

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES  
BY DEPUTY G.P. SOUTHERN OF ST. HELIER  
ANSWER TO BE TABLED ON TUESDAY 22nd SEPTEMBER 2015**

**Question**

“Can the Minister confirm that over the past 4 years the following community homes have been closed and state how the support previously delivered to the clients is currently being delivered?”

Special Needs Service

Admar  
Telvika  
Roseville Villas  
Azola  
St. Luke’s

Elderly Care

The Limes (one wing closed, loss of 5 beds)  
Beech Ward (reduction in bed occupancy)  
Lavender Ward (closed)

Adult Mental Health

Clairvale recovery centre (8 beds lost)  
Old Mill House (4 beds lost)  
Maison Du Lac (8 beds)”

**Answer**

I am pleased to outline the progress we have made and continue to make in moving from more ‘institutional’ models of care (now considered to be outmoded and inappropriate) to more tailored approaches where individuals are being supported in the community with personalised packages of care and support. This has involved a partnership approach with bodies such as Andium Homes, Jersey Property Holdings, and third- and independent sector providers to deliver improved outcomes for service users. They now have a greater choice of where they live and improved quality of accommodation. Some of the buildings mentioned in the question had a range of issues which rendered them not fit for purpose and not of sufficient quality to deliver the ‘right kind’ of service in the future.

This policy direction is influenced by good practice and knowledge that, where possible, people want to live in their own communities in ‘mainstream’ housing and not in traditional residential, more ‘institutionalised’, accommodation. This revised approach makes clear that individuals are valued members of our communities regardless of their need. The introduction of long-term care benefit has introduced more choice in meeting care needs and promoted opportunities for the service user to decide how need is met, in what setting, and by whom. Work continues across care groups to build on the principles and values of personalisation. Critical aspects of personalisation are that: a service user’s views are encouraged and heard; packages are bespoke to need; choice is increased; and innovation is encouraged and developed to maximise the individual’s potential.

White Paper (P.82) investment has been used to develop community assessment which is less intrusive, less disruptive and provides greater accuracy than in-patient or residential assessment. In turn, this leads to improved service user experience.

The specific details in relation to the residential provision listed above are as follows:

### **Special Needs Service** - (now Adult Learning Disability Service)

**Admar, Telvika, Roseville Villas, Azola and St Lukes** have all closed. This was part of the Adult Service Residential Strategy enabling individuals to be supported in 'houses for life' with personalised support.

### **Elderly Care**

**Lavender Ward** that provided beds in Clinique Pinel closed in 2012 to allow refurbishment of the building. The environment was not conducive to the function of Lavender Ward and some users transferred to the independent sector which could provide quality service provision.

**The Limes** has closed one wing with a subsequent reduction of 5 beds. This followed the increased choice available to individuals following the introduction of the long-term care scheme, and because of challenges in the recruitment of staff. Those individuals who would have traditionally received care at the Limes are receiving services in the independent sector.

**Beech Ward** – there has been a small reduction (three) in the use of beds in Beech Ward in line with evidence of good practice and the desire to progress the aims of community-based services and assessment, as outlined in the White Paper/P82.

### **Adult Mental Health**

**Old Mill House** is closed. The building was in a poor state of repair and not fit for purpose.

**Maison Du Lac** is closed with individuals moving to community-based accommodation with appropriate support.

**Clairevale** – the 24-hour component is currently closed while being reviewed and is planned to re-open after a redesign in early 2016. Service continues to operate in its other functions.

There has been an increase of mental health community-based residential provision of 18 beds in four different locations.

The move to smaller community homes rather than more traditional residential services is informed by sound policy and good practice. A partnership approach has been taken that places the service user at the centre of planning and focuses on meeting need in an individualised way. The individuals concerned have had more choice in where and how they live and have support plans in place delivered by appropriate providers. Some have managed to stay at home for assessment, which has enhanced their experience and contributed to a more comprehensive accurate assessment. Progress on this agenda will continue, underpinned by the principles outlined above.