

# STATES OF JERSEY



## ISLAND PLAN 2011: APPROVAL (P.48/2011): FIFTH AMENDMENT

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Lodged au Greffe on 14th April 2011  
by the Deputy of St. Martin

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STATES GREFFE

**PAGE 2 –**

After the words “the revised draft Island Plan 2011” insert the words –

“except that in Policy SCO2 Healthcare facilities (page 277) after the words ‘2. within the Built-up Area,’ insert the following words –

‘or where;

3. in exceptional circumstances, the provision of other specialist healthcare facilities is supported by the Health and Social Services Department, where it can be demonstrated that no other suitable site within the grounds of existing healthcare facilities or the Built-up Area can be identified’.”

DEPUTY OF ST. MARTIN

## REPORT

Policy SCO2 covering Healthcare facilities can be found in paragraphs 7.25 to 7.34 on pages 275 to 278 of the Revised Draft Island Plan.

Paragraph 7.25 begins with the words: “People’s health is critical to their quality of life. Increased life expectancy and emergent lifestyle-related health threats, such as that of increasing obesity, have highlighted the unsustainability of a health care system based predominantly on cure and increased cost. It is recognised that a major shift in health and social care policy is needed and the States of Jersey is working towards this, as set out in the States Strategic Plan and the Health and Social Services Department’s strategy – New Directions – A plan for Health and Wellbeing in the 21st Century. Health and social care services are at a “crossroads.” A “blueprint” is needed to identify the best, and most effective, way to deliver the most essential services in a sustainable manner into the future. The development of a strategic vision for the provision of health care in Jersey in the decade ahead is urgently required and will emerge during the plan period.

The following paragraphs go on to paint a picture that highlights the need for a plan to ensure that the Health Service is equipped to meet the Island’s health needs.

Planning has recognised that facilities will be required to accommodate the increasing health needs and Policy SCO2 states the following –

“Proposals for the development of new or additional primary and secondary healthcare facilities or for the extension and/or alteration of existing healthcare premises will be permitted provided that the proposal is:

1. within the grounds of existing healthcare facilities, or
2. within the Built-up Area.

The alternative development of healthcare facilities will only be permitted where it can be demonstrated that they are no longer required for healthcare purposes.”

I believe that the proposed Policy is unnecessarily restrictive and is at odds with the needs identified by Health. Clearly with an aging population, the Island will not be able to rely on the properties within the Built-up area or within the existing healthcare facilities.

When one reads pages 275 to 278, it is apparent that Jersey is heavily reliant on public sector provision to meet its health needs, this in my view is unsustainable. At present there are a few privately-run establishments, which eases the pressure, but it is evident that there will be a need for new establishments to meet the ever-increasing demand for facilities suitable for physical and mental health. These establishments are for a group of people known as Elderly Mentally Infirm.

Whilst it might be possible for Health to convert some of its existing properties, this probably will not be the case for any organisation in the private sector.

As part of the consultation process, Examination in Public (EiP), sessions were held between 21st September and 8th October last year which enabled the public to discuss proposals for the Island Plan. A report was later published.

At one of the sessions a proposal emerged which led to consideration being given to provide for an Elderly Mentally Infirm Unit (to be run by a Charitable Trust Organisation on a non-profit basis) which was not in the Built-up area or within the grounds of existing healthcare facilities.

In paragraph 9.10 of the report it states –

“We report on our findings in volume 2 of this report. This is a difficult matter; everyone at the EiP was supportive of the proposals for the unit; but the site currently proposed may not be the best available due to its location some distance away from the Built-up Area. Further discussion is needed with the applicant, but there was a view at the EiP that an amendment of Policy SCO2 to enable the provision of such much-needed facilities might be the best way forward. We are sympathetic to this, but at the same time concerned (as was the Minister) that the creation of exceptions in policies – for the best of reasons – can sometimes lead to loopholes appearing through which other less obviously desirable facilities can proceed.

Nevertheless we **recommend** that in this case a third class might be added to Policy SCO2 – to include “In exceptional cases only, and where the facility is supported by the Health and Social services Department, the provision of other specialist healthcare facilities where it can be demonstrated that no other suitable site can be identified.”

Unfortunately the Minister decided not to accept the recommendation.

Written support from Health and Social Services has been received, confirming the current pressures in this area of care and highlighting the fact that there are currently no specific beds providing continuing nursing care for people with dementia, within the private sector. The east of the Island specifically has a shortfall of residential and nursing care beds for those people who need residential or nursing care but would wish to receive it near their loved ones or local to their community.

The need for residential and nursing care EMI beds is a current problem and is projected to get much worse; the Island-wide Strategy for an Aging Society (2003) predicts that by 2031, 30% of the Island population will be above working age, compared to approximately 19% in 2011. The King’s Fund Report into the cost of mental health care in England to 2026 “Paying the Price” (2007) estimates that in England the prevalence rates of people with dementia will increase by 61% from 2007 to 2026.

Given that there is an identified need and it has been recommended that a third class may be added to SCO2, I have lodged an amendment shown above. Hopefully the Minister will reconsider his earlier decision and will accept the amendment.

### **Financial and manpower implications**

There are no financial or manpower implications for the States arising from this amendment.