

Report to:	Quality and Performance Committee
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INTRODUCTION

The health safeguarding team consists of designated doctor (children) and a designated nurse (children and adults) who provide clinical expertise and strategic advice, one named nurse (children) who provides operational leadership and supervision, two safeguarding advisors (Children and adults) and one administrator. The recruitment of the team started in 2017 following the publication of the independent Jersey Care Enquiry. The team provides oversight and support of safeguarding for both children, and adults at risk for the whole island, and also ensures that health safeguarding priorities are met. The team supports the entire health economy of Jersey and also diligently applies the core safeguarding principle of relationships building and maintenance with all safeguarding partner agencies.

The establishment of the safeguarding team has triggered a steady increase in safeguarding activity with the health system over the past three years as a result of the introduction of effective and regular training for all, and frequent practice discussions within the team. A number of pathways and policies have been developed (e.g. Multi agency child sexual abuse pathway) and contributions to major policy and practice discussions continue through membership of the safeguarding partnership board and subgroups, as well as the SARC strategy board and the pan agency development of an outcome-based approach to child wellbeing.

Q2 (Covid-19)

The beginning of Q2 coincided with the beginning of Covid-19 on Jersey. As a consequence of lockdown measures, the landscape of day to day business changed with the wholesale introduction of virtual consultations and virtual meeting. The health safeguarding team and borage range of partners responded with introduction of twice weekly meetings which have been held since mid-April. A substantial positives of Covid-19 has been the building of stronger relationships at these meetings.

The conversations have provided intelligence and support for the invitees and have spurred a number of actions that the collective narrative indicated. The following is a headline snapshot of the main topics of interest from those meetings.

The picture is of a safeguarding system that shows signs of strain from a combination of resurgence of activity after an extended lull. GPs for example were seeing smaller numbers of patients face to face, but in a new environment (PPE, social distancing, infection awareness). Added to this was a huge increase in telephone and virtual triage work. That model of work was a common-place, but not a regular part of practice before Covid-19. Practitioners were finding this tiring. Although wellbeing support, training and guidance had been put in place for staff including GPs, the reported experience was for practitioners to be feeling at their limits quickly as workload built up. As a result, care of the most vulnerable, because it is the most challenging part of practice, was the area that was most likely to suffer. There were increases in referrals for self-neglect and bed sores that continue to cause concern. We believe that, in preparation for a second wave, this lived experience should be investigated further and mitigated. Beneath this overarching concern, there are number of other issues that have become more obvious in the pandemic.

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These are:

Alcohol consumption by children: The context is unregulated social activity. Lockdown has closed the usual places for socialising such as youth clubs, health clubs, cafes and restaurants. There is evidence and concerns already about children gathering in large groups in public areas, during which drinking alcohol is a core activity. The health and social consequences of overdose, risky behaviour and exploitation has led to increasing collaboration with Children's Social Care and the police to contain and prevent any further harm. This has been raised at Scientific and Technical Advisory Committee (STAC) – as a result of discussions within the Safeguarding Partnership Board. Present at STAC were [redacted] and [redacted]. At the time of discussion no further action was sought from STAC. Regular drinking by groups of minors away from adult oversight should continue to be seen as a safeguarding risk with criminal exploitation, drug misuse and entry level criminal behaviour seen as avoidable outcomes.

Mental health: There is a need for an effective mental health system that delivers prevention of both self-harm and suicide.

Child Sexual Abuse and Exploitation: These issues are back at the top of the agenda. The long-term costs to the lives of victims and the public purse can not be overstated.

Adults:

Alcohol (adults): the aggravating impact on domestic abuse, child maltreatment and pregnancy is very well understood.

Mental Health:

Improvements in services for those who are affected, and efforts to prevent mental health problems need to be introduced. Although we are aware that there are improvement programmes underway, the current situation for children in particular, underlines the need for rapid progress on this front.

Homelessness and self-neglect:

These are often the result of a combination of the previous factors mentioned. We are aware that extra accommodation facilities have been opened during COVID but the safeguarding challenge is to develop a strategy that mitigate the slide into homelessness.

The general outline and some details for children and adults follows.

GENERAL

Hospital

Safeguarding training and pathway for referrals to UTC was an issue to start with but was put in place and Trakcare and EMIS were issues sorted out. Initial gaps in information for UTC admissions and consistency with hospital records were also resolved.

After the initial halt to healthcare attendance consequent on the lockdown restrictions, re-attendance rates were slow to climb, even following one off TV publicity. Planning for a second spike should include an effective and immediate messaging strategy to maintain public confidence in the safety of attending healthcare settings.

GP

Inevitably, there were more adults attend GP surgeries than children. GP became increasingly busy towards the end of Q2, particularly with mental health issues. See GP comparison figures in one surgery with 2019 below. Possible hot patients were going to the UTC rather than GP's, which they were encouraged to do, and there were less infectious diseases circulating in children because children weren't mixing due to lockdown.

GP figures in Castle Quay Practice – These demonstrate a significant increase in the total GP activity in the same week in 2019 and 2020. The historically reliable method of practice (face to face contact) became slower and more cumbersome because of Covid-19 protective measures. Consultations took longer and, as a consequence fewer patients could be seen in a working day. New practice methods (telephone and video consultations) were being used to meet the gap. Virtual consultations are not backed by decades of practice and research. It would

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therefore be foolish to assume that the new high levels of use do not carry an increased risk to the most complex and vulnerable patients. It was clear that the majority of GP patients at that time were not getting the benefit of face to face consultations unless the need was apparent in the triage process. As most GP safeguarding concerns arise from incidental observations, the lack of face to face contact represents a significant increase in safeguarding risk.

	JUNE	
	<u>2019</u>	<u>2020</u>
	Week beginning 17/6/19	Week beginning 15/6/20
Contacts	346	424
Adults in surgery	270	120
Children in surgery	47	14
Elderly home visits	29	40
Phone consultations	0	250

SARC

There were 16 referrals for children during Q1, but none for nearly two months after lockdown. Children's house model plans are on hold during COVID. Video links are now in place for children. Referrals are now increasing and business is picking up. A message from the Police about CSA/CSE was communicated widely and featured in the PULSE for a number of weeks

CHILDREN

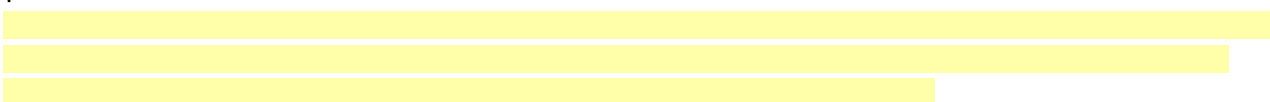
ED and Robin Ward:

At the start of COVID-19, attendances were very quiet, as UTC had an impact on ED activity. At the end of Q2, business levels were nearly back to normal with no late presentations of safeguarding concerns seen. ED saw more minor injured than unwell children at a level of 3-5 children a day. Children attendances at ED between 2019 and 2020 show a significant decrease:

	JUNE	
	<u>2019</u>	<u>2020</u>
0-5 years	285	100
6-18 years	454	61

Looked after Children

At any one time, Jersey has about 90 children in care. A decision tree around assessments for LAC was created to deal with the challenges of the pandemic. The majority of statutory health assessments were done virtually with additional, 15-minute, face-to face assessments with PPE in place.



Alcohol

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- There was a significant increase in numbers of young people presenting intoxicated in Police custody.
- Drug and alcohol services reported that they were very busy with a lot of dependent adult drinkers in crisis. The number of clients on detoxification programmes increased significantly. On 04/06/2020, the service reported 21 people in crisis needing detoxification in a month compared to the norm of 29 people in a quarter.

Mental Health

This is everybody's business, and the parity of esteem is a key principal in health.

- Initially low numbers of children were presenting but there was a steady increase. Meadowview, which was opened at Greenfield as part of the Covid 19 response was working at capacity (3 beds full). The demand for mental health services was well demonstrated when, between ED, Robin and Meadow View, there were 14 children in total seen/admitted or inpatient over a weekend
- A longer-term solution is needed (bearing in mind an anticipated post Covid surge) that includes:
 - 7-day CAMHS service: there are gaps in the commissioned service which are currently filled by agreement so CAMHS thereby have a 24-hour service for inpatients in the hospital. There are not enough consultants at the moment to change commissioned service hours. This is currently subject to a business case and part of a review of the CAMHS service and inpatient provision
 - [REDACTED] CYPES (who has been briefed) is writing a paper on the impact of Covid-19 on children and young people's mental health with Health and Community Services.
- A standardised programme was introduced in all schools to address emotional wellbeing as they returned in June including a recovery curriculum to provide a supportive environment and a safe place where children can talk.
- The school's return with 97% attendance rate lead, unexpectedly, to no significant safeguarding concerns as of yet.

ADULTS

COVID-19 Vulnerable adults meeting initially taking place daily, have met throughout the pandemic. The main issues coming to light are self-neglect, poor mental health, homelessness and drug and alcohol misuse. Numbers for domestic abuse, drug and alcohol misuse and homelessness are increasing. There has been a spike in Adult Mental health issues in custody. Key findings are that adults are struggling, not coping in the community, with an increase in vulnerabilities, and adults reported missing face-to-face support. These cases they are being identified and managed but continue to increase. Various professionals are calling and checking on older adults. The unknowns are a bigger worry.

- The fire service is no longer doing safety checks.
- [REDACTED] (FME) attends the Community Adult Support Panel (CASP) meeting every day, supporting community programs for vulnerable adults and building stronger links with drugs and alcohol services.
- A group is to come together to create a service and pathway for adults presenting with self-neglect and hoarding as there are gaps in what is currently provided.
- The Safeguarding Partnership Board is doing some targeted work on self-neglect following a small number of cases during 2020
- Figures from the Ambulance service, shared in the Health Safeguarding team meetings, show there are significantly higher calls this year (114) for psychiatric/suicide attempts compared to last year (79).

- There has been an increase in domestic abuse. However, the expected commensurate increase in referrals from ED, UTC and Maternity has not transpired. It has been reported that the information rules regarding consent are the block. Guidance from Information Governance regarding information sharing for adults has been sought.
- Antenatal clinics and GPs are asking women open questions about domestic abuse as because COVID restrictions about the number of people present at face to face consultations has enabled women to be routinely seen on their own at appointments. However, they are not disclosing. Neither HSC nor the Safeguarding Partnership Board have a domestic abuse policy at the moment although a pathway has been developed on the island and a formal Safeguarding Partnership Board policy awaits ratification. We in Health Safeguarding plan to create a policy that deals with particular issues.
- Ambulance calls are significantly elevated since last year for overdoses and suicide attempts. This raised the concern of the systems not being linked up.
- Adult mental health restructured services in light of the pandemic and increased resources such as community triage in order to meet early intervention. Here are comparison figures with 2019:

	MAY	
	<u>2019</u>	<u>2020</u>
Article 36	6	11
Mental health law assessments	14	24
Liaison referrals	74	68
Liaison referrals during lockdown period	120	105

- Number of referrals to the Children and Family Hub were very slow at beginning of the pandemic, but changes to name and processes and inclusion of Early Help and CAMHS changed that. The hub received 130 calls in its first 3 weeks. The hub Manager reported that the majority of calls were not relevant to the hub care activities, but since the easing of Lockdown to level 2, referral numbers have increased.

SERIOUS CASE REVIEWS AND RAPID REVIEWS

Actions which were presented from **Serious Case Reviews** in Q1 will be the subject of greater analysis the next quarterly report because Covid-19 inhibited any significant progress.

The four cases that were presented to the safeguarding partnership board as **Rapid Reviews** did not progress to serious case reviews. The four rapid reviews have been undertaken and the action plan is currently being determined by the safeguarding partnership board.

OUTCOMES

- The Health safeguarding team is actively building closer co-operation with partners in education, mental health, drugs and alcohol services, CAMHS, FNHC, Ambulance service, SARC, IDVA, Looked after Children service, Midwifery, palliative care, Learning Disability Services, Police and Social Care. Many of whom are regular invitees to our twice weekly meetings
- Health has a stronger voice in all aspects of triage in the CFH including consideration for early help

- New born screening tests were being posted to UK and running the risk of late diagnosis with unreliable post. A new process with urgent recorded delivery to the mainland has been implemented.
- Looked after Children and Child Protection lists are now being shared by children's social care with the named GPs. This update will continue on a three-monthly basis
- Alternative properties to transfer the service subject to CYPES and HCS is in discussion, a business case is being developed as part of service transformation and a potential site is being looked at
- Drug and Alcohol services are designing a leaflet for parents with alcohol information. It was suggested that information on an app would be the best way to get through to the children. This remains a discussion point.
- The pathway for the police adult protection notifications (APN) has been improved so that people go directly through mental health services to be screened rather than through single point of referral (SPOR)
- The shelter for vulnerable adults has received more funding with ambitions to deal effectively with the levels of homelessness on the island, as well as working with those newly released from prison
- Accommodation previously used for HCS staff living accommodation was repurposed for homeless adults during COVID
- An IDVA member of staff will soon be based predominately within hospital
- Pre-birth assessment now ratified and accessible on the intranet
- FNHC now have a duty-helpline and messages are being repeated to access service
- The loss of the adult named nurse as result of promotion added strain to the system and the role needs filling. The team as a whole continued its joined up working and plans to maintain frequent team meetings post Covid-19. The team successfully recruited two safeguarding advisors who joined the team this quarter. The current admin for the team needs to be made permanent as opposed to agency. Concerns remain about admin support for the named GP's which does not provide enough hours

1. Conclusion

This quarter has covered the core of pandemic activity. Health safeguarding partners came together for mutual support and wellbeing and have used the opportunity to improve service provision for children and adults at risk. We have strengthened our working relationships and continue to do so. Regular discussion has enabled early identification of many problems which have been either solved or escalated.

2. Recommendation

- a) For the Committee to note and adopt this report.
- b) For the Committee to give feedback so future reports will better meet it's needs.

3. Appendices

1. The Health and Community Services Covid-19 pathway
2. The Recovery Curriculum for children as they return to school
3. Adult safeguarding activity Q1 and Q2
4. Jersey Independent Domestic Violence Advisors Q2 activity report
5. Amalgamated Health Safeguarding Data



Health and Recovery Curriculum Adult Safeguarding Jersey IDVA Q2 Amalgamated
 Community Services for Jersey's Children (Activity Q1 and Q2).d Safeguarding Data. Safeguarding Data (