

REPLY BY THE PRESIDENT OF THE COMMITTEE *FOR* HEALTH & SOCIAL CARE TO QUESTIONS ASKED PURSUANT TO RULE 14 OF THE RULES OF PROCEDURE BY DEPUTY JENNIFER MERRETT

Preamble

The Committee *for* Health & Social Care (HSC) through regular media briefings given by the Civil Contingency Authority (CCA) which you are a member of, have given our community evidence in regards to the current cases and deaths from the coronavirus. The effect and threat that coronavirus has in our community has been well articulated but I am concerned in regard to how much consideration has been given to the wider effect that the emergency powers have had on our community's health and wellbeing.

For clarity I mean our community's mental, physical and fiscal health.

I am very concerned with regards to the unintended consequences, or perhaps they were the unknown consequences, that the emergency regulations have had on our community's health and wellbeing.

Mental Health Services

On the 7th May the clinical director of mental health stated during a media briefing that they are not overwhelmed but I am unsure as to how demand has changed during the pandemic.

Question 1

Could the Committee provide a comparison (on a monthly basis from January to May 2019, and from January to May 2020) of:

- a) The number of people accessing primary mental health services?
- b) The number of people on a waiting list for primary mental health services?
- c) The number of people accessing secondary mental health services?
- d) The number of people on a waiting list for secondary mental health services?

Answer

a) Between 1st January and 31st May 2019, 618 individuals accessed Healthy Minds (formerly the Primary Care Mental Health & Wellbeing Service) compared to 352 individuals during the same period this year. Individuals may be referred to the service through primary care or can self-refer through the online portal. While there was a reduction in referrals during lockdown, these have now returned to near normal rates.

b) There are currently 58 individuals on the waiting list. As the Service receives approximately 1500 requests a year, it is used to dealing with high case numbers. While face-to-face working has resumed in Phase 5, treatment and assessment were available throughout lockdown via the telephone and online via Microsoft Teams. Some individuals declined support in this manner and opted to wait for face-to-face appointments.

c) There has been a reduction in people being referred to secondary mental health services during lockdown, predominantly attributable to a reduction in the number of referrals from primary care. This is starting to increase once more.

d) There is not a waiting list for individuals accessing secondary mental health services.

Question 2

Is there a particular demographic that evidence suggested has been more susceptible to the effects of lock down on their mental health?

Answer

No

Question 3

What preparations have been put in place to support our community as, when or if mental health concerns are recognised as we exit lock down?

Answer

Arrangements have been in place throughout lockdown to support specific groups – frontline workers from HSC, Education and the private sector - who may have been significantly impacted by the pandemic. At this stage, there is no evidence to suggest that any wider changes are needed for the population as a whole as a direct result of lockdown, as it is considered that any need within the community can be managed via existing treatment pathways.

The Committee remains of the view more broadly that further investment in mental health services is needed. The Committee successfully laid an [amendment](#) to the Policy & Resource Plan 2018 Review and 2019 Update which included a commitment to address gaps in community-level mental health and wellbeing provision, in collaboration with States Committees, the Government of Jersey and the Third Sector.

The Amendment included proposals to work “in close conjunction with other key stakeholders such as Guernsey MIND and others in the Third Sector, the Police and the Government of Jersey to reinforce the role of good mental health and wellbeing in stronger, more connected and supportive communities. This work will build on a range of complementary services to include, for example, signposting to services and activities, access to a programme of social prescribing, peer support, mental health advocacy and support for people experiencing low to moderate amounts of stress and distress.”

Through the 2020 Budget, funding has been allocated towards the development of a Health and Wellbeing Centre as a service development. While progress on the project has by

necessity paused in order to prioritise the immediate operational response to COVID-19, the Committee intends to specifically raise this workstream with the Policy & Resources Committee, including whether it remains possible to access the funding.

Question 4

Is HSC anticipating a (short- or longer-term) increase in demand for mental health services?

Answer

It is too early to forecast any future demand. The Committee will keep this under review.

Question 5

Has any extra resource been needed or given for example to Mind or mental health services during the lockdown period?

Answer

No

Question 6

Is any additional resource budgeted for mental health services, or for organisations such as Mind, to provide support beyond lockdown?

Answer

As above, the Committee intends to discuss with the Policy & Resources Committee the ability to access the 2020 Service Development funding in respect of mental health services.

Question 7

Has it been possible to meet the need for mental health care during lockdown? How, if at all, have services adapted to meet that need?

Answer

Mental health services have continued to operate throughout lockdown. Working practices were adapted in line with advice from Public Health Services to ensure that the needs of the population could continue to be met, whilst ensuring all parties were safe. This included adopting social distancing and use of PPE where appropriate. Remote methods to assess, review and support service users have been used where appropriate.

Question 8

Has the Committee observed any change in the rate of self-harm and/or suicide during lockdown?

Answer

The numbers of these incidents has thankfully been small, so it is not possible to accurately confirm an increase with certainty with regard to statistical significance. These cases are highly complex and multifactorial. To attribute any case solely to the lockdown would be inappropriate and likely inaccurate. However, the indirect effects of lockdown – financial, employment, isolation and increase substance misuse - have been noted to be associated with cases.

Question 9

Does the Committee believe that the added fear and distress caused by threat of the coronavirus has been a factor affecting Islanders' mental health or suicidality?

Answer

The majority of the population has weathered the situation well. Individuals have responded differently, with some thriving and seeing benefits, whilst others have struggled and required support. This has been the expected range of responses to what has been an unusual and unprecedented period of stress. Stress is a normal life experience and the majority of the population have adapted and will continue to do so. It is important not to medicalise normal reactions, but for those that become ill and require help, this help is available.

Children's Services

Preamble

We are led to believe that there has been a rise in domestic incidents during the period of lock down. I am concerned regarding how this could and other consequences of lock down may have affected our children and young people.

Question 1

Has there been any increase in the number of child protection cases during lockdown?

Answer

There has not been an increase in the number of child protection cases during lockdown.

In common with jurisdictions across the British Isles, there was initial concern at the outset of lockdown as referrals to MASH – the Multi-Agency Support Hub which provides the single point of entry to multi-agency help and support for children, young people and their families – declined significantly for a short period of time. Normal safeguarding systems and processes are heavily dependent upon direct contact, community safeguards and safety

nets like school attendance and adult contact outside of the family home, etc. The pandemic meant that those processes were impacted upon.

However, prompt action by professionals and awareness through the weekly briefings and other awareness activity saw a return to usual referral numbers. While the number of cases progressing through to a Child Protection Case Conference is naturally variable given the demand led nature, it is considered that the figures are currently reduced due to a lag effect from the initial period at the outset of lockdown. Staff from Children's Services, along with colleagues from the wider agencies involved in the protection of children, have prepared for a potential increase in requests for service and have plans for how this would be managed, although to date this has not been needed.

Given that children have only recently returned to school, it remains too soon to predict whether this return will see an increase in disclosure of incidents which may have occurred during lockdown but which did not come to the attention of professionals during this time due to the circumstances. If this is the case, officers are prepared to respond to this, if required, with discussions already having taken place about the temporary re-deployment of social workers in the service to bolster the support available if needed. To date this has not been necessary.

Question 2

If so, what are they on a monthly basis compared to last year?

Answer

Not applicable

Question 3

How have child protection cases been managed during lockdown?

Service areas involved in child protection were prioritised for mobile working devices from the commencement of lockdown enabling essential safeguarding services to be maintained. All Child Protection Case Conferences took place within timescales either through the use of Teams or conference calling facilities. Child Protection monitoring visits continued where families were not presenting with symptoms. PPE was available for use by staff should it have been required.

Often families were asked to join social workers in open spaces to allow work to continue. Assessment work progressed with some delay but virtual solutions were found to allow assessments and investigations to take place where risk warranted this. Some partnership working took place virtually with exchanges of information via email, telephone calls and Teams where direct contact was prohibited. The MASH took place virtually each day rather than directly.

Through partnership working with colleagues in education, Children's Services were able to reach out to children within vulnerable groups, actively encouraging school attendance throughout lockdown. As a result the Bailiwick had a school attendance level of children in vulnerable groups significantly above that of the UK.

There was also an expansion of the vulnerable group categories to ensure support was available. This meant that children who may have been on the edge of safeguarding were also visible. Family Support Workers, Social Workers and Social Work Assistants all worked throughout the pandemic and these resources were re-directed to target the most vulnerable. Where this could not be direct, indirect mechanisms were utilised.

Question 4

How has HSC ensured that children and teenagers have stayed safe at home?

Answer

At the early outset of lockdown it was identified at a multiagency level, as well as within HSC, that vulnerable teenagers, especially those on the edge of care, were likely to have increased vulnerability due to the pandemic. It was also acknowledged that common coping mechanisms which would usually serve to reduce family pressure would be less available e.g. spending time with friends out in the community.

With this in mind, work took place with the Youth Justice Team, the Youth Commission and Guernsey Police to evolve and adapt targeted support for this particularly vulnerable group. This area of work has been particularly active during lockdown with extensive work taking place to support families with behaviours which challenge and to understand the impact on some families who have been in lockdown for an extended period.

The Youth Commission and Youth Justice Social Workers have been using virtual mechanisms to reach out to young people. Some young people were supported with alternative accommodation needs, access to funding for food and essential items as required and charitable funding was also made available to promote welfare. Action for Children also utilised alternative forms of engagement to support young people known to their services at times when direct access was not possible due to the pandemic.