
STATES OF JERSEY



FOLLOW-UP REVIEW OF MENTAL HEALTH SERVICES (S.R.8/2022): RESPONSE OF THE MINISTER FOR HEALTH AND SOCIAL SERVICES

**Presented to the States on 31st August 2022
by the Minister for Health and Social Services**

STATES GREFFE

**FOLLOW-UP REVIEW OF MENTAL HEALTH SERVICES (S.R.8/2022):
RESPONSE OF THE MINISTER FOR HEALTH AND SOCIAL SERVICES**

Ministerial Response to:	S.R.8/2022
Review title:	Follow-up Review of Mental Health Services
Scrutiny Panel:	Health and Social Security Scrutiny Panel

INTRODUCTION

I would like to thank the previous Panel for their follow-up review of Mental Health Services and trust that the newly constituted Health and Social Services Panel will continue to undertake similar reviews to ensure that Islanders are receiving the care they deserve. It should be noted that many of the findings and recommendations are retrospective and, as such, if the new Panel wished I would support further discussions on Mental Health Services in this new term of the States Assembly.

FINDINGS

	Findings	Comments
1	Service provision for Adult Mental Health Services (AMHS) was prioritised at the outset of the COVID-19 pandemic and a temporary reshaping of the AMHS community services during the COVID-19 outbreak was undertaken. This included the new Mental Health Liaison Team (also referred to later in this report as the crisis and community triage teams), and the new Home Treatment Team.	Agreed.
2	Responsibility for business and continuity planning for Adult Mental Health Services sits with the service line and plans are reviewed by the executive and the Health and Community Services Board.	Agreed; please note the full name of the board is the Health and Community Services Department Board .
3	The COVID-19 pandemic has helped raise awareness of mental health and wellbeing and has provided a focus on primary mental healthcare; however, it has impacted the replacement of the mental health strategy and progress of the Mental Health Improvement Plan. Moving forward, it has been suggested that the Adult Mental Health Service should refocus and provide targeted investment for severe mental illness (SMI) and that the new public awareness should be used as an opportunity to reduce stigma about SMI.	Noted.
4	A written communication was provided to relevant staff in respect of the Emergency COVID-19	Agreed.

	Findings	Comments
	Mental Health (Jersey) Regulations, which amended (in April 2020) some of the existing statutory requirements set out in the Mental Health (Jersey) Law 2016 during the period between April and September 2020.	
5	The COVID-19 lockdown and pandemic has significantly impacted the waiting times for, and the delivery of, existing face-to-face community provision of Mental Health Services, particularly Jersey Talking Therapies and the Memory Assessment Service.	Noted.
6	The establishment of crisis prevention and intervention teams had been planned before the COVID-19 pandemic. The Community Triage Team and the Home Treatment Team were established by the Adult Mental Health Services team during the challenging circumstances of the COVID-19 pandemic lockdown and need to be reviewed as part of the new community model of care to establish optimum working.	Noted.
7	Approximately 3,500 Islanders have accessed close to 11,500 appointments at the Listening Lounge (counselling service) since it was established in November 2019. There is little pre-pandemic data to use as a comparison for how COVID-19 specifically affected the demand and use of this service.	Noted.
8	CAMHS caseload has increased from 800 children and young people in 2020 to just under 1,000 in 2022.	Noted.
9	CAMHS has seen increases in referrals for eating disorders, self-harm, anxiety, depression and requests for neurodevelopmental assessments such as autism and attention deficit hyperactivity disorder since the start of the pandemic.	Noted.
10	CAMHS created inpatient support at the Meadow View facility for a small number of people during the COVID-19 pandemic, due to difficulties sourcing off-Island beds for children that required crisis in-patient care.	Noted.
11	The creation of a CAMHS specific duty and assessment team allowed for quick screening of CAMHS referrals.	Noted.
12	Face-to-face services were maintained by CAMHS throughout the period of lockdown.	Noted.
13	CAMHS has used agency staff to meet operational requirements through the pandemic	Noted.

	Findings	Comments
	period. Following the approval of the Government Plan for 2022-2025, funding has been secured to redesign the CAMHS service and create additional permanent roles, for which recruitment has started.	
14	Staffing levels are a factor in the delivery and provision of mental health services in all sectors and it is recognised that reduced staffing capacity – including due to COVID-19 related absence - has impacted waiting times.	Noted.
15	In addition to patients and service users of mental health services, carers (often voluntary, or familial carers), have been impacted by the challenges and changes brought about by the COVID-19 pandemic when supportive services were closed or paused.	Noted.
16	Communication to service users is vital – we have heard that there was poor communication from services through the pandemic and that some people have been negatively affected by wider government and media messaging.	Noted.
17	At the outbreak of COVID-19 in 2020, an agreement with Adult Mental Health Services provided a Mental Health Nurse Practitioner to advise and work in partnership with the States of Jersey Police and the States of Jersey Ambulance Service.	Agreed.
18	The States of Jersey Prison Service relationship with Adult Mental Health Services is largely through the relationship with the Community Psychiatric Nurse. The relationship works well but there is little succession planning in place.	Noted.
19	The Health and Social Security Panel was advised that the response time from the Community Triage Team to requests for urgent assistance from the States of Jersey Prison Service for mental health crisis has, in some instances, been several days.	Noted.
20	The COVID-19 pandemic has not particularly impacted the States of Jersey Prison Service relationship with Adult Mental Health Services; however, it has increased the workload of the prison healthcare staff significantly.	Noted.

	Findings	Comments
21	Some of the recommendations in the ‘Independent Review of Adult Mental Health Services in Jersey – which are part of the Health and Community Services’ reflected similar findings and recommendations identified in the Panel’s ‘Assessment of Mental Health Services’ (S.R.4/2019). These included the requirement for Adult Mental Health Services to have clear objectives and measurable outcomes. There were also themes around the importance of co-production and communication and review of the models of care.	Agreed.
22	Action was taken to change the leadership and management structure following the publication of the Independent Review of Adult Mental Health Services and the Director of Adult Mental Health and Social Care (a newly created role), became effective on Monday 10 January 2022.	Agreed.
23	Adult Mental Health Services had a ‘plethora’ of over 200 actions assigned to it following the previous Mental Health strategy, S.R.4/2019, and subsequently the Mental 9 Health Improvement Plan. A process of prioritising these, with consideration of the resources available to fulfil them is underway.	Agreed.
24	A mental health services staff engagement programme commenced in February 2022. One workshop has been undertaken involving 60+ staff and has specifically focused on developing proposed future models in 3 key areas.	Agreed.
25	Maintaining staff morale is important, especially when discussing challenges and change and professionals within the service have shown motivation to develop the service and dedication to their daily care roles.	Agreed.
26	Adult Mental Health and Adult Social Care are operating as two separate care groups, however, the overlap and interface between the two would be strengthened over a period of approximately six months (advised from 28th February 2022). A decision would be taken after that time as to whether integration of the services would be	Noted.

	Findings	Comments
	pursued further.	
27	The Panel was not provided with an exact breakdown for the intended spending of the additional £500,000 of funding assigned to Mental Health Services as part of the 2022-25 Government Plan, however, it was confirmed that the majority of the additional £500,000 funding would be allocated to develop new clinical roles and increase capacity within clinical services, in addition to funding the role of Director of Mental Health & Social Care. The Assistant Minister for Health and Social Services indicated his preference that a portion would be assigned to services for people with Autism and the Panel was advised that there would be a consultant pharmacy role.	Noted.
28	A Mental Health Improvement Plan was established in November 2019 to address the findings of S.R.4/2019, however, there is no current strategy in place for Adult Mental Health Services. There are plans to refresh the mental health strategy by the end of 2022 and publish a strategy for the next few years.	Noted.
29	A mental health strategy with clear objectives will be a key factor for facilitating joined up partnership working. It will enable the creation of a supportive system of services that will, in turn, provide better care and outcomes for patients and service users.	Noted.
30	The Panel has not found any evidence of outcome-based measures used by the Government to monitor its performance in relation to mental health, work on this had been incorporated in the Mental Health Improvement Plan but was ceased due to COVID-19 and resource challenges. No further annual Mental Health Quality Reports have been produced after the report for 2016/17.	Noted.
31	A change to the management of mental health services and creation of the new role, Director of Mental Health and Adult Social Care, has initially invigorated the process to review strategy and	Noted.

	Findings	Comments
	future direction for mental health services.	
32	A dementia strategy is being produced by the Government of Jersey, but not under the remit of Adult Mental Health Services (AMHS). AMHS will be a key partner in any dementia strategy.	Noted.
33	Service users for AMHS have a number of ways to provide feedback about services, however, there are concerns that the way feedback is currently collected does not provide the opportunity to capture a full cohort of views. An annual community survey for mental health services patients will be undertaken in 2022.	Noted.
34	Formal delegation of functions to an Assistant Minister, relating to the responsibilities for mental health services, has not been consistent since November 2020. Details about the delegation of functions by the Minister for Health and Social Services are available under individually searchable ministerial decisions, but are not easily accessible, or up to date, on the relevant page of the gov.je website.	Noted.
35	The Mental Health Improvement Board (MHIB) last met in November 2020, however, its last minuted meeting was September 2020. The cessation of meetings was reportedly due to the COVID pandemic and was a decision taken by the Chair of the MHIB (the former Director General of Justice and Home Affairs) who has since left the employment of the Government of Jersey. A decision has been made to change the MHIB to a Mental Health Strategic Systems Partnership Board (MHPB) following the external Independent Review and this will be co-chaired by the Director of Public Health and the Director of Mental Health and Adult Social Care and is due to be established in April 2022.	Noted.
36	The Panel understands that any long-term solution to recruitment and retention issues for Adult Mental Health Services (AMHS) will only be found following the successful co-ordination of different strands of work relating to planning and future modelling. For example, reviewing and	Noted; please note the full name of the board is the Health and Community Services Department Board .

	Findings	Comments
	potentially adjusting the workforce model for AMHS, the development of the community mental model of care and the development of the Jersey Care Model. The Panel believes that responsibility for this coordination and pressure to advance the workstreams should sit with the Health and Community Services Board.	
37	The workforce model for Adult Mental Health Services (AMHS) will be reviewed for appropriateness, as it needs to be aligned with the models of care for AMHS and the wider reaching Jersey Care Model. There could be opportunities for existing job roles, such as Support Workers, to be expanded as part of the workforce review.	Noted.
38	A Mental Health nursing degree can now be undertaken on-Island and it is hoped that this will create home grown talent. Clarity over the future provider for this degree is required.	Noted.
39	Cost of living, particularly accommodation, remains a problem in Jersey and this impacts Adult Mental Health Services and Health and Community Services as it deters prospective candidates for key-worker roles from coming to live and work here.	Noted.
40	The Department Strategic, Policy, Planning and Performance is undertaking a piece of work to address Government-wide problems (both immediate and long-term) relating to key-worker accommodation	Noted.
41	The government does provide a relocation package for some workers moving to Jersey.	Noted.
42	Orchard House is still being used to house the Adult Acute Assessment Unit, although the intention is for this to be short-term, until the new facility at Clinique Pinel is ready. Refurbishment work to address safety issues in Orchard House was started in October 2019 and completed by the end of 2020 – the work had been suspended for a time due to the COVID pandemic. A full Health & Safety audit has not been undertaken at Orchard House as follow up since 2018. However, assessments by the Jersey Nursing Assessment	Noted.

	Findings	Comments
	and Accreditation System (JNAAS) have been undertaken, which include a range of health & safety related indicators.	
43	The Panel understands that Jersey Property Holdings is responsible for the property and engineering maintenance of the sites occupied by Mental Health Services, particularly, Rosedale House, Clinique Pinel, Orchard House and La Chasse.	Noted.
44	Cedar Ward (on the first floor of Clinique Pinel) remains in operation through the building works at the site to extend the unit. There have been challenges faced by the clinical team on Cedar Ward and the contractor team at Clinique Pinel because of the ward's location adjacent to (and directly above) the current building works.	Noted.
45	On completion, Clinique Pinel will also house Cedar Ward (the Older Adult Assessment Unit), the relocated Adult Acute Assessment Unit (currently in Orchard House) and a 'place of safety', which was added to the scope of the project in July 2019.	Noted.
46	The building works at Clinique Pinel were originally due to complete in January 2022. This was extended to 25th May 2022 and has subsequently been delayed further.	Noted.
47	Co-location of mental health services and physical health services has been planned as part of the site application for the development of a general hospital at Overdale.	Noted.
48	The place of safety used at present includes the Emergency Department and occasionally other locations within the General Hospital, the Police station, Orchard House, and Robin Ward (for children).	Noted.
49	The place of safety currently in use does not provide suitable conditions for patients in crisis. Completion of the purpose-built site at Clinique Pinel has been delayed, likely until September 2022.	Noted.
50	There are no plans to have a separate place of safety for children and young people. Clinique	Noted.

	Findings	Comments
	Pinel will be used as a place of safety for both adults and children and operating arrangements will be put in place to ensure appropriate safeguarding measures.	
51	No specific detail has been confirmed about the location of the place of safety in the future (i.e., if mental health services are relocated to the new hospital campus), but the Panel understands that the intention would be to co-locate all the services on the new hospital site and move from Clinique Pinel.	Noted.
52	Frontline emergency services, such as the States of Jersey Police and the States of Jersey Ambulance Service, are often called to attend incidents which are later logged under the ‘umbrella’ of mental health. Further work to enhance and review the relationship with the Community Triage Team has been suggested by both those emergency services.	Noted.
53	If further triage support can be provided at the initial point of contact with the emergency services, this could facilitate a better patient experience – in that they will get to where they need to be quicker and will also reduce the pressure on other services and the General Hospital / emergency department.	Noted.
54	Significant delays have been identified in dealing with individuals suffering from crisis – this has been identified to us by the States of Jersey Police, the States of Jersey Ambulance Service, and the States of Jersey Prison Service. The Director of Mental Health and Adult Social Care has advised that Adult Mental Health Services should work towards the standard that anyone referred in a crisis should be seen for a face-to-face assessment within 4 hours.	Noted.
55	People who are suffering from a mental health crisis, including those detained under Article 36 of the Mental Health (Jersey) Law 2016, are sometimes transported in inappropriate conditions (such as a caged police van) to the place of safety.	Noted.

	Findings	Comments
56	Valuing mental health and physical health equally with ‘parity of esteem’, remains a key concept, however, further work is required to ensure that this is embedded in practice across health care services.	Noted.
57	The Panel has been advised that there has been some effort to undertake a co-production approach in the provision of mental health services, for example the Expert by Experience (EBE) meetings, but it has been acknowledged that there is the opportunity and desire for AMHS to do more. Training on co-production is available from the Jersey Recovery College.	Noted.
58	The idea of “joined-up”, coherent and co-ordinated services has been a common theme from charities and organisations who have contributed to the Panel’s follow-up review of Mental Health Services.	Noted.
59	The development of the Jersey Care Model and the review of sustainable healthcare funding will be key factors in the future costs of healthcare to patients. Patients seeing their GP for consultations about mental health are not provided with different fees to those who present with a physical problem.	Noted.
60	There is now a monthly transition meeting between CAMHS management, senior CAMHS practitioners, adult mental health management and service users aged 17.5 years old, to discuss and plan transition arrangements from CAMHS to AMHS.	Noted.
61	A draft transition policy for CAMHS service users is in place and is due to be ratified by children, young people, education and skills.	Noted.
62	Schedule 1 of the Misuse of Drugs (Jersey) Law 1978 would need to be amended to allow a greater number of healthcare professionals to prescribe medication to Child and Adolescent Mental Health service users.	Noted.
63	A Child and Adolescent Mental Health Services performance report will be available in early 2023, that describes service user casework, transition performance and feedback.	Noted.

	Findings	Comments
64	The Terms of Reference and a four-year programme of work have been developed for the Joint Peer Group which provides governance and oversight between the Department of Health and Community Services and Department of Children, Young People, Education and Skills.	Noted.
65	Since the Panel's review, S.R.4/2019, several new services have been established for example a 'Listening Lounge' (through an outsourced contract) and a home treatment team and a community triage team have also been established through Adult Mental Health Services.	Noted.
66	A coherent model of care has not been put in place for the Adult Mental Health Service. The Panel has been advised that different mental health services have different models of care, however, the final community model for mental health services will be agreed by the end of April 2022. This model of care will describe the overarching structure / delivery and objectives for community mental health services. When a new community model of care is adopted, there will be an implementation period that will include staff training and transition.	Noted.
67	Work is being undertaken on a co-ordination of care framework which will assist with the care for individuals with complex and multiple needs from different services. This will be the equivalent to the Care Programme Approach (CPA) in the United Kingdom which was recommended by the Independent Review of Adult Mental Health Services in Jersey.	Noted.
68	Health and Community Services has undertaken discussions with Liberate Jersey in relation to mental health pathways for transgender Islanders, has in place a contractual relationship and a draft business case with a London-based Gender Identity Clinic and a draft pilot gender clinic partnership between Liberate and the Jersey Youth Service.	Noted.
69	£3,316,721 was spent on a total of 25 off-island bed placements for islanders with mental health issues	Noted.

	Findings	Comments
	in 2021. 5 of these beds were for prisoners.	

RECOMMENDATIONS

	Recommendations	To	Accept/ Reject	Comments	Target date of action/ completion
1	The Minister for Health and Social Services should commit to reviewing the services and investment for people with mental illness as part of the next Government Plan. This should particularly outline the scope of services and support provided for people with severe mental illness in Jersey.	MH SS	Accept	The review into services and investment for people with mental illness has commenced and growth bids are being considered for this year's government plan.	2022
2	The Minister for Health and Social Services should engage with Carers Jersey in 2022 to develop draft legislation for carers. Work to develop the legislation should include, where appropriate, the parity of esteem concept, which will ensure that mental health and physical health are valued and treated equally.	MH SS	Accept	This will be incorporated into MHSS' ministerial plan and scoping will begin in 2023.	2023 onwards

	Recommendations	To	Accept/ Reject	Comments	Target date of action/ completion
3	The Minister for Health and Social Services should ensure that the work to review the community care model includes a detailed consideration of the service required by States of Jersey Prison Service (SoJPS), including succession planning for staff changeovers and illness. The Minister for Health and Social Services should also arrange for the implementation of a service level agreement between Adult Mental Health Services and the SoJPS. This should be implemented by the end of 2022.	MH SS	Partially Accept	Responsibility for the delivery of health services within the SoJPS does not currently sit within Health & Community Services. Work is already underway jointly between HCS and SoJPS to explore the potential future model for delivery of prison healthcare; an effective mental health system will require contribution from both SoJPS and HCS.	Jan 2023
4	The Minister for Health and Social Services should publicly share a structure chart of the management and governance structure for Adult Mental Health Services in an appropriate section of the gov.je website, which should be updated if / when	MH SS	Accept	Mental Health and Social Care are currently 2 separate and distinct Care Groups within the HCS structure, managed under a single Director with responsibility for both.	September 2022

	Recommendations	To	Accept/ Reject	Comments	Target date of action/ completion
	Mental Health and Adult Social Care separate. The Panel suggest that this is in line with the recommendation made by the Comptroller and Auditor General (C&AG) Health and Community Services (HCS) Report and is supportive of this practice being used across HCS for transparency of public service.				
5	The Minister for Health and Social Services should, by the end of December 2022, publish a document detailing the priority actions for Adult Mental Health Services (AMHS) including outcomes / measures. This should be incorporated into the new Mental Health strategy. For transparency and to maintain an accurate record, a document should also be published detailing the actions that will not be taken forward by AMHS at this time.	MH SS	Partially accept	This will be incorporated into the refreshed Mental Health Strategy. The actions not being taken forward immediately will be identified with a proposed future action date.	Ongoing

	Recommendations	To	Accept/ Reject	Comments	Target date of action/ completion
6	<p>The Minister for Health and Social Security should provide an update to the Health and Social Security Panel, by the latest at the end of September 2022, in respect of the status of the review work that has been undertaken to consider whether the integration of Adult Mental Health and Adult Social Care can recommence. For governance purposes, it should be made clear where the decision about the future integration of the two care groups will be made.</p>	MH SS	Partially accept	<p>We currently anticipate this will be completed by December 2022 (rather than September).</p> <p>The future structure for operational delivery & leadership / management will be determined by the end of the year as part of our ongoing mental health & social care development plan.</p>	Dec 2022
7	<p>The Minister for Health and Social Services should report to the incoming Health and Social Security Panel by the end of September 2022 to confirm how the £500,000 of additional Government Plan funding will be allocated within the budget for Mental Health Services and, also, identify how, or if, it has beneficially impacted frontline</p>	MH SS	Accept	<p>Whilst an initial plan was created at the beginning of the year to allocate this non- recurrent £500,000, this has needed to be revised as the year as progressed due to challenges in obtaining the identified staff. We commit to providing a report at the end of the year detailing how the allocation was spent, and the impacts of this.</p>	Dec 2022

	Recommendations	To	Accept/ Reject	Comments	Target date of action/ completion
	services and service users.				
8	Adult Mental Health Services should document its position and any limitations of its input as a ‘key partner’ to the dementia strategy. AMHS should commit to supporting and responding to the objectives developed by the dementia strategy and, when possible, incorporate these into the outcomes- based reporting for mental health.	MH SS	Partially Accept	As an active key partner in the development and delivery of the proposed Dementia Strategy, Adult Mental Health Services will be involved in the planning and completion of the strategy work, and the implementation of this. Further documentation of the AMHS position is therefore not necessary. The need to include outcome measures as part of the strategy is accepted	Ongoing
9	The Minister for Health and Social Services should, on a quarterly basis, ensure that anonymised feedback from service users is published, together with up-to-date information about how co-production and accessibility have been addressed by Adult Mental Health Services in the period (for example, for service users who do not speak English as a first language, or others with communication or connectivity challenges).	MH SS	Partially Accept	Service user feedback and the actions taken in response to this now form part of the routine internal reporting & leadership oversight for AMHS / HCS. This will in future be incorporated into an annual progress / quality report for mental health services. How / where this could be routinely published on a quarterly basis needs further consideration and should involve discussion with service user groups. The timescale for this will be provided.	Ongoing
10	The Minister for Health and Social Services should ensure	MH SS	Reject	This will form part of the HCS PALS offer, alongside access to commissioned independent advocacy services.	N/A

	Recommendations	To	Accept/ Reject	Comments	Target date of action/ completion
	that a patient advisory service is provided through an independent body to both in-patients and community patients of AMHS.				
11	The Minister for Health and Social Services should ensure that the political responsibility for mental health services is formally recorded in an accessible way for the public. For example, a list of responsibilities or policy areas should be detailed on the government website. These areas of information should be reviewed, at a minimum every quarter, for accuracy. Furthermore, any delegations of responsibility or function to an Assistant Minister should be formally recorded by way of a Ministerial Decision as soon as possible. The Panel makes this recommendation in relation to mental health services but	MH SS	Reject	The Code of Conduct for Ministers and Assistant Ministers governs the ministerial decision process (see ‘Recording of Ministerial Decision Guidelines’ section) and the delegation of functions to an Assistant Minister. All public ministerial decisions are then published to gov.je on the Ministerial Decisions page . In addition, all ministerial policy responsibilities are required to be published under the States of Jersey Law Article 30A (How the Council of Ministers works (gov.je)). Any changes to the above codes, guidance and practises are a matter for the Chief Minister.	N/A

	Recommendations	To	Accept/ Reject	Comments	Target date of action/ completion
	suggests that it could be considered across the Ministerial portfolio in the interest of transparency.				
12	The Minister for Health and Social Services should ensure that the terms of reference, membership and reporting lines of the Mental Health Strategic Systems Partnership Board (MHPB) are made public. Health and Community Services should clarify the administrative support and resource that will be provided to the Chair and the MHPB so that it can fulfil its proposed function.	MH SS	Accept	A page will be created on gov.je for the Mental Health Strategic Systems Partnership Board.	2022
13	The Minister for Health and Social Services should provide the Health and Social Security Scrutiny Panel with details of any changes to workforce roles in Adult Mental Health Services, including the timeframe for change, by the end of September 2022.	MH SS	Partially accept	It is anticipated that changes to workforce roles will be a continuing process as service models develop over time. Updates can be provided to the Panel at public quarterly hearings or via correspondence if requested.	Ongoing

	Recommendations	To	Accept/ Reject	Comments	Target date of action/ completion
14	The Minister for Health and Social Services should provide the Health and Social Security Scrutiny Panel with information on how all the workstreams within Health and Community Services relating to recruitment and retention of staff are being co-ordinated. This should be provided by the end of December 2022	MH SS	Accept		December 2022
15	The Government should prioritise its work on keyworker accommodation. Whilst the Department Strategic, Policy, Planning and Performance may be leading the work, there should be increased Ministerial support to facilitate a joined-up solution to this problem across departments and secure appropriate funding.	CO M	Accept	The Minister for Housing and Communities is acting in this area in consultation with the Ministers for Infrastructure and Health and Social Services.	Ongoing
16	The Government should consider trialing and funding specific incentive schemes to attract and retain key workers for Health and Community	CO M	Accept	The Minister for Health and Social Services will be discussing possible options with her Executive Leadership Team to attract and retain key workers for HCS.	Ongoing

	Recommendations	To	Accept/ Reject	Comments	Target date of action/ completion
	<p>Services and target recruitment of skilled individuals in areas such as Mental Health. Incentives could be financially beneficial to the employee, for example, offering tuition reimbursement dependent on length of service, or providing payment to student nurses for shifts to assist with costs of living. Alternatively – or additionally – professional and personal benefits should also be explored, for example, developing links to educational establishments and research and innovation to enable professional development (making Jersey somewhere that people want to come and work or gain experience), or leading on alternative initiatives that would be considered ‘outside the box’ for HCS, for example funding schemes that would support shift workers with childcare that suits</p>				

	Recommendations	To	Accept/ Reject	Comments	Target date of action/ completion
	their working hours.				
17	The Government should review the adequacy of its relocation package and, where possible, collate specific feedback from both candidates who have accepted roles and candidates who have rejected roles and those findings should be reported publicly to the HCS Board.	CO M	Partially agree	The Minister will request, and work with, SEB to consider the adequacy of its relocation package as relates to all staff and not just those seeking employment with HCS.	Ongoing
18	The Minister for Health and Social Services and the Minister for Infrastructure should urgently, in May 2022, provide a joint update in relation to the completion date of the contract and the commencement of services at Clinique Pinel. Following the formation of a new Government, updates should be provided on a monthly basis until completion.	MH SS	Partially accept	The current anticipated completion date is March 2023. Updates can be provided to the Panel at public quarterly hearings and or via correspondence if requested.	Ongoing
19	The transport of patients suffering from a mental health crisis, including those detained under Article 36 of the Mental Health (Jersey) Law 2016 (the MH Law)	MH SS	Partially Accept	HCS will commit to working jointly with the police, to review the transporting of patients who are detained or in crisis, and to developing a joint protocol for this. The proposal that the community triage team should be provided with a	October 2023

	Recommendations	To	Accept/ Reject	Comments	Target date of action/ completion
	should be reviewed by the minister for health and social services, in collaboration with the emergency services, as a matter of urgency. The minister for health and social services should arrange for the community triage team to be equipped with a suitably appropriate vehicle that would assist the SOJP and sojas with the transport of individuals in these circumstances.			vehicle for this purpose is not accepted, not least due to the potential safety risks and staffing requirements involved in this. Further joint work is required to find an appropriate and safe solution, supported by a joint protocol as above.	
20	The Minister for Health and Social Services should publish details of the separation and safeguarding arrangements that are to be established for the place of safety in Clinique Pinel. There should be clear lines of responsibility as to how the place of safety will be operated, including details about how Health and Community Services (HCS) professionals will work collaboratively together in any scenario where a young person is detained at	MH SS	Accept	This will be incorporated into the Operating Procedure for Clinique Pinel, which will be available prior to the unit opening.	March 2023

	Recommendations	To	Accept/ Reject	Comments	Target date of action/ completion
	Clinique Pinel under Article 36, or admitted there for treatment. The Children's Commissioner for Jersey should be consulted on the arrangements and given the opportunity to contribute. This should be actioned before the place of safety at Clinique Pinel becomes operational.				
21	The Minister for Health and Social Services should consider whether a separate place of safety could be provided for children and young people in the medium to long term.	MH SS	N/A	This recommendation is for the Minister for Children and Education.	N/A
22	If Adult Mental Health Services do relocate to the new hospital location, the Minister for Health and Social Services should give consideration to the long-term use of Clinique Pinel, for example, as a separate mental health location for children in crisis.	MH SS	Reject	Given the current review of the future hospital plans, it would seem premature to accept this recommendation.	N/A
23	The Minister for Health and Social Services must demonstrate that the refreshed strategy for	MH SS	Accept	This is a core principle in the work that we have been developing since January, and we will ensure that coproduction is promoted, supported and embedded throughout our	Ongoing

	Recommendations	To	Accept/ Reject	Comments	Target date of action/ completion
	adult mental health and the new mental health strategic systems partnership board utilise genuine co-production. Staff should be offered training in what co-production means and why it is important.			strategy development and service development work. This is reflected in the terms of reference for the System Partnership Board. A proposal for the development of system-wide co-production training has already been approved at the July Mental Health System Partnership Board.	
24	The Minister for Health and Social Services should review and propose an amendment to the Misuse of Drugs (Jersey) Law 1978 which would address the issues clinicians are faced with in relation to the prescription of medication for mental health services. Any amendment should seek suitable ways to ease pressure on the narrow accessibility of the prescriptions process and, ideally, allow a wider remit of healthcare professionals to prescribe medication to patients.	MH SS	Accept	Work has already commenced in this area to develop proposed amendments to legislation and policy.	Ongoing
25	The Minister for Health and Social Services should, by the end of September 2022, publish a document detailing the	MH SS	Accept	This will be published in October as part of the Community Redesign programme.	October 2022

	Recommendations	To	Accept/ Reject	Comments	Target date of action/ completion
	community model of care for mental health services and provide further details on the implementation and change process.				
26	The Government should commit to retaining dialogue with Liberate Jersey about developing and improving the pathways for transgender people. Information about the progress of the pathway should be made public by the Government.	CO M	Accept	This is accepted and has been incorporated into our current planning for 2023. Implementation will be dependent on funding being made available from the Government plan.	Ongoing
27	The Minister for Health and Social Services should arrange for an independent review of the commissioning process for the acquisition of off-island beds in relation to mental health services and secure hospital support.	MH SS	Reject	The commissioning process has only recently been reviewed and redeveloped by the new Director of Mental Health and Adult Social Care to improve consistency, quality and value for money, and is in the process of being implemented. There are currently no plans for a further independent review of this at this time.	N/A