

STATES OF JERSEY

Education and Home Affairs Scrutiny Panel

FRIDAY, 9th NOVEMBER 2012

Panel:

Deputy J.M. Maçon of St. Saviour (Chairman)
Connétable M.P.S. Le Troquer of St. Martin

Witnesses:

Deputy A.E. Pryke of Trinity (The Minister for Health and Social Services)
Mr. C. Dunne (Director, Adult Services)
Ms. M. Leeming (Service Manager, Adult Mental Health)
Mr. D. Harrison (Clinical Director, Mental Health)
Mr. I. Dyer (Director, Older Adult Services)

In Attendance:

Mr. M. Haden (Scrutiny Officer)

[14:04]

Deputy J.M. Maçon:

Hello and good afternoon. Just to explain the context and how we find ourselves here today, the panel read with interest the annual report from the Prison Service and we explored various issues within that particular service. We noted also the annual report from the Prison Board of Visitors, noting in particular that in their report they refer to considerable concern regarding the presence in prison of a number of inmates with emotional or mental health problems. We have heard from them or we will be hearing from the Prison Board of Visitors after this session today, and it is very much also to challenge and ask how the policies work within Health and Social Services, as indeed you would expect Scrutiny to do. If I can begin by asking what facilities does the Health and Social Services Department currently have to deal with people with mental health conditions who require a secure environment or who are currently serving a prison sentence?

The Minister for Health and Social Services:

Thank you, and I would like to thank the Scrutiny Panel for inviting us here today. I think it shows how wide Health and Social Services care is that we can fit into this. We have our own Scrutiny Panel but also we are very happy to come to your

Scrutiny Panel for this particular area, which I know it fits under, and also Environment. We have a session there as well, so it shows how broad Health and Social Services is. Regarding your first question, I will start because I have come with ... it is a very specialised area within Health and Social Services and it is fair to say that at this present moment in time the facilities available which support either remand or sentenced prisoners who are experiencing poor mental health are admission to Orchard House, which is an open psychiatric ward, or inreach mental health services provided by Health and Social Services at La Moye.

Deputy J.M. Maçon:

I see. What issues have your staff referred to you regarding the relationship between Health and Social Services and the care that they take at Orchard House and any issues arising from inmates who might be referred to this facility?

The Minister for Health and Social Services:

Sorry, which facilities did you mean, the one at Orchard House or the one at La Moye?

Deputy J.M. Maçon:

I will take them in turn, Minister.

The Minister for Health and Social Services:

All right. Well, as we know, Orchard House does not provide a secure facility. It is essential and we also work very well in partnership with the prison and I would like to think that the frontline staff, Marie's team as well as Dale's team - sorry, including Ian's team as well there - work very closely with the frontline staff and, as necessary, they will ... would it be a good idea to explain how it actually works?

Deputy J.M. Maçon:

Please.

The Minister for Health and Social Services:

Dale, do you want to explain your input?

Clinical Director, Mental Health:

Yes. I think there are 2 issues here. First of all, I would like to acknowledge and agree with the Prison Service and the Prison Board of Visitors that the prison

environment is a very difficult environment. It is a very stressful environment and it can affect people's mental health. That has been recognised for a long time. Because of that, you will find that there is a higher proportion of the population of the prison that have mental health problems compared to the general population. So we acknowledge that and I think the inreach service caters for that clientele very well. They are people that would be receiving perhaps community care if they are in the general public. They would be going to the outpatient clinic or going to the community mental health centre. The way that our service works is that I go in once a week to do a clinic in the prison and a forensic nurse specialist has 2 sessions a week where she goes into the prison to see the prisoners. The prisoners that are identified for us come from either the G.P. (general practitioner), who will refer them directly to us. There is a G.P. going into the prison every weekday so if they identify someone that they feel needs mental health input, they will refer it on to us. Similarly, the psychologists in the prison, there are 3 psychologists. If they are concerned, they feel that they need more mental health input, they will refer to us. The healthcare staff that work full-time in the prison, if they are concerned either through their contact with the prisoner or from the prison officers going to the healthcare staff, they can be referred on to us. That is the majority of our work in the prison. To give you an example of the frequency that we are seeing prisoners, I took this week as an average week. I was there this morning and I have 18 clients on my clinic list. I am not seeing them every week but they are on the clinic list at present, so that works out at roughly about 12 per cent of the prison population that are on my clinic list. The forensic nurse specialist has additional ones to that so we are seeing a high percentage of the prison population. If you translated that to Jersey general population, it would be something like 10,000 people in the general public seeing a consultant psychiatrist. So you can see the prison population is over-represented that is seeing a psychiatrist. I think that they get very prompt service. There is no waiting list. We prioritise seeing people as the healthcare staff and the directors, so we can see them very quickly. That is the majority of people with mental health problems. There is a much smaller group, a significant group, that have more complex mental health needs and I think these are the ones that have caused more concern. These are the ones that would require more than community care; they would require inpatient care. For those, we have to decide whether we can treat them in Jersey or not. The only inpatient facility that we have in Jersey is Orchard House, which is an open psychiatric ward. Psychiatric wards are either open and non-secure or they are secure and there are different levels of security. In the U.K. (United Kingdom), you have low secure, medium secure and high secure, so that is

how it is divided. It depends on the risk that each patient poses either to themselves or others what level of security they need. In Jersey at present, we just have an open ward so when we feel someone needs inpatient psychiatric treatment we have to do a risk assessment to see whether we can manage that risk on that open ward. If it is felt the risk is too high, then in Jersey we lack a facility to treat them. I recognise and I get very frustrated because I know that the prison environment is not good for them. It is making them worse but we have nowhere locally that we can send them to. If they are suitable for an open ward, they can be transferred quite quickly from the prison to Orchard House, but it does not come without problems because, in addition to the mental health supervision, they need supervision from the prison staff to make sure that they stay where they are for security reasons. So they go to Orchard House with prison officers around the clock so there is quite a resource issue there. For the small number of people who we cannot manage because of their risk in Jersey, we have to look outside of Jersey and that is where the problems sometimes arise. A suitable facility has to be identified. So the local psychiatrist recognises the illness and refers to a forensic psychiatrist on the mainland from a secure unit, and they will ask for an assessment. So a team from the unit in the U.K. will come over. With some delay, they will come over and assess the person in La Moye and then they will return to their unit, present their findings to an assessment panel or admissions panel at that hospital, and a decision is made whether that prisoner needs inpatient admission and whether they could provide that inpatient care. Quite often they will say yes, the prisoner needs inpatient care but, no, we cannot provide it because our facility is full, and then they will suggest other facilities in the U.K., and we have to approach them and repeat the process so there is a delay there.

[14:15]

Deputy J.M. Maçon:

Can I just ask on that how time consuming is that type of process? It sounds as if it does take quite some time.

Clinical Director, Mental Health:

It is variable. We have been looking at bringing that process down by entering into a partnership with a particular trust, South Essex Partnership Trust, S.E.P.T., and the initial experience is that they are responding quicker and providing beds quicker. But it can take weeks; that can go on to months. Then, in addition to that, we have the

transfer process, which can cause further delays through our lack of mental health legislation. In the U.K., the courts are able to grant hospital orders sending the person to hospital while in prison and there are also transfer orders to transfer the prisoner from prison to and from the hospital. We do not have that legislation here in Jersey.

The Connétable of St. Martin:

If I can just go over it, you are talking about 12 per cent of the prison population has some sort of psychiatric problem?

Clinical Director, Mental Health:

Roughly, at the moment, yes.

The Connétable of St. Martin:

The first you might treat and see at La Moye itself and, I take it, receive medication at La Moye and remain at La Moye. Do they remain in a normal part of the prison?

Clinical Director, Mental Health:

Yes, La Moye does not have an inpatient health wing. It does have the healthcare centre, which is like an outpatient facility, so they will be in the regular part of the prison.

The Connétable of St. Martin:

And seeing you at visits or seeing a psychiatrist at visits?

Clinical Director, Mental Health:

Yes, seeing the psychiatrist or seeing the psychiatric nurse or seeing the psychologist or whoever that may be.

The Connétable of St. Martin:

Okay, and then the others that have a more serious problem then are then assessed. I am not sure, where is Orchard House?

Service Manager, Adult Mental Health:

Up at St. Saviour's Hospital.

The Minister for Health and Social Services:

At St. Saviour. At the back of the St. Saviour site.

The Connétable of St. Martin:

At St. Saviour's Hospital. So the person is removed, is in need of authority from ... is it prison authority to move a person there or is it the police or is it the court?

Clinical Director, Mental Health:

Yes, the prison authority.

Director, Older Adult Services:

The prison or the Governor would make an application to the Bailiff to have someone transferred to hospital, and that happens whether someone needs to go to a mental health hospital or whether they need to go to the general hospital because they have broken their foot or whatever. If a sentenced prisoner or remand prisoner needs to leave La Moye to go to healthcare, the application is made to the Bailiff for that permission.

The Connétable of St. Martin:

Would that be the same for any illness, then, if somebody was going to the hospital?

Director, Older Adult Services:

Yes.

The Connétable of St. Martin:

Okay. So some people then would go to Orchard House, some of the prisoners. Then you start this process if the illness is worse to go away?

Clinical Director, Mental Health:

No, before they go to Orchard House we have to undertake a risk assessment to see how that patient could be managed in Orchard House. Orchard House, as I say, is an open psychiatric ward. It is not designed to treat people over a certain risk level. In the U.K., they would be sent to secure care services, low, medium or high, so before they leave La Moye, that assessment has to take place. If that risk assessment is that the patient cannot be treated adequately in Orchard House, the risk cannot be managed adequately in Orchard House, they do not go to Orchard House. We have to start the process to locate a secure care facility in the U.K.

The Connétable of St. Martin:

So it is not so much the illness, it is the seriousness of offence?

Clinical Director, Mental Health:

Absolutely, it is not necessarily the illness that ...

The Minister for Health and Social Services:

The psychiatric illness rather ...

Director, Older Adult Services:

It can be both. It could be both because it might be the illness itself is driving the risk, and if the risk is too great to be managed in an open unit, then we would look for a tertiary unit in the U.K. The same as they would in England because there would be acute units. Orchard House in England would not manage some of the levels of risk we manage locally. We manage higher levels of risk locally than they would the equivalent unit in England because of ...

Clinical Director, Mental Health:

But in England they would not transfer a certain prisoner to an open psychiatric ward at all.

Director, Older Adult Services:

No, that would not happen in England. They would go to low secure or medium secure, but what we do is with the prison authorities and where possibly someone needed inpatient treatment, they would come across and there would be a joint protocol between us and the prison. There are times where people's level of risk is such that they do not need a prison officer after a period of assessment and so they would be managed within Orchard House without prison officers, but all of it would depend on the assessment of risk and health need.

The Connétable of St. Martin:

Where does the funding come from for Orchard House or for the U.K.? Does it come out of your budget?

The Minister for Health and Social Services:

It comes out of Health and Social Services' budget.

The Connétable of St. Martin:

Not out of Home Affairs?

The Minister for Health and Social Services:

No.

Deputy J.M. Maçon:

I have a few specific questions. You mentioned in the U.K. there is specific legislation to allow the court to refer someone to a hospital instead of necessarily to prison, as I understand it. First of all, can I simply ask the officer whether you have made a recommendation to the Minister that she should be bringing forward this type of legislation in Jersey.

The Minister for Health and Social Services:

I think updating the Mental Health Law has been on the agenda for several years, by my predecessors, too, and I think it has been put on the too-hard box because it is very complicated. But I think what I have done is taken it off the shelf, dusted it out and given it to the officers to sort out. I know that Ian will ... Ian, do you want to give the update of where we are and the complexity of it?

Director, Older Adult Services:

Yes. If we think about the current Mental Health (Jersey) Law, which is the 1969 Mental Health Law here in Jersey, and the primary difference between the local legislation and the legislation in the United Kingdom - and the United Kingdom is different in Scotland, Northern Ireland and England and Wales - the primary difference is that we do not have a mentally disordered offenders part of the law. That includes people going into Magistrates' Court or Crown Court, or Royal Court locally, and being able to be referred to an inpatient setting for assessment prior to sentence or being transferred post-sentence from prison into hospital. It is for people who have a mental health condition who have gone through or going through the criminal justice system, and that has never been within the Jersey Mental Health Law. What we are in the process of doing is we have had a meeting at the end of July with the Minister for Health and Social Services. It was chaired by the Minister for Health and Social Services and attended by the Minister for Home Affairs and the Assistant Minister for the Chief Minister's Office with officers. What we have agreed is that I am producing with officers from the Law Officers' Department and the Chief Minister's Department a scoping document to look at the introduction of 3 pieces of

legislation. The first will be a criminal justice mental disorder law, which will be owned by the Chief Minister's Department because it is a criminal justice piece of legislation, and that would be the equivalent of the Mentally Disordered Offenders Law in the English and Welsh Act. The second part of the legislation is the mental capacity legislation, which we do not have in Jersey, and that is looking at people's capacity to make decisions for themselves, advanced directives and deprivations of liberties, which there is a 2005 Act in England. The third is the rewriting of our civil part of the Mental Health Law, which is our 1969 law. So there are 3 pieces of legislation. The scoping document itself we will put initially to the Council of Ministers the proposals or options of mental health legislation for the criminal justice mentally disordered offenders component of the law, because obviously with that there are significant resource implications. The decision on whether or not we have an equivalent secure environment in Jersey where people can be transferred from court or from prison or whether they pose a significant risk and can be nursed and managed within a secure environment on Jersey, the decision will need to be taken following the receipt of the scoping document or whether we continue to purchase tertiary healthcare for such population off-Island. Either way, it is not cheap. Currently, an off-Island placement for someone in a medium secure unit is between £200,000 and £220,000 a year. Obviously, it is to be a political decision whether or not we have the equivalent ... it would be more than, but the equivalent of a Greenfields secure site for people with mental health conditions. If we do move towards that, just to be clear, we would have to work very closely with specialist providers off-Island, such as S.E.P.T. or other specialist providers, because not only in England do you have different levels of security, such as low, medium and high levels of security, you have different levels of speciality. Within the secure settings in England, you have low secure for women, for personality disorders, for psychosis, for special needs learning disability, and then you would have low secure, medium secure and high secure for those different categories, so we would have to have a generic service here if we moved along those lines.

Deputy J.M. Maçon:

Two questions arise from that. First of all, are you able to give us an indication of the timeline that that type of process would follow?

Director, Older Adult Services: You mean new legislation?

Deputy J.M. Maçon: Yes.

Director, Older Adult Services:

New legislation, with a fair wind and being quite clear the first process is the scoping document, because the Council of Ministers will need to decide whether or not Jersey will have a criminal justice mentally disordered offenders law because it is pointless having the law if we do not have the facilities to accept it, so the first question will be will the Council of Ministers and ultimately the States accept that these facilities could be funded and are to be funded. Once we know the outcome of that scoping or following the scoping document and the outcome of the decision of the Council of Ministers whether or not to pursue a mentally disordered offenders law because we are going to have the resources, we are going to work towards the resources, in reality we are probably talking about ... I am guessing 2015 the time anything would be going to Privy Council, and there is a small resource within Health to prepare this and also we have resource within the Law Officers' Department that we are working with.

The Connétable of St. Martin:

So what Minister would that be? Would it be you, Minister, or would it be the Minister for Home Affairs?

Director, Older Adult Services:

Chief Minister. The criminal justice mentally disordered law has been accepted that it comes under the Chief Minister's Department because it is a criminal justice law, so the Assistant Chief Minister ...

The Minister for Health and Social Services:

Senator Routier.

Director, Older Adult Services:

... Senator Routier, that part of the legislation he will be taking responsibility for driving forward.

The Connétable of St. Martin:

So is he driving that forward now?

Director, Older Adult Services:

Yes, it is a piece of work that has started.

Deputy J.M. Maçon:

Can I just ask, presumably Guernsey would face similar issues. Has there been any communication about sharing facilities either there or here with our sister island?

The Minister for Health and Social Services:

Not to this particular level regarding that. We did meet with the Minister last time obviously looking at working closely together, but I think until we get ... I am not too sure how far Guernsey are with their mental health laws, and until we know what we are doing I think it is difficult to ... yes, it is something that we will discuss and it is something that we can do together. I am always open to that.

Deputy J.M. Maçon:

Thank you. You touched also on the costs of sending someone off-Island. While appreciating the issues around Orchard House and then if someone is too high a risk they have to remain within the prison, I wonder if you are able to give us the type of cost it would cost to keep someone in Orchard House for a year. You might know what it would be to keep them in the prison, maybe not. If not, we will find that out somewhere.

Clinical Director, Mental Health:

I think the prison costs have gone up. I think it is about 60 ... I do not know.

Director, Older Adult Services:

I am guessing it is about £60,000 per annum in our prison.

Director, Adult Services:

I think to give you an accurate cost, if you wanted that detail, we would be happy to maybe go away and put that together for you so that you could see, because there will be a variable in those costs, again dependent upon need, around the level of both the healthcare support and the prison support. As was intimated earlier, there are a number of occasions where a prisoner has moved into Orchard House and we have the Prison Service offering the security and we have reached a point where the risk assessment says that that is not required anymore. But there will be a variable and we would be happy to put together the sort of range of costs that could be incurred on an annual basis if that is of help.

Clinical Director, Mental Health:

Rather than just restrict it to financial considerations, I think one has to look at the therapeutic environment. The prison is not designed as a therapeutic environment and if prison officers are too evident in a hospital then that will also have an impact on the therapeutic environment.

Deputy J.M. Maçon:

The Scrutiny Panel would welcome that information in our deliberations. Are you able to confirm at this stage that it is cheaper for the Department, either Home Affairs or Health and Social Services, to keep someone on-Island rather than refer them to an external facility?

[14:30]

The Minister for Health and Social Services:

No, I would not because with part of the White Paper, part of it that we approved yesterday was to do a feasibility study on the Overdale site, and on there it was looking at the scoping of whether we do have some sort of low, medium or secure units up there when we redevelop that site in years to come. But then you also have to take in, as you have done with any speciality within an island environment, talking about the numbers of people who will be using or accessing that facility. It is a very careful balance. You have to weigh up if there is only a small number of people using it, are they low, medium or high risk, are they male or female, and what are the treatments that they are needing with it, so it is not an easy answer just to give because there are so many variables within it.

Director, Adult Services:

Yes, our view is that when we have been looking at the concept of running comparable services on-Island, the reality is that we believe it is not going to be any cheaper on-Island and if anything it may be more expensive to be able to sustain that level of specialism on that level of facility on-Island. However, the scoping exercise is yet to be done in order for us to know what are the best options to go forward, and the scoping work begins next year.

Deputy J.M. Maçon:

What timeframe is that document work going to take?

Director, Adult Services:

Built into the transition plan within the White Paper, we are looking at, as I say, the scoping exercise starting from next year with a view to any decisions leading towards the implementation of changes from 2016. So in the White Paper, it is in that second tier of development that we would then be looking at the further investments in this, and the reality is it will take us over these next couple of years to get the right information in order to make the right decision about whether or not we develop those services on-Island or recommend a continuation of commissioning those very specialist services off-Island.

Director, Older Adult Services:

Can I just clarify because we have just described 2 scoping documents? There is a scoping document that Chris was describing there which is looking at the potential facility within an environment possibly on the Overdale site. The scoping document that I was describing was the scoping document for the mental health legislation, which within that I am looking at - and it will be an estimate rather than anything that I would want to be held to or the Council of Ministers would want to be held to - a rough cost of revenue cost for running such a unit with X amount of beds. I do not have that detail at the moment, but just to be clear that one of the ... security within medium and low secure environments, a lot of the security, although you have the environmental security, a lot of the security is based on staffing numbers. So you work with high numbers of staff for smaller numbers of patients compared with, say, for example, Orchard House or other healthcare facilities, so the revenue costs for such facilities are expensive.

The Connétable of St. Martin:

You have answered the second question that we were going to have about you working with the Prison Service. How much at the moment then do you think it is costing the department to deal with mental health problems of prisoners?

Clinical Director, Mental Health:

The costing of the off-Island placements of the patients?

The Connétable of St. Martin:

No, totally. You can break it down that way if you like, but how much is it costing the department to deal with it?

The Minister for Health and Social Services:

The off-Island placements was ...

The Connétable of St. Martin:

We are talking £222,000, £250,000, to keep somebody off. That is one person?

The Minister for Health and Social Services:

It is not cheap.

The Connétable of St. Martin:

It is not cheap. How many people are at the moment?

Director, Adult Services:

Again, in terms of detailed costing so we are not giving you anything inaccurate, if you wanted a breakdown of what the actual investment in terms of the services we are both putting into as inreach into the prison, we can actually cost that out separately and then we can also add in those unit costs where we are funding individuals who are in specialist placements off-Island. That would give us a reasonable figure of what we are investing in terms of those individuals in prison who require mental health support.

Deputy J.M. Maçon:

I think that will be a sensible way forward. Thank you.

Director, Adult Services:

Yes, because I would be making up a figure if I was to ... but I can provide that.

The Connétable of St. Martin:

Who would you criticise at the moment for the situation that we are in? Can you criticise anybody that we do not have sufficient resources? We are not dealing with prisoners with psychiatric problems as such. We are trying to.

Clinical Director, Mental Health:

Again, the majority of the people with mental health problems are at this lower level that would be treated in the community if they were not in prison. That is by far the majority of patients being seen, and I think they are getting a prompt and good service. It is the small number that are requiring more intense ...

Director, Older Adult Services:

I think we need to be really clear about that. The 12 per cent of the prison population that Dr. Harrison sees, who are on his case load, plus the other prisoners who are not on Dr. Harrison's case load but who are on the case load of the psychologists or the forensic nurse specialists, would not be in hospital if they were not in prison and they do not need to be in hospital. Their mental healthcare can be adequately provided within a prison environment safely and appropriately. The numbers of people within prison with mental health conditions is always greater than the general population. In fact, if we look at the research from Professors Gunn and Taylor into the prison population, it varies in England between remand and sentenced prisoners. On average, about 60 per cent of any prison population would have a mental health condition of some sort. So we would not be looking at that client group coming over to hospital to be in a hospital environment instead of being in a prison environment. They are adequately treated. In fact, they get a very good standard of treatment locally. The difficulty we have of those that then need hospitalisation is what we can provide locally within a safe environment or within the Orchard House environment as safely as possible and then those that need to go into tertiary services off-Island. They are the ones who become more difficult or challenging to manage.

Deputy J.M. Maçon:

I wonder if I can just pick you up on this subject because we will be getting to it. I note from the Minister for Home Affairs and what we have heard from the Prison Governor in evidence that there have been some situations in the past whereby someone who for whatever reason has been assessed by the Jersey doctors as not meeting a certain level to be referred off-Island, then when checked over by a third independent U.K. specialist has then met the level to be referred off-Island, and that leaves the Minister for Home Affairs saying that there is some sort of gap perhaps, I wonder whether, Minister, this issue has been referred to you and whether you are aware of it.

The Minister for Health and Social Services:

Well, from reading the transcript of the meeting, which is why we are here today, one of the reasons, I would like to say that I think the professional team that go into the prison are very highly professional and very highly qualified. We have heard from Dale, too, about his professionalism. He is a consultant in his own right but also there is a forensic specialist nurse that goes in regularly each week to work with the

prisoners and the staff. So I think with the limited size of the Island and what we can provide on-Island we do very well indeed.

Deputy J.M. Maçon:

I am sure the panel would like to echo those comments, but nevertheless, Minister, if I can reassert my question to you, the Minister for Home Affairs has made that assertion. Are you aware of that assertion and what is your opinion on that?

Clinical Director, Mental Health:

Could I maybe clarify that?

Deputy J.M. Maçon:

Well, if I can just hear from the Minister.

The Minister for Health and Social Services:

I do not agree with that because, as I have just said, my staff are very highly qualified. I do not like criticising other Ministers and I will not, but perhaps we need to have that discussion with him so he gets the full explanation of how my services work with his services in a partnership to provide the best possible care to prisoners in the prison.

Deputy J.M. Maçon:

Thank you. I am sorry for interrupting.

Clinical Director, Mental Health:

All the patients that are transferred off the Island, the process starts with the local services. The local psychiatrists are the ones that recognise that the prisoner is suffering and that the prisoner needs that help. It is the local psychiatrists that refer to the outside psychiatrists. It is not as though someone else refers to the outside psychiatrists and they come and recognise something that we are missing. We already are aware of the problem and we refer to the outside people, if you see what I mean.

Deputy J.M. Maçon:

Okay, thank you.

Clinical Director, Mental Health:

Does that help?

Deputy J.M. Maçon:

Yes.

The Minister for Health and Social Services:

As happens in any medical profession, if anyone needs care off the Island, it is the consultant here who has done the assessment, the right assessment that was needed, and will refer or find the best possible unit for that patient or client.

Director, Older Adult Services:

There will be times where the consultant will ask for a second or a specialist opinion. He might say: "I am not sure", and ask for specialist and supporting opinion. Now, whether that is perceived as someone coming along and disagreeing with or saying ... but most importantly the referrals off-Island go via the local consultant in the first instance.

Deputy J.M. Maçon:

I will make the point that when it comes to mental health issues, the panel is very conscious that these are not simple things that you can see and it does require a lot of time to assess and establish. We are conscious of that and the difficulties that that holds.

Clinical Director, Mental Health:

What has also been identified is that with the prison environment being so stressful, the condition that the prisoner has will deteriorate. So when they come into prison the symptoms might not be there or they might be mild, but with the stress of being in prison they deteriorate. So there is that process and it reaches a certain point that we then refer to the outside services.

Deputy J.M. Maçon:

Which breeds a larger question: if you know, if the department is aware - not to personalise - that that is the case, is there more that could be done to help mitigate with that type of situation?

Clinical Director, Mental Health:

I believe that if we could speed up the process and identify a facility that is going to react quickly, then I think that we would be better able then to speed up the process and catch things earlier.

The Connétable of St. Martin:

The Board of Visitors, do they feed back to you at any time? Do they feed back to the Minister for Home Affairs?

The Minister for Health and Social Services:

The Board of Visitors feed back to the Minister for Home Affairs.

The Connétable of St. Martin:

If they receive complaints about their treatment or lack of it or whatever, would the Minister for Home Affairs come back and revert to you or would you make enquiries with the prisoners concerned?

Director, Adult Services:

We are not aware of any complaints that have come back through the Board or through the Home Affairs Department. Individuals and families will raise complaints with regards to services and we will manage those through our ordinary processes.

The Connétable of St. Martin:

Complain to you or ...?

Director, Adult Services:

Yes, they will complain through to the department and they are managed centrally, and if they are pertinent to adults with mental health needs they would come through to me initially.

The Minister for Health and Social Services:

Yes, we have a proper client and patient complaints process so they will funnel through one area ...

The Connétable of St. Martin:

It is more likely to be a family member that would complain?

Director, Adult Services:

Or the individual.

The Minister for Health and Social Services:

Or the individuals themselves, and that is common across all Health and Social Services.

Deputy J.M. Maçon:

I am conscious that in this type of area where you may have particularly vulnerable people in the prison, what information is given to those individuals about their right to complain and the channels that they can follow? What is given to them?

Director, Adult Services:

Open information. Everybody who has contact with services across Health and Social Services would be provided information about the complaints procedure.

Deputy J.M. Maçon:

Is that specifically if they ask for it or is it part of a package?

Director, Adult Services:

Generally at the early stages of getting involved with services. It is just part and parcel of the general information that would be provided. I would expect individuals to be provided with that information very early on.

Deputy J.M. Maçon:

So they should not specifically have to request it?

Director, Adult Services:

No, but at a time when somebody is experiencing a difficulty, whether that is in the provision of the service or whether that is real or perceived, as soon as people will start to discuss concerns there is an expectation that members of staff would inform people of that procedure.

Clinical Director, Mental Health:

There is also a patient advocacy service both in the community that does some inreach work into the prison. The patients' advocate will represent prisoners.

[14:45]

Director, Adult Services:

That is through Mind Jersey.

Deputy J.M. Maçon:

Just to ask, how often is that service? Does that go into the prisoners at regular or ad hoc or ...?

Director, Adult Services:

I could not give you the figures. I know there is present representation within the prison for it. I do not know how often she is coming in or how many prisoners she represents, but she is providing that service for them.

Deputy J.M. Maçon:

We will have to chase that matter separately. Thank you.

The Connétable of St. Martin:

Will that person report back to you?

The Minister for Health and Social Services:

That is done through Mind Jersey so I think if there was an issue within ... because it is done by the charitable organisation Mind Jersey, so I think if there was a particular issue I am sure they know exactly where ...

Director, Adult Services:

Yes, the advocate would, in fact, be the point of support to the individual and/or family to instigate the process with the complaints procedure. So I will get a reasonable level of contact from the advocate that will discuss concerns and will then support individuals to process a complaint and get it into the system in order for it to be looked at appropriately and then investigated if that was what was required.

The Minister for Health and Social Services:

Also, importantly, respond back.

Director, Adult Services:

Yes.

The Connétable of St. Martin:

What sort of figures are we talking about complaint-wise annually?

Director, Adult Services:

Within mental health?

The Connétable of St. Martin:

Yes, from the prison or from prisoners in relation to mental health, yes.

Director, Adult Services:

Ironically, I have my first. I have one. That is the only one I have known of certainly in the last 18 months.

The Connétable of St. Martin:

That is pending?

Director, Adult Services:

Just for me to investigate. However, I must make clear that the complaint was raised prior to the sentence. It was regarding service received in the community but the individual wishes for the complaint to be pursued.

Deputy J.M. Maçon:

One other issue which was raised to us and I am conscious we have already touched on it, but just to get it clear in our minds, we were discussing this particular matter with the Prison Board of Visitors, looking at the role and responsibility between the nursing staff or the specialists - I should not stereotype - the staff at Orchard House and the role that the then prison wardens have in supervising and overseeing that particular client. What was said to us was that there was some concern over whose responsibility it was and there was a bit of a tussle between where that should sit. I wonder whether the Minister is aware of this, been made aware of this, and whether she has any comments she would like to make.

The Minister for Health and Social Services:

First of all, to say that the staff in Orchard House and the staff that go into prison - we have just heard about the consultant and the forensic specialist nurse, et cetera - do come under the remit of Health and Social Services. So they fit in within our guidelines and registration and whatever. I understand - and Marie is biting at the bit

there to do it from her point of view - that they are obviously registered mental nurses within the prison. They are not Health and Social Services employees.

Service Manager, Adult Mental Health:

Can I just say in relation to that issue, to make it absolutely clear what the roles and remits are, the Prison Governor, Mr. Miller, and myself have drawn up a protocol which we have both signed off, which supports the prison officers who will come into Orchard House and supports our staff to ensure that there is a seamless experience for both the officers supporting the prisoner and for the prisoner who becomes a patient when they are with us. That seems to have been very helpful in the last episode where we supported a prisoner, and that has recently been signed off. We worked on it for a while.

Deputy J.M. Maçon:

I was going to ask for the dates around that.

Service Manager, Adult Mental Health:

Yes, we were working on it for about 6 months just to clarify from both services just slight differences in approaches and to clarify what the roles were specifically, and it was signed off earlier this year.

Deputy J.M. Maçon:

I am sure the panel would wish to express its welcome to that particular development.

Director, Adult Services:

May I make a point on that note just in terms of support of my colleagues here? Because I think the commitment to improving the services that are provided to the prisoners is excellent, just some of the developments even in relation to the work that Marie completed in acquiring a specialist forensic nurse to be part of the team going in just to raise the quality and professionalism and experience of the work that is going in. So the team that Dale has working with him is really of an exceptional quality and that is our endeavour to continually improve those services. I make the point because I am very aware of how hard individuals have worked to address that and that protocol in itself is one of the factors that just constantly helps improve both the relationship and the actual work going on, which is why I think we were a little bit upset and confused as to why there is a perception, and what we wanted to clarify

was that generally the level of work that is going on is excellent. There is a small cohort of individuals who are incredibly complex and challenging for all services and that is where we need to channel our efforts at the moment to see how do we best respond to that very small cohort of individuals.

The Connétable of St. Martin:

Basically, you are saying at the moment there is a lack of legislation in the Island which might be addressed by 2015?

Director, Older Adult Services:

That would be my hope, but as I say ...

Director, Adult Services:

That is our aspiration.

Director, Older Adult Services:

Aspiration. Again, just to clarify, there are political decisions to be made about the pursuit of the criminal justice mentally disordered law because of the resource implications attached to it. So assuming ...

The Connétable of St. Martin:

Then buildings themselves, the prison, has there been an improvement since the prison was structurally improved, if you like, because there have been massive changes? We have had visits as panel members and what I have seen up there, I do not know if you have any comments on the improvements.

Director, Older Adult Services:

I originally started working in Jersey as a forensic nurse specialist some 15 years ago linking with the police and the courts and the prison. That was my provisional role when I came over. The prison environment then was as poor a prison environment as I had seen anywhere in the past. The prison environment now is significantly improved. With any environment, if it is a better environment, it helps people's psychological and emotional wellbeing, so I think that has to have had a good impact on it.

Clinical Director, Mental Health:

It certainly has, and for the more vulnerable prisoners the ability to monitor and to observe is so much better now in the new buildings compared to the old buildings.

The Connétable of St. Martin:

The facilities within have improved as well?

Clinical Director, Mental Health:

I believe so, yes, I do. The healthcare centre, though, remains in the old part of the prison so that has not changed at all.

The Connétable of St. Martin:

Would that help if it was changed?

Clinical Director, Mental Health:

It would help.

The Connétable of St. Martin:

Would that be a recommendation that ...

Deputy J.M. Maçon:

Yes, Minister, can you tell us what type of recommendations your officers have made to you regarding the medical centre in the prison?

The Minister for Health and Social Services:

Well, I have not seen the medical centre. As Dale said, it is in the old part of the building. Anything to improve the wellbeing of prisoners can only be a good thing, especially regarding their health, but not only psychological health but also the general health and wellbeing. It is their physical health I am talking about as well, but also any way that we can support the nursing staff up there, we would only be too happy. They are not employed by Health and Social Services. We realise that they are registered and need to keep up to date with their C.P.D. (continuous professional development) et cetera, and we try to support them in that, so it can only be but a good thing and to continue the partnership working.

Deputy J.M. Maçon:

Conscious of the time, I think what we will do is we shall send you a letter asking what specific recommendations have been made by the medical centre and we hope that you will be able to reply.

Director, Older Adult Services:

I think I can probably answer inasmuch as my understanding was at least 18 months ago there was a phased improvement to the Prison Service that was being managed by the Home Affairs Department and the Prison Governor. Within that, at that period, there was a time when the medical centre was going to be upgraded and improved. So I think our input would be to advise on the layout and the future layout, but my understanding was that there was a capital plan within the phased improvement of the prison for including the medical centre. So we would not manage that process. That would be managed by Home Affairs themselves.

The Connétable of St. Martin:

2013 there is an inspection of the prison I think, is there? They call it H.M.I. (Her Majesty's Inspectorate) inspection as you would for the police. Are you involved in that or is it just Home Affairs? Obviously, they are inspecting the prison but do they interview the ...?

The Minister for Health and Social Services:

They would not interview me. Well, not that I am aware of.

The Connétable of St. Martin:

Or officers from the department?

Director, Older Adult Services:

In the past, sometimes ... I think the one before last, the H.M.I. inspection before last, in my previous role I was approached to give ... asked questions about the input, and a separate inspection when the European Commission for the Prevention of Torture and Inhumane Treatment, which looked at the prison and healthcare centres and such like, we were involved there. I am pretty sure I speak for my colleagues that would welcome the opportunity to respond to any questions or to be involved in that process if asked to do so.

Deputy J.M. Maçon:

Thank you. In which case, summing up then if I may, may I begin first by thanking you for giving evidence here today? The panel would also furthermore like to thank the officers in particular for their hard work on behalf of the people of the Island. We do appreciate it and we know that they do not always hear it, but it is something we would like to put on record.

The Minister for Health and Social Services:

Thank you for that comment.

Deputy J.M. Maçon:

I should have done it at first but I did forget; there will be apologies from the Constable of St. Brelade, who has now returned to us. Unfortunately, he had other matters and I should have expressed that at the beginning but I forgot. As always, while taking this type of evidence I always give the opportunity to the Minister and the officers if there is anything that they felt perhaps we have not quite understood, anything which they perhaps feel they would like to emphasise, we will give you the opportunity to do that now.

The Minister for Health and Social Services:

I think it has been very good to highlight the mental facilities and the support that we put into prisoners at La Moye, and I look forward to your scrutiny report. We will work with whatever recommendations that you come out with. At the end of the day, we are here to improve both the mental and physical wellbeing of all Islanders and that does include the prisoners at La Moye.

Deputy J.M. Maçon:

Thank you. In which case, I would like to bring this hearing to a close. In line with our protocols, if I can ask members of the public and the media to clear the room.

[14:58]