could be viewed that your department and others are just undertaking a box-ticking exercise, just saying: "Yes, okay, we accept the recommendation. We are going to take action" but nothing is happening following that decision?

Managing Director, Community and Social Services:

Perhaps we could provide you with a detailed presentation to demonstrate all the action that has taken place. Would you like ...?

Deputy J.A. Hilton:

Thank you.

The Deputy of St. Ouen:

Yes, thank you.

Deputy J.A. Martin:

Yes, because I think there are bigger things under each of that that we see and maybe if you are concerned that we ... in each department there is much more information there.

Deputy J.A. Hilton:

That would be helpful. Can you just ...

Deputy Director Commissioning:

Then you can get into the detail of what is going on.

The Deputy of St. Ouen:

Yes.

Deputy J.A. Hilton:

Can you just, please, talk to us about early intervention and the 2-year programme, where you are with that?

[11:30]

Deputy Director Commissioning:

The sustained home visiting programme have been signed off, just at the end of last year, so December. Family and Nursing Home Care, who are delivering the sustained home visiting programme, began their training of their health visitors. They had someone come over and train them. The programme is going to go live this year and in the first quarter health visitors will be implementing that programme.

Deputy J.A. Hilton:

Okay. So you have a service level agreement with Family and Nursing to deliver that service?

Deputy Director Commissioning:

We do, that is correct.

Deputy J.A. Hilton:

Okay, thank you. Anything else?

The Deputy of St. Ouen:

No. We are there. **[Laughter]**

Deputy J.A. Hilton:

Okay. It is 11.32, so I will close the meeting. Thank you very much.

The Deputy of St. Ouen:

Thank you.

[11:30]