

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES  
BY DEPUTY J. RENOUF OF ST. BRELADE  
QUESTION SUBMITTED ON MONDAY 16th SEPTEMBER 2024  
ANSWER TO BE TABLED ON MONDAY 23rd SEPTEMBER 2024**

**Question**

“Further to the closure of the Jersey Recovery College (‘the Charity’), will the Minister advise –

- (a) when his department became aware that there were financial problems at the Charity;
- (b) what steps, if any, were taken to try and support the Charity;
- (c) what steps, if any, have been taken to ensure that the services provided by the Charity are provided in other ways;
- (d) what risk analyses, if any, have been conducted, given that the services provided by the Charity are no longer available; and
- (e) whether any conflicts of interest were identified or considered, in respect of the involvement of the Minister and Assistant Minister with any other mental health charity?”

**Answer**

- (a) HCS were first made aware of the charity’s significant financial problems on 18<sup>th</sup> January 2024
- (b) The JRC contract at that point was due to expire on 30 June 2024. A number of meetings were held between HCS officers and the JRC to establish how the service could be sustained. The resultant actions were that:
  - i. Four months funding was paid in advance (following sharing of financial accounts) to support the charity’s cash flow.
  - ii. The HCS commissioning team met with private funders to give assurance of government support, so that they in turn would offer financial support.
  - iii. HCS agreed to direct award a further 12 month contract from 1 July 2024, and work with JRC to redesign the service offer to meet those identified needs subject to financial viability of JRC. A longer contract could not be offered at that time, as the financial viability concerns were already known.
  - iv. A plan to deliver a significantly lower level of activity (4 groups per week) in the second half of 2024 was accepted, as a transitional phase. This was further supported by the offer of involvement of HCS mental health staff in the delivery of some of the planned groups.
  - v. An implied contract was entered into in July and August, paying JRC another 2 months funding to cover the summer school courses already committed to
  - vi. The HCS commissioning team spent a considerable amount of time working with JRC to support them in exploring options, service development and financial assessment.
- (c) JRC provided activities that were commissioned and funded by HCS, and activities that were not (at a ratio of 50:50 prior to 2024). HCS were already in discussion with JRC prior to the financial challenges being known about the need to vary the services commissioned by HCS and introduce a new delivery model, based on identified needs (and in part utilising the partnership delivery model that we planned to introduce from July onwards). Since the closure of JRC was announced, the HCS mental health team has been working with service users and others to develop a new group model that will be (incrementally) introduced from October onwards, which will replicate some of the work previously delivered by the JRC. The intention is to continue to grow this over coming months, and to include some of the wider mental health promotion / stigma reduction activities that were delivered by JRC.

- (d) During the last term, a total of 79.5 hours of courses were provided over 4 months, an average of 4 hours per week, so the level of support provided was not extensive. As work had already started in partnership with JRC to deliver a new model, we were able to build on this work to develop a plan when the closure was announced. HCS staff have of course identified and considered potential risks that may arise as a result of the closure – including to people who use services, staff and the wider system – and established plans to mitigate these (including offers of individual support and plans to develop alternative / replacement services as soon as possible).
- (e) No conflicts of interest were identified. The Ministerial team were aware of – and supported - the various actions taken in early 2024 to seek to support / sustain the JRC, and were briefed by the Director of Mental Health and the Chief Officer when the JRC impending closure became known. There was no plan to redistribute any of the JRC funding to an alternative charity – the replacement service will be delivered initially within the HCS mental health services, whilst the future model is developed. Any future plans to grow this area of service with charitable partners will be discussed and agreed at the Mental Health Partnership Board (which includes representation from the majority of the charitable partners) and would be subject to a competitive tender process.