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Deputy R. Ward
Chair – Children, Education and Home Affairs Scrutiny Panel
Morier House
St Helier
JE1 1DD

12 March 2021

Dear Deputy,

Follow up questions from Quarterly Hearing

Thank you for your email of 8th March 2021 containing a list of questions to follow on from our quarterly hearing earlier that day. Please see below my responses to those questions which provide the information requested.

1. Regulation: Social Work and Mental Health

Minister, you highlighted the regulation of social work as a key area in your speech to the Assembly. The Panel was informed at its last quarterly hearing that the legislation was due to be lodged in 2021 and that the Environment Minister would take responsibility for that. The reason provided was to ensure independent inspection of the law. Nevertheless, the Panel was advised that your department were looking to consult on the draft law in the first quarter of 2021. However, public consultation was due to take place in the final quarter of 2020.

- I. Can you update us on the progress of the legislation please?**
- II. Has the public consultation commenced, and what is the timescale regarding it? When is it expected to conclude?**
- III. When could the Panel expect to get view of the draft legislation?**

Regarding the Mental Health Service Regulation, again, the Panel was informed that this would be lodged in 2021 and that your department was due to consult on it in the first quarter of 2021.

- IV. Can you update us on the progress of the legislation please?**
- V. When could the Panel expect to get view of the draft legislation?**
- VI. What public consultation has taken place or will take place if not yet undertaken?**

I believe the above questions have been answered by the document “Briefing: Update on project to regulate social work and mental health services for children” shared with the Panel on Monday 8th March 2021.

2. Children and Adolescent Mental Health Service (CAMHS)

At our previous quarterly hearing with your predecessor we touched on waiting times and the time taken to move people from the assessment stages onto the treatment stages within the service. At the time data was not available. Moreover, the number of individuals on the waiting list was not clear.

- I. At the time the Panel was informed that it took on average 6 weeks for an individual to be assessed after referral. However, can you provide the time taken from assessment to obtaining treatment?**

The current average CAMHS waiting time from assessment to receiving treatment is 8 weeks. The average waiting time from assessment to receiving treatment across the whole of 2020 was 8 weeks. From January 2020 to date this average has fluctuated between 3 weeks and 12 weeks (during the height of the pandemic in April).

The focus currently is on assessing referrals and triaging for treatment and support.

- II. Data regarding the number of people on the waiting list for assessment was not present at the time, can you provide this data please?**

In 2021 to the 1 March there have been 141 children referred for a service to CAMHS.

29 are waiting for an Initial assessment the other 112 have had an assessment and referred for treatment, received support.

The investment during covid with the agency team has allowed us to work quicker, allocate cases and assess people quicker. The downside of this is the waitlists for treatment could rise because our priority has been a focus is on assessment, crisis assessment and not treatment unless urgent.

74 children are waiting for a therapeutic intervention on the generic waiting list.

61 children are on the ADHD waiting list for assessment, 37 of those have been seen and waiting and 24 have an appointment booked but have not yet been seen.

Mitigations currently in place to reduce the size of the waiting list include:

Additional CAMHS agency staffing supporting the main team (see below)

Setting up a new front door to services in March 2020 this is called the 'Children and Families Hub', we have placed a CAMHS Practitioner with the hub in an effort to ensure an earlier response. This also means that if someone is on the waiting lists we can also offer early help if appropriate from the Family and Community Support Service

The CAMHS Practitioner based in the Children and Families Hub also provides advice and support via telephone to children and families.

Commissioning Kooth an online counselling and support service- 341 young people in Jersey have so far signed up to the service.

For those children waiting for a neurological assessment such as autism spectrum or ADHD we have also commissioned MIND Jersey to offer service and support while on the waiting list.

The waiting list is reviewed weekly to ensure emerging issues or changes in a child or young person's circumstances are picked up and responded to.

- III. The Panel was informed that new staff levels would help to reduce the waiting list and progress individuals through the initial assessments and on to treatment more quickly. Are the staffing levels at the required levels to do this and, if so, is an improvement being seen.**

Recruitment to posts in CAMHS can be very challenging (due to their specialist nature) not only in Jersey but other jurisdictions. The restrictions experienced through 2020 as a result of the pandemic have made it difficult for some staff with family in the UK to keep personal and family relationships as they would like, this has meant that a small number of staff have decided that their future was not in Jersey.

Within the last two weeks CAMHS have been recruiting for nursing posts and have successfully recruited to four posts with the new staff taking up posts after serving their required notice periods. These four staff are on island and so understand Jersey life and have some knowledge of the service.

Additionally, there is detailed work underway on implementation of the new redesign which will see an expansion of services and resources available which will provide early intervention and intensive community-based support services.

- IV. You mentioned the improvement of CAMHS as a priority area, is this assumption correct? If so, how do you propose to facilitate this improvement and, in your view, what do you believe is required to achieve this?**

Yes, this is correct, CAMHS improvement is a priority for me and Assistant Minister Deputy Pointon who has political oversight of the service.

The Jersey CAMHS team is small when compared to other islands at 21.35FTE (of which three are administrative staff), the Isle of Man, which is a quarter smaller has 23.5FTE, Guernsey (45% smaller) has 18 FTE. Contacts per clinical full time member of staff are 1,033 in Jersey compared to UK average of 339, meaning Jersey has the highest contact rate per staff member across all UK regions. The total CAMHS workforce per 100,000 population aged under 18 for Jersey is 67 compared to the UK national average of 95.

A review has been undertaken of children and young people mental health services on the Island, this has included all key stakeholders.

There is now a detailed implementation plan underway to develop the most appropriate structures under the new Health and Wellbeing establishment within CYPES, and commissioning of wider pathways and services. Government plan funding from 2022 has been agreed to:

- *Implement an early intervention service focused on emotional and mental health for children of all ages*
- *Refocus the existing CAMHS service appropriately as a specialist service, with improved transition pathways*
- *Implementing a community-based intensive support service, working across seven days to reduce escalation of issues and avoid the need for more specialist support*
- *Develop robust quality and performance management systems*

Impacts are likely to be seen in the short, medium and long term depending on the individual, their needs and services provided.

Target Outcomes of the transformation:

- *Mental health issues identified, assessed, treated promptly*
- *Reduced waiting times: 6 weeks to 1 week (assessment), 7 weeks to 4 weeks (treatment),*
- *Increased number of children and young people accessing proportionate support-increase of 20% or 170 children and young people (currently 850 accessing support but need expected to be 2497).*
- *Treatment offered following best practice standards*
- *Treatment availability and range increased from early to intensive support*
- *Improved recovery - evidenced in part by reduced referrals to CAMHS and more complex support*
- *Risk of significant harm reduced*
- *Increased number of children with acute mental health issue/illness treated in community*
- *Reduced number of children in Robin Ward (reduction in bed nights <350 per annum)*

3. Role of the Children's Commissioner for Jersey

Regarding the noteworthy role of Jersey's Children's Commissioner and the recommendation for the position to not exceed 6 years, you highlighted, as priority, that work needed to commence in that area to ensure the right calibre of person for the role is found and to ensure a smooth transition (when the time arrives).

I. In your view, when will work on this commence?

As with other Independent senior roles and positions (for example the Comptroller and Auditor General) the ideal would be to prepare and plan for recruitment between 6-12 months ahead of the current Commissioners end of tenure.

II. What steps will be taken to ensure the right person for the role is found?

The IJCI stated that "...in the interests of independence, any such appointment in Jersey should be made by the States Assembly rather than by Ministers."

As such, the Schedule to the Children Commission (Jersey) Law 2019 sets out a process for the appointment of the Children's Commissioner by the States Assembly, in a

manner similar to that of the Comptroller and Auditor General, as a means of ensuring the independence of the Children's Commissioner's position and accountability to the States Assembly.

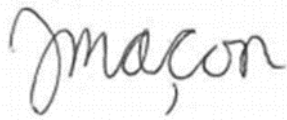
In essence, the Law will require the Chief Minister and the president of the chairmen's committee to jointly recommend to the States Assembly, a candidate for the role of Children's Commissioner. The recommendation will then be debated, in-camera, by the States Assembly.

III. How will a smooth transition or takeover of the role be encouraged, in your view?

We are in the unique position whereby this instance has not yet occurred. That said, I would expect any departing Commissioner to prepare and provide extensive briefing for the incoming incumbent ahead of their first day. I think it's important to mention that staff who make up the Commissioner's Office will also have an important role to play to ensure a smooth and successful transition.

If you require any further information, please do not hesitate to ask.

Yours sincerely,

A handwritten signature in black ink that reads "Jmaçon". The signature is written in a cursive, slightly slanted style.

Deputy Jeremy Maçon
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