

## Committee Report

<b>Report to:</b>	Quality and Risk Assurance Committee		
<b>Date of meeting:</b>	26.05.21		
<b>Title of paper:</b>	Health Safeguarding Q1 Report		
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### INTRODUCTION

We started our last quarter report quoting “Jersey’s society is currently in a state of fear and people are overwhelmed at the numbers increasing every day” The picture is much improved for Q1 as vaccination numbers increased and Covid 19 case numbers fell. We are now left surveying the experiences of the last year as we increasingly build back to a new normality of service delivery. Of relevance to the Committee, the Health Safeguarding Team and partners will continue to meet twice weekly, acting as the primary source of information for this report. They have made a themed contribution to the Divert programme emphasising the need for a leading stable, positive relationship as the core requirement for the children of concern, in the face of processes and procedures that confound that proposition.

### CHILDREN

#### Child and Adolescent Mental Health Service (CAMHS)

Staffing issues. Running emergency service have meant limited face to face consultations. Referral rates in February were the same as 12 months ago, but now seeing more complex cases. They are seeing parents struggling as well, making cases harder to treat when children don't have a strong network around them. The time frame a child is waiting for an assessment has reverted to a 4-6 week period.

The redesign has been finalised and they are currently looking at a recruitment plan - there should be a significant number of new staff by the end of this year. They are particularly keen to attract experienced psychologists to the island.

#### Children Looked After (CLA)

A new site for CLA (Pip's Place) will be used to have regular clinics for Initial Health Assessments as well as a meeting place. There are a number of CLA that have not had a dental appointment in 12 months, as they are required to. Solutions are being investigated. Medical support is provided by a middle grade doctor, ( ) but is not sufficient for the strategic Designated Doctor and Named Professional functions that are needed for CLA. This is being progressed.

#### Emergency Department (ED) & Robin Ward

The Health Safeguarding Team is undertaking an ED audit for 18 – 25 year olds with data

collection followed by a deep dive focus group of a small group of young people. The outcomes will be reported to the committee.

A code (9Nz1) will be added to Was Not Brought cases at GP surgeries on EMIS in order to pick them up and run reports.

Recurrent problems of mental health and eating disorder cases on the ward in significant numbers. Concern about MH versus general paediatric beds. CAMHS pathway being tightened to improve the situation.

By the end of Q1, weekly MDT meetings were making Robin ward management easier.

### **The Children and Families Hub**

Numbers needing full assessments in MASH are dropping and fewer presentations are in crisis. Early Help is thereby becoming the mainline of work.

### **General Practice (GP)**

GP has moved to many more face-to-face consultations. Resources for the Named GPs (funds and admin support) remain a matter of ongoing discussion.

### **Education**

All schools complete a spreadsheet on a daily basis for particularly vulnerable children in need of support which gets discussed weekly. Virtual School Headteachers, (for CLA) have started on a short-term contract. A new Director of Inclusion Education Services has started. 2 new Educational Welfare Officers out of 4 are now in place. Attendance figures are: 97.9% (Primary) 92.6% (Secondary).

## **ADULTS**

### **Mental Health**

Efforts are being made for Mental Health Law assessments to have 1 medical recommendation in place for people who are isolating from Covid-19.

Training on Mental Health Jersey Law to be rolled out across HCS, in particular Article 36 and processes.

### **General Practice (GP)**

Access to general practice has improved. Adults on income support will now pay £12 to see their doctor and the service is free for children under the new HAF scheme.

GPs are seeing an increase in mental health issues in 18-25 year olds relating to Covid as surgeries get busier.

### **Ambulance**

Staffing levels returned to normal in early Q1. Increased callouts from over 75's after their vaccination.

At one point 7 safeguarding referrals in 7 days were characterised by 5 of those being elderly residents with health conditions whose partners can't cope.

Efforts are being made to support frequent callers to reduce their overreliance on the service.

### **Independent Domestic Violence Advisors (IDVA)**

January 2021 referral figures are the same as 2020. A new outreach worker has started and interviewing for a second and a young person's worker is in place.

Feb 2021 referral figures show 50% activity increase compared to 2020 and 30% increase over January.

In March hospital IDVA were not receiving any increase in referrals from health and awareness campaign to be investigated. IDVA training for mental health services being set up. There has been an increase in IDVA visibility in the hospital.

### **Sexual Assault Referral Centre (SARC)**

SARC operating as usual and offering a 24-7 helpline. Lots of wellbeing medicals recently. Promotional work is being undertaken to raise awareness of the service.

Reduction in referrals since lockdown with a sharp increase in acute cases more recently.

A number of allegation withdrawals were followed up and the CSA pathway reviewed to emphasise the need for early multi-agency strategy discussions.

### **Adult Safeguarding**

A new adult multi-agency policy and procedure was launched on 1<sup>st</sup> of February with a focus on carrying out enquiries when concerns arise and new safeguarding concern referral form.

A new adult Named Nurse was appointed and will start in Q2.

A presentation on trauma training is to be made at one of the future HSG themed meetings to help raise awareness of trauma informed practice awareness more widely.

### **Drug and Alcohol**

The service is continuing to see more referrals.

A package of 6/7 extended brief interventions training for Jersey Talking Therapies and listening lounge to cope with lower level binge drinkers is developing.

Young people waiting list is down to zero, although referrals continue to come in.

The service is advertising for a low level alcohol misuse worker.

The D&A team to join the public health group to put out messages on alcohol in relation to pregnant woman.

D&A clinics are now in 6 major GP surgeries apart from Island Medical and it is hoped that the hospital clinic would take all these referrals.

### **Jersey Hospice Care**

Business as usual and one vacancy advertised for a Lead Nurse and Manager role.

### **Maternity**

Families where domestic abuse features continue to be discussed at the maternity MDT meeting. The IDVA team leadership is to attend one of the new community teams meetings to raise domestic abuse awareness.

### **Vulnerable Adults**

The team continues to work with vulnerable adults who have been deemed too violent or challenging to be seen in mainstream General Practice. Aztec House continues to offer weekly clinics for the homeless or those living in Shelter Trust accommodation.

### **Dental**

Orthodontic waiting list of 1 year for consultation and 6 years for treatment for children and adults. Three UK reports showing audits of general anaesthetic, which all showed that the more socially disadvantaged you are, the more likely you are to have dental caries. We have asked for the waiting list numbers to be put into writing for evidence to make a case for funding for a private orthodontist.

**Family Nursing and Home Care (FNHC)**

The Health Visitor service workforce improved over the quarter to amber status. The District Nursing, Rapid Response and Home Care teams remain in green. The Making Safeguarding Personal (MSP) has been launched in the organisations with training alongside Health Safeguarding training. Staff levels are manageable by end Q1 and not a state of concern.

**Safeguarding Partnership Board (SPB)**

[Redacted content]

A meeting has recently been held with Board members regarding a Potential Joint Pan Island Safeguarding Partnership Structure with a number of options to. The current position is Guernsey and Jersey Boards will remain separate but continue to work closely together.

A conference has been scheduled to take place in November, around trauma informed approach, mental health and the impact of Covid-19, and online digital safety.

Jersey Care Commission Report highlighted some failings and gaps in the children’s care homes [Redacted], Independent Chair of the Safeguarding Partnership Board is seeking assurances that the safeguarding systems are working effectively and within the multi-agency Missing Protocol. The work will be managed in two stages; Stage 1 will establish a baseline of what is currently in place to evidence impact based on key questions in the form of an audit. Stage 2 will take place within 6 months once some of the new measures such as the Intensive Support Teams has bedded in. This work is being carried out in the Child Sexual Abuse/Exploitation Sub Group.

[Redacted content]

**TRAINING**

Covid-19 vaccinations open up opportunity to pick up safeguarding concerns. All vaccinators to have a minimum of level 1 training as mandatory requirement.

HSG is working closely with the new MSP lead and incorporating MSP into our safeguarding training.

## **1. Recommendations**

1. The Committee is asked to endorse the Health Safeguarding Group twice weekly meetings as part of the established structure for safeguarding on the island.
2. This report is offered for noting and feedback.

## **2. Appendices**



Amalgamated  
Safeguarding Data Q1