

Report to:	Quality and Performance Committee
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INTRODUCTION

This report focuses on the second three months of the pandemic which is coincided with Q3. Clinical activity broadly returned to normal levels but the setting for the activity was still heavily influenced by Covid restrictions. These included changing in and out of PPE, and cleaning processes which led to delays, as well as required social distancing in waiting areas that reduced functional capacity.

Q3 opened with lockdown still having a profound impact on practice as previously reported. The collective state of wellbeing was described as fatigued, with reports of some staff leaving the service. July and early August marked the return of redeployed doctors and staff back to their normal workplaces on the 10th August. The high levels of mental health referrals remained. The latter half of Q3 represented increased normalisation with patient attendances steadily increasing.

Although concerns were expressed about the capacity to deal with numbers coming into the hospital no serious breakdown in functioning and safeguarding practice occurred. Work to increase safeguarding supervision continued as did efforts to catch up on outstanding training. Microsoft Teams, it has turned out, is not available to all staff members and this has hampered online training.

Concerns about over consumption of alcohol in both adults and children remain. The very particular concern about over-drinking in pregnant women on the island, demonstrated by research undertaken by the recently retired Named Doctor, is a serious risk to unborn babies. Conversations with partners have now started which we hope will result in a public health campaign on this difficult subject.

Efforts to increase attendance at health settings did not have an immediate impact and this should be remembered for any future lockdown management. At the same time mental health attendance figures at emergency settings have doubled.

We continue to develop our database and presentational style for this committee. To make the most of the work we do, we continue to discuss what meaningful outcomes for both children and adults might be. This is not always easy for some services such as ambulance and casualty.

CHILDREN

Safeguarding referrals from general practice have more than doubled between Q2 and Q3 (5 to 12) as has the recognition of child engagement in domestic abuse (18 to 40). By contrast children in need plans are stable between Q2 and Q3 (245 and 250) but show a significant increase when compared with last year's Q2 and Q3 figures of 150 and 165 respectively. The numbers of children on child protection plans have not changed significantly: 2019 Q2 and Q3 figures of 189 and 149 demonstrate the same order of magnitude as this year: 156 and

163.

More encouragingly, children with early help plans have increased from 27 to 42 year-on-year, which was mirrored in Q2 as well (15 and 43). The provision of early help is a long-term investment in a child's well-being so increased provision should be seen as an investment for the future.

The data from the Children and Family's hub show that Q3 activity has been less than in the same quarter last year, with regard to cases and records researched. Without statistical analysis, it is hard to interpret changes in such relatively small numbers. That said, neglect numbers have not changed significantly (26 and 23) and emotional abuse has increased (8 and 15). The other major forms of abuse (physical and sexual) demonstrate respectively a decline (24 and 17) and stability (9 and 9).

The misuse of alcohol has been a persistent topic of discussion at the twice weekly health safeguarding team discussions. Comparative referral figures to the drug and alcohol team do not demonstrate significant changes in numbers seen year on year (8 and 11). Despite this, the issue of alcohol consumption by children and young people will remain a grave concern because of the social costs (risky behaviours, criminalisation, educational impact) and long term health costs (alcohol dependency, liver and heart disease, mental illness).

ADULTS

Referrals to the Independent Domestic Violence Advocates (IDVAs) have increased significantly from Q2 (229 to 290). It is worth noting that the Children and Families Hub Q3 domestic abuse numbers for 2020 are much smaller than the IDVA, and coincidentally, are less than half of those for Q3 in 2019: (19 and 41). It is not certain why much smaller numbers of complaints of domestic abuse are referred to the Hub compared to the IDVA service, although an educated guess might link this to the different ways of working. As our safeguarding systems become more sophisticated, we will work to make sure our understanding of apparent disparities is evidence based and ceases to be speculative.

The referrals to adult safeguarding have also increased from Q2 (265 to 352). Numbers of most aspects of adult maltreatment (self neglect, domestic, neglect, financial, psychological and physical) increased as might be expected.

A small rise in the number of alcohol pathway referrals was also seen (97 to 105) while referrals for drug misuse also rose modestly from 15 to 18. The comparison with year-on-year figures for Q3 however show an unchanged situation (2019 - 107, 2020 105).

Ambulance figures for psychiatric callouts and suicide attempts show a dramatic decline between Q2 and Q3 (258 and 59). This mirrors a decline between Q2 and Q3 in 2019 from 189 to 65. Conversely ambulance callouts in Q3 for overdose and poisoning increased from 53 to 82 year on year.

DATA

We continue to develop our activity dataset, the latest version of which is attached. As we develop outcomes that relate to child and adult well-being, they will be included in our data set. We are also developing a problem-solving reporting document, the template of which is attached.

SERIOUS CASE REVIEWS AND LEARNING

Training for health safeguarding, which was interrupted by the pandemic, is now back up and running. It has been a challenge for all staff areas. A large cohort of staff now need to catch up. Online and some face to face training is now on offer although not all the digital infrastructure is equipped for staff to access the training. Q3 training figures for 2019 and 2020 are in the attached dataset

Restorative supervision has been introduced for health staff. This first step is to support staff based in the hospital, to be followed later with an offer to community staff. This will not impede access to case supervision at any level should staff need it.

OUTCOMES

Virtual consultations and virtual meeting still playing a significant role in service provision. The twice weekly staff meetings, which started in mid-April, will continue. They are likely to remain a feature for the foreseeable future.

The safeguarding system continues to show signs of strain. Practitioners find the hybrid working tiring, as reported previously, although the wellbeing offer is generally appreciated.

Audits of adult and child safeguarding are in train.

Alcohol consumption in children and adults is a major concern and efforts to influence behaviour across the population are being discussed because of the consequences for children and adults.

Mental health services remain a concern and commissioning is focussing on a major bid to improve the service offer for children.

1. Conclusion

This quarter has covered the second quarter of pandemic activity. Health safeguarding partners continue to provide mutual support and wellbeing and this is to be extended to independent providers. Regular discussion has continued to enable early identification of problems and supports closer working, challenge and better reporting. It is imperative that ways to maintain resilience of services is kept under review at all levels in the organisation.

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. Amalgamated database
2. Living document