

19-21 Broad Street | St Helier
Jersey | JE2 3RR

Office of the Children's Commissioner

By email

17th June 2020

Dear Commissioner,

Children and Young People admitted to Orchard House.

We apologise for the delay in responding to your letter regarding Children and Young People being admitted to Orchard House, both of us were due to be briefed on Orchard House the same week that Covid 19 escalated and became a priority for Officers.

Worked commenced in November 2019 to redesign children and young people's emotional wellbeing and mental health services, taking into consideration integrated pathways with other children and family services, the new Jersey's Care Model and Right Help Right Time. The redesign was in full flow when Covid 19 hit meaning that unfortunately some of the co-produced workshops have needed to be put on hold and services have had to respond very quickly and very differently to the world-wide pandemic.

As you have written it is a fact that young people continue to be admitted to Orchard House, at a time when a safety plan to manage any ongoing presenting risks of self-harm and/or suicide is not able to sustain a child safely in a community setting. Child & Adolescent Mental Health Services (CAMHS) are aware this situation remains in the absence of any other alternative provision at this point.

In the past 12 months CAMHS have admitted 7 patients under the age of 18 years to Orchard House -adult mental health inpatient facility. Of these 7 CAMHS patients, 2 were Looked After Children (LAC).

We have addressed the points you have raised below:

- 1) **The facility itself is not in a good state of repair-** Orchard House is currently part of a wider estates and facilities programme addressing some immediate and longer-term repair works. There is a link to the build of a new hospital in Jersey.
- 2) **There is a lack of an appropriate family facility for young people to visit their families and to spend time with the people they know and love. Young people's specific feedback states that they feel it is unsuitable for their siblings to visit-** there is a visiting room available for all patients to use, including young people. It may be possible to facilitate a visit for younger siblings on an individual basis.
- 3) **One to one support is provided by adult mental health nurses to safeguard any child or young person admitted, however there is a lack of a supportive environment through the unavailability of staff trained in working with young people or nurses from the CAMHS team-** All young people are supported on level 3 observations (1:1) during

their admission to Orchard House. This is to safeguard the young person, and ensure they have a member of staff available to them at all times.

- 4) **The young people stated that they felt the one to one support was 'intimidating', 'oppressive' and the nurses were 'big blokes', which they felt 'shadowed' by-** We are sorry to hear that this was the experience of a young person. When staff are supporting any patient on level 3 observations they are asked to engage with the patient, rather than just watch them. The team acknowledge that observations can sometimes feel like you are being watched. However, the purpose is to offer continuous support and monitor the mental state and behaviour presentation. Unless otherwise directed on an individual basis, the observations may be carried out by male and female staff.
- 5) **Due to the lack of CAMHS resources and staffing, there is an absence of provision of age appropriate facilities and programmes, to enable young people's personal, social and educational development to continue as normally as possible-** CAMHS staff are involved throughout the period of the young person's admission. This will involve attending review meetings, liaising with family/carer/professionals involved. The young person does not have access to education during the admission, however, where appropriate it would be possible for CAMHS to liaise with the young person's place of education and involve the education team in providing work similar to what would happen in Tier 4 Inpatient CAMHS. Occupational Therapy programmes may also be available, this would need to be managed individually in terms of the young person interacting with adults.
- 6) **The larger social space within the ward is also shared with adults, which the young people said, 'doesn't feel safe'. In addition, it is empty, clinical and without recreational facilities – except for a table tennis table-**Any young person has a separate sleeping area, and during the day will be able to remain in this area. However, this is a small area of the ward which would not be large enough for additional recreational activity i.e. table tennis. Orchard House does have an outdoor area, and the young people have access to this area supervised individually.
- 7) **Orchard House is deficient in the most basic levels of privacy for people trying to recover from illness. I was informed that there were concerns over members of the public looking into the building from the outside whilst trespassing. Young people have said they cannot shut their door in the evening and, when there is a concern about them, they have been restrained by up to seven members of staff-** The issue of not being able to shut their bedroom door may relate to the fact they are being supported on enhanced levels of observations. This may be level 3 observations and involve a member of staff remaining with the young person throughout the night. The staff would not remain inside the bedroom with the door closed for safeguarding reasons but acknowledge that the issue of balancing privacy and dignity with safeguarding.
- 8) **The process for visitor signing-in may be a breach of GDPR as signing-in information may enable a young person to be identified by other guests-**The visitor's book is kept behind the glass screen in the entrance to Orchard House, reducing the risk of any Data Protection breaches.
- 9) **The lack of curtains or safe covering of the window gives the impression that patients can be seen in their rooms by people looking in-** Orchard House bedrooms do have curtain facility. The curtain rails are designed on a magnetic curtain rail which has a maximum weigh bearing load to reduce ligature risk. The items in each bedroom are

managed on an individual basis, based on risk. Orchard House staff manage the risk whilst also maintaining privacy and dignity.

- 10) **The lack of privacy continues in that some bedrooms must be shared between two, should the facility reach maximum capacity-** If a young person was admitted to Orchard House, then they would have their care provided in the separate extra-care facility. This area has two bedrooms, but only one is used for the young person.
- 11) **Each wing also provides only shared bathroom facilities and particularly no male or female toilets-** No young person has to share bathroom facilities with any adult. Reassurances are provided by management that this is not current practice.
- 12) **There appears to be no meaningful activity for the young people to engage in-** As response number 5. The young person should be engaged in educational and meaningful activity throughout periods of the day. The young person should be aware of their individual programme and have input into the care planned activities.
- 13) **I have been advised that conflicting or incorrect information is provided to patients. In one case a young person was not clear about the status of their detention and whether they could leave the centre-** On admission and throughout the duration of any stay at Orchard House, any young person should be clear about their legal detention status, including be informed of their legal rights. Rights Based Care should be at the centre of all contacts and decisions involved in the young person's care and treatment. Patient records should have clear information sharing status and Adult with Parental responsibility for ensuring accurate and appropriate information is shared.
- 14) **When one young person said they were a care leaver, they were asked 'what is that?'**
- It is imperative that all staff are provided with the relevant information to be able to provide excellent care and treatment. CAMHS staff should ensure that the Care Team at Orchard House are provided with all relevant information to the young person, and understand the care being provided. Shared training and learning opportunities should be incorporated between CAMHS and Adult Mental Health Services to update and learn. Currently there is a focus on corporate parenting information sharing and raising awareness for government employees – what it means, duties, responsibilities this will be cascaded to staff working in Health and Community Services Department.
- 15) **Young people have said that staff have used inappropriate and degrading language when speaking to them-** All staff are aware of customer services in CAMHS and AMHS and the services have a clear standard of care and communication which should be adhered to. Any individual who had a less than satisfactory experience, would be encouraged to share this and this would be investigated thoroughly. Managers should create a culture of openness and transparency for any service user to speak openly about their experiences or concerns.

In response to COVID-19 CYPES were asked by Health and Community Services (HCS) to urgently and temporarily set up a 24/7 CAMHS Inpatient unit- Meadow View at the Greenfields site, for children and young people who would have ordinarily been managed in either the Jersey General Hospital or off Island in Tier 4 UK Adolescent Inpatient Psychiatric Placements. The request stemmed from;

- UK closing its doors in February this year to Jersey patients under 18 that required Inpatient CAMHS care

- HCS planning regarding hospital beds requirements due to COVID-19
- The increased risks of patients with mental health need being more vulnerable to COVID-19 and other infectious illnesses and so it is best to discharge them from hospital once medically fit.

Meadow View has been operational since April, is a three bedded ward on the Greenfields site, managed and governed jointly by HCS and CYPES. A clear referral pathway has been created for admission. CAMHS community will also be involved in the admission process, either supporting admission, or promoting discharge planning.

It is well known in research that transition periods between inpatient and community services for mental health service users can be higher risk. CAMHS therefore providing both inpatient and community services during COVID-19 will ensure increased safety measures, and governance are in place. It will provide additional assurances of safety and effectiveness of the services, in turn improving the young person's experience and improve recovery outcomes.

Any young person who attends Jersey General Hospital in mental health crisis will follow the admission pathway, incorporating COVID-19 symptom guidelines. Following mental state risk assessment, a decision will be made to provide care and treatment in the young person's home or admit to Meadow View for further assessment.

Admission criteria will need to be met, and the decision will be made in accordance with the Operational Policy for Meadow View. The decision to admit must always be in the interest of safety of the young person to an extent which cannot be managed in the community.

Care and treatment will be reviewed during the period of the admission by the Multidisciplinary Team which includes nursing staff, medical staff, psychological therapies staff.

Meadow View will work to achieve high levels of quality care and will ensure the ward is managed incorporating well-led, safe, caring, effective and responsive principles. Internal audits and service reviews will provide evidence that high quality is being achieved, providing strong governance to achieve and maintain these.

Having a temporary on island CAMHS Inpatient service will enable the Government of Jersey to consider:

- Cost to the Jersey Government to access a Tier 4 bed for a period of assessment and treatment
- Time challenges involved when referring to UK providers for Tier 4 bed.
- Reintegration to Jersey for a young person during and following a period of admission to UK Tier 4
- Jersey CAMHS involvement during the period of inpatient admission
- The ability to pilot a CAMHS facility on island-including data collection, internal audits, co-production to ensure young person and carer feedback
- Recruitment and retention of CAMHS staff-opportunity to rotate into teams
- Learning environment for students/learners and staff
- Safe management of young people in mental health crisis requiring ongoing specialist treatment.

Tier 3 and Tier 4 Service and Clinical Safety

CAMHS have provided a continuous service throughout the COVID-19 pandemic. The service has run at 100% in response to young people in mental health crisis.

All young people already known to CAMHS continue to be supported in accordance with their own individual care plan. Any new, non-urgent referrals are being offered Initial Assessment by a clinician. Each assessment is managed on an individual risk basis, and COVID-19 screening and safe management.

All clinicians continue to have access to clinical and management supervision to ensure CAMHS practice is safe and governance is being practiced and are raising any issues/concerns in daily/weekly team meetings to ensure the service is well managed and no clinical and non-clinical issues are missed or left unreported.

All clinicians have made changes to practices in order to continue delivering individual therapeutic intervention. This has required flexibility and using evidence-based practice, which is being shared within Jersey and nationally from recognised sources.

In addition, it has been agreed that any young person aged 17 plus who were due to transition to community Adult Mental Health services during COVID-19 will remain within CAMHS, occasionally the interim Tier 4 Meadow View service may be unsuitable for some young people and Orchard House would be considered in these exceptional cases.

Pilot Mental Health Care Leavers Service

Adult Mental Health have redesigned their services in response to COVID-19, unfortunately this has led to a number of complaints from care leavers that as a consequence of these changes they have lost their dedicated Community Psychiatric Nurse (CPN). Many are being seen by the new Home Treatment Team, but this involves a different person contacting and visiting them on different days.

Ordinarily most young people make a gradual transition to independence supported by their families, but care leavers often do not have strong adult networks, they are leaving foster families or residential care, school/college and CAMHS all at the same time, they often feel isolated and alone. It is known that relationship practice is so important in improving the mental health needs of those who have experienced trauma, yet as young people leaving care many of these relationships disappear. It is hardly surprising in this context that research (2006) shows worsening mental health in almost half of all care leavers, 12-15 months after leaving care. This of course will be exacerbated during the COVID-19 crisis when their whole network is becoming destabilised.

The Government of Jersey including Adult Mental Health have a duty as a corporate parent. The recent care leavers' offer includes access to a mental health wellbeing officer. These young people should be treated by government like we treat our own, this includes giving them access to appropriate healthcare.

As a consequence of these complaints Adult Mental Health have very proactively worked with CYPES to set up a new way of working for care leavers. The new offer which commenced on Monday 27th April has identified two mental health practitioners- a Community Psychiatric Nurse (CPN) with experience of working with this age group and an additional practitioner from the new Home Treatment Team. They will a new care leaver's offer, holding a small caseload (maximum 10) young people aged 18-25. This new way of working will realise the following benefits;

- Reduce the risk of a mental health exacerbation by identifying key people for care leavers to build a relationship with.
- Better support the young people on their mental health recovery journey
- Better understanding the mental health needs of care leavers, developing a person centred, multi-agency response to meet their needs.

Post COVID Planning and conclusions

Although this period has been extremely challenging it has led government is think very creatively about the delivery and join up of services. It is recognised that the COVID-19 experience will likely lead to an increase in mental health need as Jersey moves out of lockdown and services are beginning to jointly plan for this upsurge including what services could look like and how best to make use of limited resources. Over the next few months the redesign work will restart, once again taking a whole system, collaboratively and solution focused approach; but in addition, also taking the learning from this unique time in our history.

If you wish to meet to discuss the issues raised in this letter, please let Senator Mézec Private Secretary know who will gladly set up a meeting.

Yours sincerely



Senator Sam Mézec
Minister for Children and Housing
D +44 (0)1534 440624
Email s.mezec@gov.je



Deputy Richard Renouf
Minister for Health
D+44 (0)1534 440593
Email r.renouf@gov.je