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2013

BILLET D'ÉTAT

WEDNESDAY 27th FEBRUARY 2013

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BILLET D'ÉTAT

TO
THE MEMBERS OF THE STATES
OF THE ISLAND OF GUERNSEY

I hereby give notice that a Meeting of the States of Deliberation will be held at **THE ROYAL COURT HOUSE, on WEDNESDAY,** the **27th FEBRUARY, 2013, at 9 30 a.m.,** to consider the items contained in this Billet d'État which have been submitted for debate.

R. J. COLLAS
Bailiff and Presiding Officer

The Royal Court House
Guernsey
18 January 2013

THE SMOKING (PROHIBITION IN PUBLIC PLACES AND WORKPLACES) (EXEMPTIONS AND NOTICES) (AMENDMENT) (GUERNSEY) ORDINANCE, 2013

The States are asked to decide:-

I.- Whether they are of the opinion to approve the draft Ordinance entitled "The Smoking (Prohibition in Public Places and Workplaces) (Exemptions and Notices) (Amendment) (Guernsey) Ordinance, 2013", and to direct that the same shall have effect as an Ordinance of the States.

THE INCOME TAX (GUERNSEY) (APPROVAL OF AGREEMENT WITH CHILE) ORDINANCE, 2013

The States are asked to decide:-

II.- Whether they are of the opinion to approve the draft Ordinance entitled "The Income Tax (Guernsey) (Approval of Agreement with Chile) Ordinance, 2013", and to direct that the same shall have effect as an Ordinance of the States.

THE CONTROL OF BORROWING (REPEAL) (BAILIWICK OF GUERNSEY) ORDINANCE, 2013

The States are asked to decide:-

III.- Whether they are of the opinion to approve the draft Ordinance entitled "The Control of Borrowing (Repeal) (Bailiwick of Guernsey) Ordinance, 2013", and to direct that the same shall have effect as an Ordinance of the States.

POLICY COUNCIL

PLANNING PANEL – RE-ELECTION OF MEMBERS

1. Executive Summary

1.1 This Report recommends the States to re-elect Mrs. Sheelagh Evans and Miss Julia White for full six year terms as Members of the Planning Panel with effect from 6th April 2013.

2. Legal Requirements

2.1 In accordance with section 86 of the Land Planning and Development (Guernsey) Law, 2005 ("the Law"), which came into effect on 6th April, 2009, the States, on the recommendation of the Policy Council, are required to elect six independent persons as members of the Planning Panel from which the members of the Planning Tribunal are appointed. This number was increased by resolution of the States to 8 as provided for by section 86(5A) of the Law (Billet d'État III of 2012).

2.2 The term of office of the members of the Planning Panel is six years but, in accordance with section 86 (5) of the Law, of the members first elected, two were to be elected for two years, two for four years and two for six years.

2.3 The relevant part of section 86 of the Law and section 4 of the Land Planning and Development (Appeals) Ordinance, 2007, as amended, which set out in detail the provisions for electing members of the Planning Panel are set out at Appendix 1 of this report.

2.4 At their meeting on 25th March, 2009 (Billet d'État VIII of 2009), the States, on the recommendation of the Policy Council following a comprehensive selection process, elected the members of the Planning Panel to take effect from 6th April 2009 and Mrs. Evans was elected to serve as an Ordinary Member for a four year term.

2.5 Miss White was elected on 28th September 2011 to serve as an Ordinary Member until the 5th April 2013 (Billet d'État XV of 2011). Miss White's election followed the resignation of Mr. Bowen, who had been elected on 25th March 2009 to serve a four year term.

3. Nomination of New Members

3.3 The States will need to elect two members of the Planning Panel to serve for 6 year terms with effect from 6th April 2013 to replace Mrs. Sheelagh Evans and Miss Julia White whose two year terms of office will end on 5th April 2013. Both Mrs. Evans and Miss White have confirmed their willingness to stand for re-election.

3.4 In recommending Mrs. Evans and Miss White for election in 2009 and 2011 respectively, the Policy Council anticipated that they would be put forward for re-election for full six year terms in 2013.

3.5 The Policy Council has consulted the Chairman of the Panel, Mr Patrick Russell, who has advised that he and the Deputy Chairman, Mr. Stuart Fell, support the re-election of Mrs. Evans and Miss White.

4. Principles of Good Governance

4.1 The Policy Council is satisfied that the experience and expertise of the candidates will enable the Panel to operate effectively and in accordance with the principles of good governance.

4.2 The proposal set out in this report take full account of the core principles of good governance as set out on page 247 of Billet d'État IV of 2011, most particularly principle 1 "focussing on the organisation's purpose and on outcomes for citizens and service users", and principle 4, "taking informed, transparent decisions and managing risk".

5. Recommendation

5.1 The Policy Council recommends the States to re-elect:

(a) Mrs Ann Sheelagh Evans as an ordinary Member of the Planning Panel for a period of six years to take effect from 6th April 2013, ending 5th April 2019; and
(b) Miss Julia Anne White as an ordinary Member of the Planning Panel for a period of six years, to take effect from 6th April 2013, ending 5th April 2019.

P A Harwood
Chief Minister

17th December 2012

Deputy J P Le Tocq
Deputy Chief Minister

Deputy G A St Pier
Deputy R Domaille
Deputy D B Jones
Deputy R W Sillars
Deputy P A Luxon
Deputy A H Langlois
Deputy K A Stewart
Deputy DH Dorey
Deputy M G O'Hara

Appendix 1

Section 86 of the Land Planning and Development (Guernsey) Law, 2005

86. (1) The States shall, on the recommendation of the Policy Council, draw up and maintain a panel to be called the Planning Panel which shall consist of six independent persons and from which the members of the Planning Tribunal shall, from time to time, be appointed.

(2) A recommendation of the Policy Council under subsection (1) may be amended by resolution of the States to the intent that persons other than those recommended by the Policy Council may be elected to the Planning Panel.

(3) Of the members of the Planning Panel –

(a) not less than four shall be permanently resident within the Channel Islands,
(b) not less than two, who shall be designated by States' resolution as the "**professional members"**, shall be persons with such qualifications and experience in planning matters as in the opinion of the States is necessary for the hearing and determination of appeals to the Planning Tribunal,
(c) one shall be designated by States' resolution as the Chairman of the Planning Panel, and
(d) one shall be designated by States' resolution as the Deputy Chairman thereof.

(4) The members of the Planning Panel shall, subject to the provisions of subsection (5), hold office for a term of six years, and a person may be elected for more than one term of office.

(5) Of the six persons first elected as members of the Planning Panel –

(a) two, who shall be specified by States' resolution, shall hold office for a term of two years,
(b) two others, who shall also be specified by States' resolution, shall hold office for a term of four years, and
(c) the remaining two shall hold office for a term of six years."

(5A) The States may, on the recommendation of the Policy Council, at any time after the first members of the Planning Panel have been elected pursuant to this section, resolve to –

(a) increase the number of Panel members so it consists of a maximum of 9 persons in total, and
(b) elect new members accordingly.

(5B) Where the States make a resolution pursuant to subsection (5A) –

(a) subsection (1) shall have effect as if it referred to the Panel consisting of such number of persons as the States have so resolved,
(b) subsection (2) shall apply to a recommendation under subsection (5A) as it applies to a recommendation under subsection (1), and
(c) subsection (3)(a) and (b) shall have effect so that they require the proportion of members resident in the Channel Islands and of professional members to remain the same as is required in relation to a Panel of 6 insofar as is possible having regard to the new total number of Panel members.]

Section 4 of the Land Planning and Development (Appeals) Ordinance, 2007

4. The following persons may not be elected as member of the Planning Panel -

(a) a Member of the States of Deliberation within the meaning of the Reform (Guernsey) Law 1948,
(b) an employee of the States who is employed by the States within the [Environment] Department, a member of the Department or a person who carries out work for, or provides services to the Department in relation to any functions of the Department under the Law or the repealed enactments,
(c) a member of the Strategic Land Planning Group,
(d) a person who holds appointment to any judicial office in Guernsey, or any person who has been such a person at any time within the period of two years ending on the date of the proposed election".

Appendix 2

Mrs Sheelagh Evans
Mrs Evans holds a BSc (Hons) in Estate Management and a Master's degree in Urban Land Appraisal. She retired from working as a Chartered Surveyor some years ago to raise her family. She is currently a Committee member of the British Red Cross (Bailiwick of Guernsey Branch) with responsibility for property matters and is also a member of the Tax on Real Property Appeals Panel.

Miss Julia White
Miss White was called as an English Barrister in 1998 and trained in Chancery and Public Law chambers, before returning to Guernsey and qualifying as an Advocate in July 2001. Miss White is an Associate at Carey Olsen and undertakes a wide range of civil law, particularly relating to land and property disputes, and specialises in advising on planning, housing and other administrative law matters. Miss White is the Vice President of the Guernsey Tax Tribunal.

(N.B As there are no resource implications identified in this Report, the Treasury Resources department has no comments to make.)

The States are asked to decide:-

IV**.-** Whether, after consideration of the Report dated 17th December, 2012, of the Policy Council, they are of the opinion:

1. To re-elect Mrs. Sheelagh Ann Evans as an ordinary Member of the Planning Panel for a period of six years, to take effect from 6th April 2013, ending 5th April 2019.

2. To re-elect Miss Julia Anne White as an ordinary Member of the Planning Panel for a period of six years, to take effect from 6th April 2013, ending 5th April 2019.

HEALTH AND SOCIAL SERVICES DEPARTMENT

MENTAL HEALTH AND WELLBEING STRATEGY

The Chief Minister
Policy Council
Sir Charles Frossard House
La Charroterie
St Peter Port

21st December 2012

Dear Sir

EXECUTIVE SUMMARY

1. The Mental Health and Wellbeing Strategy is intended to promote mental wellbeing across the community, support vulnerable people, and ensure that appropriate and effective treatment is provided for people who need it.

2. Mental wellbeing is related to, but not the same as, the absence of mental ill health. It has been defined as the ability to cope with life's problems and make the most of life's opportunities. It is about feeling good and functioning well and is independent of mental health status.

3. Good mental wellbeing, and good mental health support services, will have benefits for the whole island community, as well as having a positive impact on the economy and making a real difference to individual islanders.

4. Positive mental health and wellbeing can influence outcomes across a wide range of domains, ranging from healthier lifestyles and better physical health, to higher educational attainment, better relationships, greater social cohesion and improved quality of life.

5. The particular need for a Mental Health and Wellbeing Strategy has emerged as a priority, at this time, due to a number of major political and practical developments, including the development of modern mental health facilities to replace the Castel Hospital; the Mental Health (Bailiwick of Guernsey) Law, 2010, due to come into force in April 2013; and the priority given to improving islanders' health and wellbeing in the 2020 Vision.

6. However, improving mental health and wellbeing is complex, and requires the engagement of the whole community: adults and children; service users and service providers; the States, the voluntary sector, and the business community. This Strategy will provide a framework within which all areas of the island community can begin to work together towards better mental wellbeing.

7. This Strategy is not just about improving services – its primary focus is on improving wellbeing across the whole community. It will also ensure that, when people do need to use services, they are treated with respect and with a focus on recovery and effective rehabilitation.

8. Although led by Health and Social Services Department (HSSD), the Mental Health and Wellbeing Strategy – like much of the 2020 Vision – is not the sole responsibility of the Department, and HSSD is grateful for the wide range of input that other States Departments, voluntary organisations, and individual service users and carers have already given, as part of the development of this Strategy. This is only the beginning, and the Mental Health and Wellbeing Strategy must lead the way towards more effective and integrated ways of working across the whole community.

9. The Mental Health and Wellbeing Strategy is divided into five themes: Starting, Growing and Developing Well; Living Well; Working Well; Ageing Well; and Tackling Stigma and Discrimination. Each of these themes outlines the particular challenges which already exist in each area, and recommends priorities for change. The challenges and opportunities explored in this Strategy can be gathered under three headings:

- **Promote** good mental health and wellbeing across the whole population.
- **Support** people to manage their mental health better.
- **Act** to meet people's needs with appropriate and flexible services.

10. Each of these three strands can be summarised in the following way:

Promote good mental health and wellbeing across the whole population

- Make people aware of the importance of mental wellbeing and the need to develop and maintain resilience, in order to reduce mental distress and illness.
- Protect the wellbeing of parents and children by facilitating social, cultural and economic support for all aspects of family life.
- Increase the wellbeing of young people by providing education and training opportunities that optimise the chance of good quality employment.
- Improve the mental health of adults and children by protecting and enhancing social, physical and natural environments.
- Promote active ageing, which tends to be accompanied by good mental wellbeing.

Support people to manage their mental health better

- Provide accessible and acceptable support for people as they live their lives.
- Ensure advice on wellbeing, on reduction of stressors and of harmful behaviours, is readily accessible and available in non-stigmatizing settings.

- Provide timely, respectful and effective intervention to individuals on a 'partnership' basis.
- Maintain an expectation of recovery and rehabilitation in all interventions.

Act to meet people's needs with appropriate and flexible services

- Focus on early intervention, in recognition that this is crucial for giving people the best chance to recover from an episode of mental illness.
- Aim to improve outcomes and reduce the incidence of long term mental health problems.
- Aim to reduce suicide rates.
- Ensure people with mental health problems are treated with the same respect and courtesy that is offered to all, without discrimination by virtue of their mental condition.
- Ensure that people can access services that are person-, recovery- and outcome-focused.
- Ensure that services reflect evidence-based best practice and are made available in a variety of settings.

11. In addition to these age-specific issues, a number of cross-cutting themes have been explored. These include:

- Challenging stigma and discrimination.
- Addressing the needs of specific vulnerable groups.
- Addressing the needs of carers.

12. This Strategy demonstrates that joined-up working can make a major difference to islanders' health and wellbeing in general, and to improving outcomes for service users in particular. Examples of joined-up working in practice show that inter-agency planning and action can lead to productive and valuable outcomes. This Strategy – having set a clear direction for the future of mental health and wellbeing in the islands – will help to lead and implement further developments, through the formation of a Mental Health and Wellbeing Implementation Board, with representation from all relevant sectors of the community.

INTRODUCTION

13. Good mental wellbeing has been proven to have beneficial effects for people of all ages and a positive impact on society as a whole.

14. Good mental wellbeing supports child development, enhances family life and educational attainment, increases productivity at work, and enables people to maintain their independence in older age. It reduces dependence on welfare benefits and services, and reduces harmful or risk-taking behaviours, including alcohol or drug dependency.

15. Wellbeing is more than just day-to-day happiness. It also includes things such as how satisfied people are with their lives as a whole, how people compare themselves to others, and whether people have a sense of control or of purpose in life. People with higher wellbeing – positive emotions and good day-to-day functioning – can be said to be flourishing[1].

16. Improving mental health and wellbeing is complex, and requires the engagement of the whole community: adults and children; service users and service providers; the States, the voluntary sector, and the business community.

17. One in every four people will experience mental health difficulties during their lifetime. As many as one in 10 will have significant difficulties. Every aspect of life can influence and be influenced by people's mental wellbeing. Without a doubt, therefore, "mental health is everybody's business".

Background to the Mental Health and Wellbeing Strategy

18. The Mental Health and Wellbeing Strategy is intended to promote mental wellbeing across the community, support vulnerable people, and ensure that appropriate and effective treatment is provided for people who need it.

19. An effective strategy to promote mental wellbeing would have benefits for the island community, the economy and individual islanders, at any time. However, the particular need for a Mental Health and Wellbeing Strategy has emerged as a priority, at this time, due to a number of major political and practical developments.

20. In the 2009 Capital Prioritisation Debate (Billet d'État IX, 2009), the States approved the development of modern mental health facilities (the Mental Health and Wellbeing Centre) to replace the Castel Hospital. A number of external reviews over the previous two decades had found that many parts of the island's existing care infrastructure were not fit for the delivery of good quality mental health services.

21. Guernsey's aged mental health legislation was also recently replaced by the Mental Health (Bailiwick of Guernsey) Law, 2010, which is due to come into force in April 2013. The changes brought in by this law include a more appropriate and respectful way of responding to people who are suffering acute mental health crises.

22. In May 2011, the States debated the first report on the 2020 Vision and agreed that one of the roles of all States Departments was to enable people to lead healthy, independent lives, by:

[1] See 2013 update of HSSD's 2020 Vision.

- **Promoting** good health and wellbeing across the community.
- **Improving** outcomes for people who use health and social care services.
- **Protecting** people through high-quality, well-regulated services.

23. At this point, the importance of keeping people healthy and well, and avoiding illness or crisis, appeared centre-stage as a core part of health and social care provision, and social policy in general.

24. It was in this context, in which the States had just given priority to maintaining wellbeing and key parts of the mental health infrastructure were about to be redeveloped, that HSSD decided it was necessary to establish a Mental Health and Wellbeing Strategy.

25. The research leading to this Strategy has already helped to shape the plans for the Mental Health and Wellbeing Centre (Phase 6B). The services provided there will follow best practice and reflect the ethos of the entire Strategy: promoting resilience, recovery and a return to independence wherever possible. However, this Strategy is not just about improving services – its primary focus is on improving wellbeing across the whole community. This report should act as a framework within which States Departments, voluntary and business organisations can start to work together, more effectively, towards that common purpose.

Making effective changes

26. It is essential that mental health and wellbeing initiatives are robustly evidence-based and reflect best practice. The research that informed this Strategy has been drawn from across the globe and includes specially commissioned papers by the UK's Mental Health Foundation and Centre for Mental Health[2].

27. There has also been an in-depth consultation process, engaging over 200 participants, who included service users, carers, members of the voluntary sector, the business sector, and representatives from a wide range of professions, including doctors from mental health services and general practice, midwifery services, health visitors, children's services, social services, social workers, psychology, employment services, probation, prison services, police, drugs and alcohol services, and public health.

28. This has ensured that the Mental Health and Wellbeing Strategy remains firmly grounded in the Guernsey context, while international comparisons allow service gaps and areas of good practice to be easily identified, and a set of key priorities to be established.

29. There will always be areas where creative projects are developed to improve mental wellbeing, inspired and driven by single individuals or small groups. This

[2] This research is available in the Long Report on the Mental Health and Wellbeing Strategy and will be published and made available online from during December 2012.

Strategy is intended to enhance the impact of such projects by providing a framework for coordinated working between groups and individuals, enabling priorities to be shared and resources to be used accordingly.

30. It is vital for good approaches towards mental health and wellbeing to be structurally embedded across the whole system of policy-making and service provision. The kind of actions needed to secure good mental health and wellbeing across the whole population, and at all stages of life, cannot be delivered by a single agency. There is a real need for cross-Departmental working, and joint working across the whole community, to achieve the kind of outcomes for islanders to which this Strategy aspires.

KEY DRIVERS

31. The Mental Health and Wellbeing Strategy is divided into five themes: Starting, Growing and Developing Well; Living Well; Working Well; Ageing Well; and Tackling Stigma and Discrimination. Each of these themes outlines the particular challenges which already exist in each area, and recommends priorities for change. This section simply outlines some of the main factors which have led to the development of a comprehensive Mental Health and Wellbeing Strategy at this point in time.

Achieving States' policy outcomes

32. Mental wellbeing is related to, but not the same as, the absence of mental ill health. It has been defined as the ability to cope with life's problems and make the most of life's opportunities. It is about feeling good and functioning well. It is independent of mental health status: people with mental health problems can enjoy good wellbeing, while some people without a diagnosed mental health problem may not. However, fewer people are likely to develop mental health problems in populations with high levels of mental wellbeing.

33. A person's state of wellbeing is influenced by a wide range of factors, which include:

- Having somewhere to live
- Having a job
- Friends and family
- Income
- Self-worth
- Access to leisure
- Education

34. The economic and social cost of poor mental wellbeing is enormous, in Guernsey as much as elsewhere. In a snapshot on a day in June 2011, the Social Security Department reported that, of the 900 people receiving invalidity benefit, 30% had a mental health-related illness as the primary cause of disability. Depression was

the single largest cause. It was considered highly likely that many of the others would have a secondary mental health condition (Billet d'État XIII, July 2011).

35. The 2010 Guernsey Emotional and Wellbeing Survey measured general mental wellbeing using the Warwick-Edinburgh Mental Wellbeing Scale. The scores were similar to UK regions including Scotland and North-West England. However, some groups in Guernsey had a greater likelihood of poor mental wellbeing. For example, people with low incomes and people who were unemployed had a particularly high incidence of anxiety and depression symptoms. In addition, a greater proportion of young people in Guernsey reported that they felt under stress, compared to their peers in the UK.

36. Positive mental health and wellbeing can influence outcomes across a wide range of domains. These include healthier lifestyles, better physical health, improved recovery, fewer limitations in daily living, higher educational attainment, greater productivity, employment and earnings, better relationships, greater social cohesion and engagement and improved quality of life.

37. The two local examples given above show that Guernsey has some challenges relating to mental wellbeing which need to be addressed. Given the diversity of outcomes above, improving mental wellbeing will not only help to reduce the incidence of mental health problems, but will also have a major impact on a wide range of policy goals set by the States: ranging from greater economic participation and personal responsibility, to the creation of a more supportive and inclusive community.

Evolving mental health infrastructure

38. A report asking the States to approve the construction of a Mental Health and Wellbeing Centre (Phase 6B) at the Princess Elizabeth Hospital (PEH) will be considered at the same meeting as this Strategy.

39. The need to develop the island's mental health facilities has been recognised by the States for a long time. The NHS Health Advisory Service first reviewed the Castel Hospital in the early 1980s and concluded that "*the Castel Hospital is not now suitable for modern psychiatric practice.*"

40. A range of developments have happened since then. In particular, with respect to learning disability, more community-based and flexible services have been set up, and the ongoing development at Maison Maritaine (to be known as La Nouvelle Maraitaine) and Longue Rue House (to be known as Le Grand Courtil) into "extra-care housing" will lead to more housing for people with learning disabilities promoting independence and personal choice.

41. In 2004, the 'Lighthouse' units (Phase 6A) were opened on La Corbinerie at the PEH. These three 20-bed units have provided a purpose-built environment for older people with mental health conditions, including dementia.

42. Community mental health teams, including social workers, community psychiatric nurses, occupational therapists, chartered psychologists and consultant psychiatrists, have been set up. These teams still operate out of the Castel Hospital, where it is extremely difficult to see patients with any form of privacy.

43. A Primary Care Mental Health and Wellbeing Service was set up in 2011, and operates out of the island's GP practices. This pilot, which was jointly led by HSSD and the Social Security Department, has enabled people with low-level mental health issues to access the support they need in the familiar and non-stigmatised setting of their doctor's surgery.

44. However, core parts of Guernsey's mental health service provision still require significant attention. Albecq Ward, which provides adult psychiatric in-patient accommodation at the Castel Hospital, does not enable any separation between patients of different genders and with different conditions. Divette Ward, an assessment and respite ward for adults with mental health issues, was relocated to the PEH as an interim measure in 2003, and has not moved since. The two-bed secure unit for young people at Le Carrefour is poorly located and has little external activity space. The development of Phase 6B (the Mental Health and Wellbeing Centre) is intended to respond to these areas of outstanding need.

45. There is an important window of opportunity here for a Mental Health and Wellbeing Strategy to shape the provision of core mental health services, developing a focus on wellbeing and recovery, promoting mental wellbeing as a priority for the whole community, and challenging the stigma and discrimination which have dogged mental health services in the past.

46. A Mental Health and Wellbeing Strategy should provide a framework to make sense of all the emerging changes relating to mental health services, and to community-wide mental wellbeing, enabling developments to be prioritised and targeted at the areas of greatest need. This is particularly important at a time when resources are limited, and it is vital to get the greatest impact from every action taken.

Ageing population

47. The latest update of the 2020 Vision has shown that as many as one in 10 islanders are likely to be over the age of 85 by 2060. This helps to illustrate why it is important to develop an effective Mental Health and Wellbeing Strategy which reaches across the whole community.

48. The incidence of conditions such as dementia is much greater among the older population, and it is important to ensure that older adult mental health services are able to meet this increasing need in an effective and respectful way.

49. Further to this, as people get older, they are likely to be affected by a number of significant life events, including retirement, bereavement and reduced mobility. For some, managing on a reduced income after retirement may be a cause of anxiety. Many of these factors may lead to increased isolation from family and friends, loneliness, and diminished wellbeing.

50. With this in mind, it is important to ensure that older people can maintain the best possible mental capital, in order to maintain their independence and wellbeing; enable them to continue to contribute positively to society with their wisdom, experience, and time; and, wherever possible, minimise the need for dependence on care and support services.

PRINCIPLES AND STRATEGIC FIT

51. The States have agreed that one of its core roles is to enable islanders to live healthy, independent lives, by:

- **Promoting** good health and wellbeing across the community.
- **Improving** outcomes for people who use health and social care services.
- **Protecting** people through high-quality, well-regulated services.

52. This involves creating a system which enables people to remain healthy and well for as long as possible. When people do come into contact with healthcare and social care services, there needs to be a focus on recovery, effective rehabilitation and minimisation of risk. As part of this, the importance of integrated housing and care, and the role which housing plays in sustaining wellbeing and supporting recovery, cannot be overstated.

53. This focus on health promotion, recovery and independence, is as fundamentally important for mental health and wellbeing as it is for physical health. The Mental Health and Wellbeing Strategy is intended to create an approach towards mental health and wellbeing in Guernsey which focuses on the prevention of ill-health and crises; builds a more resilient and independent community; and ensures that vulnerable people receive effective support in an appropriate way when they need it.

54. Although led by HSSD, the Mental Health and Wellbeing Strategy – like much of the 2020 Vision – is not the sole responsibility of the Department. It is HSSD's intention to create a framework in which more effective inter-agency work on mental health and wellbeing can take place. The Department is grateful for the wide range of input that other States Departments, voluntary organisations, and individual service users and carers have already given, as part of the development of this Strategy[3].

[3] A description of the consultation process and the range of stakeholders involved in developing this Strategy can be found in Appendix 1.

55. Mental health and wellbeing are important for people of all ages, but the evidence shows that different ways of improving wellbeing are more effective at different stages in life. Because of this, the Mental Health and Wellbeing Strategy has adopted a "life-span" approach, focusing on:

- Starting, Growing and Developing Well.
- Living Well.
- Working Well.
- Ageing Well.
- Tackling Stigma and Discrimination.

56. In addition to these age-specific issues, a number of cross-cutting themes have been explored. These include:

- Challenging stigma and discrimination.
- Addressing the needs of specific vulnerable groups.
- Addressing the needs of carers.

57. The challenges and opportunities explored in the Mental Health and Wellbeing Strategy can be gathered under three headings:

- **Promote** good mental health and wellbeing across the whole population.
- **Support** people to manage their mental health better.
- **Act** to meet people's needs with appropriate and flexible services.

58. Each of these three strands can be summarised in the following way:

Promote good mental health and wellbeing across the whole population

- Make people aware of the importance of mental wellbeing and the need to develop and maintain resilience, in order to reduce mental distress and illness.
- Protect the wellbeing of parents and children by facilitating social, cultural and economic support for all aspects of family life.
- Increase the wellbeing of young people by providing education and training opportunities that optimise the chance of good quality employment.
- Improve the mental health of adults and children by protecting and enhancing social, physical and natural environments.
- Promote active ageing, which tends to be accompanied by good mental wellbeing.

Support people to manage their mental health better

- Provide accessible and acceptable support for people as they live their lives.
- Ensure advice on wellbeing, on reduction of stressors and of harmful behaviours, is readily accessible and available in non-stigmatizing settings.

- Provide timely, respectful and effective intervention to individuals on a 'partnership' basis.
- Maintain an expectation of recovery and rehabilitation in all interventions.

Act to meet people's needs with appropriate and flexible services

- Focus on early intervention, in recognition that this is crucial for giving people the best chance to recover from an episode of mental illness.
- Aim to improve outcomes and reduce the incidence of long term mental health problems.
- Aim to reduce suicide rates.
- Ensure people with mental health problems are treated with the same respect and courtesy that is offered to all, without discrimination by virtue of their mental condition.
- Ensure that people can access services that are person-, recovery- and outcome-focused.
- Ensure that services reflect evidence-based best practice and are made available in a variety of settings.

59. The following five themes will explore these three strands in depth and across the life-course. The report will conclude with examples of where inter-agency working has already been making a significant difference to Islanders' mental health and wellbeing, including areas where the voluntary and business sectors are showing leadership on good mental wellbeing, and will explain how this Strategy will be put into practice in such a way as to build on this success and promote good practice across the whole community.

THEME 1: STARTING, GROWING AND DEVELOPING WELL

Strategic vision

60. The wellbeing of parents and children is protected by facilitating social, cultural and economic support for family life. Social support may include parenting skills, tackling violence or abuse in the home, safe play-areas for children, and reducing child poverty. Economic support may include family-friendly workplaces, parental leave, and ways of organising work and remuneration that are compatible with family life.

61. Young people's wellbeing is enhanced by education and training opportunities that optimise the chance of good quality employment. A good level of literacy, numeracy and basic skills will be promoted, as it is known that this protects against depression, particularly for women.

62. Mental health in children and young people is more than the absence of mental illness. It has been defined as *"the strength and capacity of our minds to grow and develop, to overcome difficulties and make the most of our abilities and opportunities"* (Young Minds, 2006). The Mental Health Foundation's 1999

report, “Bright Futures”, explained that mentally healthy children will have the ability to:

- Develop psychologically, emotionally, intellectually and spiritually
- Initiate, develop and sustain mutually satisfying personal relationships
- Use and enjoy solitude
- Become aware of others and empathise with them
- Play and learn
- Develop a sense of right and wrong
- Resolve (face) problems and setbacks and learn from them.

63. It is clear that providing children with the very best start in life is vital for the development of wellbeing and emotional resilience in children. The following table looks at best practice arising from research around the world; compares this to the Guernsey picture; and makes recommendations for future developments.

What does the research say?
Parenting and Early Years • Investing in a healthy start in life influences development in childhood, adolescence and adulthood. • Effective preparation for parenthood should include a focus on emotional wellbeing. • It is important to develop good parenting skills and support for parents, together with early recognition and extra, targeted support for the vulnerable. • A number of studies from the U.S.A. have shown that parenting and early intervention strategies are cost-effective and lead to increases in employment, literacy and social responsibility, as well as decreases in teenage pregnancy, crime and arrests. • Multi-agency working is essential in providing help and support to families. • Emotional as well as physical development should be monitored. **School years and adolescence** • Good mental health is associated with improved academic achievement, physical health, and enhanced psychosocial functioning. • Good mental health helps to protect children against involvement with violence or crime, teenage pregnancy, drug and alcohol misuse. • It is important to develop and build emotional resilience, and provide easily accessible advice and support in a variety of non-stigmatising settings. • Healthy living advice and guidance on harmful behaviours should include advice on emotional resilience.

Problem identification

- Access to confidential advice in non-stigmatising settings, and early referral to mental health services, are key.

The Guernsey picture

Parenting and Early Years

- A number of initiatives support pregnant women and children who are known or believed to be at risk:
    - Family Partnership Team
    - Children and Young People's Plan
    - Islands Child Protection Committee (ICPC)
    - "Incredible Years" – a multi agency operational group.
    - Action for Children

School years and adolescence

- Wellbeing is taught in schools as part of PSHE.
- School nurses provide 'drop in' sessions in school.
- Professionals believe they could, with a high degree of accuracy, identify children who would experience considerable emotional difficulties in adolescence and later life.
- Professionals believe that improving multi-agency collaboration would lead to better outcomes. Apparent 'silo' functioning across agencies leads to duplication and omissions.
- There is a lack of primary care psychological therapy services for young people.
- It is important that policies on confidentiality are universally applied in all contexts.
- Some employers believe that some children leave school without the necessary maturity or personal skills for employment.

Problem identification

- A Guernsey Young People's Survey is carried out on a regular basis, to identify any emerging issues.

What will we do?

In conjunction with the Children and Young People's Plan:

- Improve parenting skills and support for family life.
- Raise the importance of emotional development in children, with more multi-agency awareness.

- Raise awareness in parents of importance of play, home learning, family meals etc.
- Improve inter-agency working.
- Determine the accessibility, acceptability and effectiveness of services that are currently available.

In conjunction with the Domestic Abuse Strategy:

- Reduce adverse experience such as domestic violence, drug and alcohol abuse, neglect.

In conjunction with the Skills Strategy:

- Address a concern that young people are leaving school without the necessary level of emotional maturity for employment.

Safe and effective mental health services for children and young people

64. In the 1990s, a four-tiered model was used to describe the Child and Adolescent Mental Health Service (CAMHS) system, which has been used as a framework for such services across the UK since then.

65. **Tier 1:** Services such as schools, youth clubs and GP surgeries offer general support and advice and mental health promotion.

66. **Tier 2:** Services provided by staff who generally are trained mental health specialists and who work in community and primary care settings such as schools and GP practices. These services offer assessment, consultation and more specialist support for children and young people.

67. **Tier 3:** Multi-disciplinary mental health services such as community mental health clinics or psychiatry outpatient services. These services support children and young people with more severe and complex difficulties than lower tier services.

68. **Tier 4:** Highly specialist services such as psychiatric inpatient units or day units. These provide support to children and young people with the most serious difficulties.

69. Services for children and young people up to the age of 18 years (and above, if still in full time education) are provided by the Guernsey CAMHS, which is currently based at Bell House. The service has expanded in the last year, with the establishment of an Outreach Team who provide rapid assessment and intensive treatment to young people at high risk and/or who may need hospital admission.

Current challenges

70. The following are some of the main challenges to the provision of safe and effective mental health services to children and young people in Guernsey at present:

71. There is a perceived lack of collaboration and joint working across Health, Education and Maternity services.

72. Each agency involved with children in education has developed their own response to the identification and support of children with mental health problems and a number of interventions have been developed. This could be improved by a formal joint approach, where the most vulnerable children and families can be supported in collaboration.

73. Transition arrangements for children as they become adults lack consistent preparation and planning.

74. In-patient facilities for children are not provided in Guernsey, except on the general acute hospital paediatric ward.

75. Planning for the return of a child from an episode of care is not always well co-ordinated. This is particularly difficult where someone who left the island as a child returns to the care of adult mental health services.

76. CAMHS in Guernsey does not have any primary mental health workers working in primary care to see referrals early and offer early support.

Strategic Aims

77. All professionals who work with children and families need to be able to support mental health and wellbeing throughout the lifecycle. This includes:

- Understanding the need for nurturing to begin pre-birth and continue into adulthood.
- Understanding the importance of environments that promote mental wellbeing from a very young age.
- Raising the profile of emotional wellbeing for children and young people through a targeted, inter-agency strategy.

Priorities for development

78. All staff who have a caring duty for children and/or parents – including midwives, health visitors, teachers and support staff – will receive appropriate training in mental health and wellbeing.

79. Midwives and health visitors will be trained in mental health issues, and be able to:

- screen new mothers for post-partum depression;
- offer short-term interventions and structured programmes for families at risk;
- identify mothers with previous mental health problems who are at higher risk post-birth and refer them for additional support and intervention if required.

80. There will be close working between HSSD and the Education Department to promote and facilitate wellbeing, which will assist students to access the curriculum successfully, learn and achieve.

81. All staff working with children and families will be able to link to relevant specialist support in relation to the mental health and wellbeing of children and young people, in order to facilitate early interventions when appropriate.

82. The Education Department and schools will continue to ensure that parents are aware of the importance of mental health and wellbeing for children and young people.

83. The Education Department and schools will continue to build on existing initiatives, with other agencies, to develop emotional literacy amongst children and young people to help promote healthy relationships.

84. There will be early identification of children with particular problems, to maximise the chances of success. Interventions will start as early as possible and will be directed at risk factors. There will be a long-term commitment to, and funding for, effective evidence-based interventions.

85. Universal and targeted parenting programmes will be delivered in a variety of settings.

86. CAMHS will ensure that there is increased access to trained mental health professionals in community settings, either through direct provision or through consultation and advice with others.

87. CAMHS will ensure that staff are trained in evidence-based interventions to support children with more complex mental health problems.

88. CAMHS will continue to develop services within Tier 3, in order to reduce off-island placements and ensure that transitions to Adult Mental Health are addressed through shared-care protocols and joint working where appropriate.

89. These priorities can be summarised under the three-strand approach, as set out above:

Promote …

- The importance and value of good mental health and wellbeing.
- Better maternal health (recognising that influences on a child's health start even before conception and continue through pregnancy and early years).
- Physical and mental wellbeing during pregnancy.
- The development of effective parenting.
- Adequate preparation for parenthood.
- Support for parents in the early stages of parenthood.
- The benefits of having the best start in life.
- Good parent-child relationships.

Support people by …

- Developing multi-agency integrated support for vulnerable families.
- Providing parents with support that encourages bonding and safe relationships in quality environments.
- Providing targeted support to reduce the detrimental impact of perinatal depression.
- Providing children with opportunities to develop emotionally through play.

Act to meet people's needs by …

- Providing accessible, evidence-based care and treatment programmes.
- Encouraging multidisciplinary and multi-agency working to provide integrated interventions for vulnerable families (where there is a risk of social exclusion, dependence on drugs and alcohol, or other complex inter-linked problems).
- Interrupting inter-generational patterns of poor relationships and deprivation.
- Ensuring early intervention by specialist staff to achieve optimum outcomes.
- Identifying, at an early stage, those who are likely to have long-term difficulties, to ensure long-term planning and integrated service delivery.

THEME 2: LIVING WELL

Strategic Vision

90. Mental health and wellbeing is improved across the community by protecting and enhancing social, physical and natural environments. This includes physical security, good housing, limited exposure to socio/environmental hazards (e.g. traffic and noise), and opportunities for outdoor play or exercise and contact with nature.

91. Advice on wellbeing, on reduction of stressors and on reduction of harmful behaviours is readily available and accessible. Support and interventions are available in non-stigmatizing settings.

92. In many respects, Guernsey and Alderney are very fortunate, in that they are beautiful islands with many beaches and coastal walks that encourage physical activity at low cost. Islanders are very protective of their heritage.

93. The island is relatively affluent, although there are pockets of deprivation. Unemployment is very low at around 1%. Housing is expensive with a two-tier system that seeks to protect house availability for the local market.

What does the research say?

Poor mental health impacts on every aspect of life. There are a number of factors that help to support and maintain good wellbeing including:

- Close relationships with family and friends
- Somewhere to live
- Fulfilling work
- Exercise
- Diet
- Sensible use of alcohol
- Avoidance of harmful substances
- Income
- Hobbies
- A sense of purpose
- A fair democracy

The Guernsey picture

Positive influences

- Public Health promotion, including advice on potentially harmful behaviours (including alcohol, drugs and smoking), sexual health, diet and exercise, is clear and available.
- There is public advice on the sensible use of alcohol due to the substance misuse strategy.
- A pilot scheme was commenced in 2011 to provide access to psychological therapies in primary care.

Poor influences

- Mental Health promotion has not had the same high profile as other health promotion areas, such as smoking cessation.

- Mental health promotion is focused on those with mental health issues, and included as part of an individual recovery plan.
- From the workshops leading to this Strategy, it was clear that there is a need for two incomes to maintain a reasonable standard of living. This presents challenges for family life and particular difficulties for single parents.
- Social workers in contact with vulnerable families report that transport, both in terms of cost and availability, presents challenges when accessing leisure services.
- The primary care charging system appears to act as a deterrent to people seeking early advice and to 'stepping down' from secondary care. This is despite the systems that are currently in place.
- For people with mental health problems, the lack of good quality rented accommodation is a particular issue, together with few opportunities for return to work or find new employment. The lack of employment opportunities for people needing part time work or with mental health problems is seen as a particular difficulty.
- People are deterred from seeking appropriate help due to the stigma attached to the Castel Hospital and to its history of not always providing the best service.

What will we do?

- Provide more information for people as they live their lives.
- Evaluate the benefits of Primary Care Mental Health and Wellbeing pilot scheme.
- Provide access to advice and support in non-stigmatising settings.

Safe and effective mental health services for adults

94. Mental health problems are common and vary in their nature and severity. Some people experience long-term and severely disabling effects. On the other hand, many people recover fully, including from severe mental health problems. Approaches to mental health problems should cover a broad range of outcomes – from the 'psychological', such as reduced distress, to the 'social', such as employment, improved relationships and physical health.

Mental health problems – the statistics

95. UK statistics indicate that at least one in every four people will experience a mental health problem at some point in their life. At any one time, one in six adults has a mental health problem, and about one in every 100 people has a severe mental health problem.

96. The first Guernsey Emotional Wellbeing Survey[4] was carried out in 2010, in order to understand more about the mental and emotional wellbeing of islanders in Guernsey and Alderney.

97. The survey found that around one in five islanders (21%) experience anxiety or depression to a clinical level. This is somewhat higher than in Jersey (15%) and in the UK (17.6%).

98. The survey also found that people aged 16-24 had the lowest mean emotional wellbeing. People who were unemployed or had a low income level also reported poor emotional wellbeing.

99. In the UK, mental health problems among younger people are not rare. One in 10 children between 5-16 years has a mental health problem, and many continue to have mental health problems into adulthood. In Guernsey, during 2012, the Child and Adolescent Mental Health Service has seen an average of 34 referrals per month.

100. Half of those who have lifetime mental health problems first experience symptoms by the age of 14 and three quarters before their mid-20s, according to UK research. Almost half of all adults experience at least one episode of depression during their lifetime, and one in 10 new mothers experiences post natal depression. In Guernsey, the post-natal support group reaches about 18 mothers each year – approximately one in every 40 new births.

101. In the first stage of the Guernsey and Alderney disability research programme (due to be published in early 2013), 293 respondents reported having either a mental illness, or a condition that affects their mental wellbeing, or both. Across the islands, this amounts to nearly 4,000 people with mental health problems which affect their day-to-day lives.

102. According to the Alzheimer's Society in the UK, around one in 14 people aged 65 or over has dementia. This increases to one in six people over the age of 80.

The changing picture of mental health provision

103. In the UK, the last 10 years have seen major changes in the way in which mental health services are delivered. In particular, specialist community teams, including Crisis Resolution and Assertive Outreach, have been introduced. These teams support people in their own homes, rather than as in-patients. The objective of these developments has been to reduce the number of admissions to hospital by improving out-of-hospital care and emphasising recovery and re-ablement.

104. Guernsey and Alderney face challenges in providing a modern mental health service, to the standards of the UK's National Service Frameworks, on islands with a total population of 65,000.

[4] http://www.gov.gg/CHttpHandler.ashx?id=4825&p=0

105. Every year, a number of people are accommodated in off-island placements for the purpose of containment and therapy. These placements are costly and, historically, have had only limited success in long-term outcomes. In particular, patients may reach their potential in placement, but may return to high risk on return because of the limited support available on-island within current resources. The current mental health in-patient ward does not have a high dependency area, nor the staffing levels and skills that would be required to support some challenging individuals.

106. Following a number of critical reports, the last two years have seen significant change in Guernsey's mental health services:

- A number of recommendations, made in the last review of the island's mental health services (Deuchar and Hunt, 2010) have been implemented, as far as is possible in the current in-patient facilities.
- Community teams have been reconfigured to provide crisis, intensive support and recovery-focused services.
- Some people, previously living in residential mental health care facilities, have been supported to get their own social housing tenancy and live in the community.
- The development of Primary Care-based Psychological Therapies has enabled GPs to refer patients for specialist-led services, provided in primary care, meeting a previously unmet need.
- Plans for the construction of a Mental Health and Wellbeing Centre, replacing the Castel Hospital and Bell House, are due to be considered by the States in February 2013. This will lead to the creation of improved in-patient facilities, by the end of 2015, which will enable the recommendations of the 2010 mental health services review to be more fully implemented.
- Service users and carers have been involved in the planning of services and the new build.
- The Mental Health (Bailiwick of Guernsey) Law, 2010 has received Royal Assent and will come into force in early 2013.

107. In order to achieve the goals of the Mental Health and Wellbeing Strategy, progress to date will have to be maintained and built upon, with further development needed so that:

- More people can access advice and support in primary care.
- Care is ordinarily provided in the community.
- In-patient care is provided in modern, purpose-built facilities that reflect the current relevant guidance.
- Specialist services are provided through shared care, joint working and off-island placements where this is the best option.
- Adults are treated in age-appropriate, rather than age-defined, services.

Mental healthcare for vulnerable people

Drugs and Alcohol

108. People who misuse drugs and alcohol are often likely to have a mental health problem. Existing work between HSSD, from health-improvement and service-provision perspectives, and the Drug and Alcohol Strategy, as well as work with relevant voluntary organisations, will be built upon to ensure that mental health needs are understood, identified and met in the context of drug and alcohol misuse.

Mental health in prison

109. Up to 90% of prisoners have some form of mental health problem (including addictions and personality disorder). 10% of male and 30% of female prisoners have previously experienced a psychiatric acute admission to hospital.

110. Most prisoners with mental health problems have common conditions, such as depression or anxiety. A smaller number have more severe conditions such as psychosis. Rates of self harm and attempted suicide in prison are high. Children who end up in the youth justice system are three times more likely to have diagnosable mental health difficulties compared with those who do not.

111. On Guernsey, an in-reach mental health team provide care for prisoners who require a specialist service. Primary care mental health is provided by the generic prison health care team.

Probation services

112. A 2011 report into the prevalence of mental health disorders in the probation population in the UK found that more than a quarter of offenders in contact with probation said they currently had a mental illness. It is likely that the proportion will be similar in Guernsey.

Learning disability

113. People who have a learning disability may also have a mental health problem. It is important to work together to ensure that mental health professionals are able to support people with learning disabilities to manage their conditions effectively, and to ensure that learning disability professionals have a good understanding of mental health needs and have the training they need to support their service users well.

114. Very recent, unpublished local research[5] appears to indicate that people with learning disabilities may be more likely to experience some of the social factors that lead to poor mental wellbeing (such as unemployment or isolation), which

[5] The Health, Wellbeing and Social Inclusion Survey [due to be published in January 2013]

should be tackled through the Disability and Inclusion Strategy, the Supported Living and Ageing Well Strategy, and other relevant areas of work.

115. The same research also appears to indicate a lower level of emotional wellbeing among disabled people generally. This is something that should be explored in the Disability and Inclusion Strategy.

Management of people who challenge

116. A small number of people, who may not have a treatable mental disorder, display challenging and disruptive behaviour that can be disturbing or threatening to others. Agencies need to work together so that the population is not adversely impacted by such behaviours.

Carers and relatives of people with mental health issues

117. The experience of a family member having a mental health problem can have a significant impact on carers. In recent years this has been acknowledged and there is a growing expectation that carers should be involved in care planning and their needs should be assessed as part of this process. The Mental Health and Wellbeing Strategy should help to ensure that the needs of carers and relatives are included in care plans and review processes.

Public health

118. Across a number of countries, mental health is being firmly embedded in the wider public health agenda, with “there is no health without mental health” being a World Health Organisation strapline.

119. To ensure that this strategy is implemented at a whole population level, it is essential that there are key messages integrated into the wider public health agenda.

Local findings

120. In all focus group and workshop sessions, there were a number of recurrent themes concerning barriers to support and treatment. Tackling some of these issues early will be essential to the success of the Mental Health and Wellbeing Strategy. The main themes were:

- Mental wellbeing, and improving outcomes for mental health service users, is not regarded as ‘everyone’s business’.
- Public awareness of mental distress and mental illness is poor. In-patient care is the expectation and off-island transfer for challenging behaviour is preferred.
- The public perception of mental health services, and the Castel Hospital in particular, is one of apprehension and negativity.

- The concept of recovery, re-ablement and rehabilitation has been poorly understood and little championed. Whilst this is changing within the mental health service, there remains a general perception that mental illness is life-long, with no hope of recovery.
- Multi-agency and integrated care planning are poorly developed, leading to fragmentation of care and the possibility of both duplication and omissions. This is despite anecdotal agreement that the most vulnerable families are known to and engaged with more than one statutory agency.
- Professionals and service users indicated that non-mental health staff have insufficient basic knowledge about mental illness.
- Service users perceive that they suffer discrimination from health staff when seeking care for general medical conditions, especially at the Princess Elizabeth Hospital.
- Clinical staff within mental health find it very difficult to obtain advice from physicians when treating patients. This presents significant difficulties with conditions such as Eating Disorders in adults and may precipitate the request for off-island placements.
- Service users consider that there is a stigma in accessing services that are made available in 'mental health only' settings.
- Transition planning from Child to Adult to Older Adult services within mental health needs to be improved. Fixed age of transition needs to be revisited, with improved overlap. In particular, the automatic transfer from Adult to Older Adult Services at 65 may not now be as relevant with the increased retirement age.
- Guernsey is a small island. This presents challenges for confidentiality and local access to specialist care.
- There is a lack of formal evaluation processes for interventions.

Current challenges

121. When treating conditions that have an impact on physical health, such as eating disorders in adults, there has been considerable difficulty in establishing joint working between physicians and mental health professionals. This has led to patients needing to be transferred to specialist units on the mainland.

122. Mental health service users report that they experience stigma and discrimination when accessing mainstream health services.

123. It is a serious challenge to provide adequate care, in the Castel Hospital facilities, for people in extreme distress.

124. The charging system for accessing primary care and A&E is perceived as a barrier to seeking early advice and support, despite Supplementary Benefit funding of treatment for people on very low incomes. Charging is also seen as a barrier to discharge from secondary care, as psychiatrists are concerned that service users are more likely to disengage from medication when charges are applied.

125. There are very limited employment opportunities for people recovering from mental health conditions, which, in itself, may inhibit recovery further.

Strategic Aims

126. This strategy recognises the need to shift the balance of mental health care from institutional settings to community based services, and to ensure that community services are available and responsive to the needs of the population. Positive mental health and wellbeing needs to be promoted across the population of Guernsey. This includes:

- Providing information about mental wellbeing as a part of healthy living advice.
- Improving access to advice and support in non-stigmatising settings.
- Ensuring that people can access services that are acceptable, recovery and outcome focused, reflect evidence based best practice and are made available in a variety of settings.

127. It is also important to ensure that people with long-term mental health conditions, who could live independently in the community with the appropriate support, are enabled to do so. Work on this has already begun, with cooperation between the Housing Department and HSSD in particular, and will be developed further through a proposed Supported Living Review, which the States will be asked to consider in spring 2013.

Priorities for development

128. Reliance on off-island placements should be reduced, and long-term outcomes should be improved, by:

- Improving local skills;
- Engaging in strategic partnerships with specialist providers to deliver shared care for patients and peer support for staff;
- Improving access to rehabilitation and recovery.

129. Inter-agency working between mental health services, the police, probation and the prison service should be improved, in order to provide effective care and support to offenders.

130. Inter-agency working, particularly between mental health services and learning disability services, should be improved in order to support people with learning disability and mental health problems.

131. Day opportunities should be remodelled, and access to mainstream education services improved, in order to improve access to employment and other opportunities.

132. Reliance on the use of residential and nursing care for adults with mental health conditions should be reduced, with improved access to supported and general needs housing.

133. Adequate preparation should be made, and training provided to all relevant professionals, before the implementation of the new Mental Health (Bailiwick of Guernsey) Law, 2010.

134. The planned Phase 6B should be built, to improve mental health services on-island, and adequate preparation should be made, by staff and in-patients, for the transfer to the new facilities.

135. These priorities can be summarised under the three-strand approach, as set out above:

Promote …

- The benefits of a mentally healthy lifestyle.

Support people by …

- Providing access to help and advice concerning:
  - Relationships.
  - Debt and financial management.
  - Domestic violence.
- Providing workplace-based advice to support employers and employees.
- Providing confidential and non-stigmatising access to advice on mental health in community settings, such as libraries, sports centres and other community facilities.
- Ensuring that mental health professionals can deliver education about harmful behaviours.

Act to meet people's needs by …

- Providing advice and access to primary care psychological therapies in GP surgeries, libraries (e.g. the Book Prescription service) and other primary care settings.
- Improving support available in primary care to increase the confidence of service users in stepping down from secondary care.
- Providing evidence-based mental health services in a variety of settings.
- Further developing community services.
- Promoting inter-agency collaboration to better support vulnerable people and protect the public.
- Establishing effective relationships between mental health services and housing providers, in order to support people through recovery and rehabilitation to independence.

THEME 3: WORKING WELL

Strategic Vision

136. Mental health will be improved and suicide rates reduced by improving the availability, quality, security and rewards of employment, including workplace mental health promotion, stress management, health protection, employee retention, rehabilitation and reintegration.

137. The workplace has a powerful effect on everyone's health, whether that person is an employer, an employee or a customer. How healthy a person feels affects his or her productivity and how they relate to others. Conversely, a person's job satisfaction affects their mental and physical wellbeing. The way in which people are treated at work also has a profound effect on their ability to express their views and to access services.

138. Poor mental wellbeing comes at a considerable cost to individuals, businesses and society. In the UK, an estimated 80 million work days are lost each year to stress, depression and anxiety, and the cost of failing to address mental health problems in the workplace is estimated to cost business and the public sector around £9 bn each year. In Guernsey, the problems are likely to be similar in scale – costing the economy around £9 million per year in lost productivity.

139. Work has an important role to play in promoting mental wellbeing. Mental wellbeing at work is determined by the interaction between the working environment, the nature of the work and the individual. Work is an important determinant of self-esteem and identity. It can provide a sense of fulfilment and opportunities for social interaction as well as income.

What does the research say?

There is a clear link between workplace stress and poor wellbeing, and advice on stress at work encourages organisations to measure as well as tackle stress.

Actions to improve mental health therefore need to recognise the role of employment and in doing so key benefits may include:

- Increases in productivity;
- Improved workforce resilience, reducing the absenteeism (and presenteeism) associated with stress and mental health-related illnesses;
- Improved quality of life and reduction in benefit dependency for people furthest from the labour market, including people with long-term mental health problems.

In 2008 the European Pact for Mental Health and Wellbeing invited policy makers, social partners and further stakeholders across Europe to take action on

mental health in the workplace. The Pact recommended the following broad actions:

a) Improve work organisation, organisational cultures and leadership practices to promote mental wellbeing at work, including the reconciliation of work and family life;
b) Implement mental health and wellbeing programmes with risk assessment and prevention programmes for situations that can cause adverse effects on the mental health of workers (stress, abusive behaviour such as violence or harassment at work, alcohol, drugs) and early intervention schemes at workplaces;
c) Provide measures to support the recruitment, retention or rehabilitation and return to work of people with mental health problems or disorders.

Stigma and discrimination act as major barriers to employment and workplace mental health. As such the workplace should be considered as a critical setting for coordinated stigma reduction programmes.

The Guernsey picture

Guernsey has a very low unemployment rate, which is usually around 1%.

Employers have acknowledged that they know little about mental wellbeing, or the impacts of employment on wellbeing and mental distress, but want to know more. Employers recognise that sickness absence and turnover rates can be measured to indicate levels of stress in the workplace.

Employers commented that some young people seeking employment after leaving fulltime education do not have the necessary literacy skills or attitudes required.

Employees and service users commented that employers want to know how to support employees with mental health problems – if they are valuable to the organization. Some service users felt that some employers had little interest in supporting “non-essential” staff who have mental health problems.

Interwork Services and the Social Security Department both provide supported employment and training opportunities for people with mental conditions. However, it is proving more difficult to find workplace supported employment schemes.

The Guernsey Mind Employment Project aims to promote best practice to support both employers and employees locally, through mental health awareness training and the Guernsey Wellbeing in Employment Network, among other initiatives.

What will we do?

- Promote the benefits of a healthy workplace.

- Provide opportunities for employers to improve knowledge and understanding that will break down stigma and provide a wider scope for supported employment.
- Identify opportunities to present a positive view of people who have mental health problems.
- Encourage the States to promote mental wellbeing as an exemplary employer.
- Providing targeted support to people in long term unemployment.
- Maintaining an open dialogue with employers.
- Identifying 'workplace champions' for mental wellbeing.

Strategic Priorities

140. The Mental Health and Wellbeing Strategy will seek to:

- Improve employers' knowledge of the benefits of wellbeing in the workplace.
- Increase the range of work opportunities available for people recovering from mental illness.

141. These priorities can be reflected in the three-strand approach, as set out above:

Promote …

- The benefits of a mentally healthy workplace.

Support people by …

- Providing information to support employers.
- Providing help and advice to employers.
- Providing access to education and retraining for people with mental health issues.

Act to meet people's needs by …

- Developing return to work 'taster' opportunities as a part of the recovery service.
- Ensuring that employment support professionals have the skills and training they need to provide a personalised, supported return-to-work for people with mental health needs.

THEME 4: AGEING WELL

Strategic vision

142. Good mental wellbeing among older adults is usually a product of active ageing, enhanced independence, action to protect income and reduce the risk of poverty among pensioners, effective workplace retention and the avoidance of early retirement due to ill health.

143. One of the most powerful strategies to promote mental health and wellbeing in old age is the prevention of loneliness and isolation. Families, friends and the wider community play a key role in this. Regular physical activity and social contact reduce the risk of depression and enhance the protection of cognitive function in older age.

144. The number of people over retirement age, and particularly aged over 85, is projected to increase significantly until at least 2060. This means that, in future, more services will need to be targeted towards people aged over 65, with services for the over-85s becoming increasingly in demand in due course, as the prevalence of dementia and disability is much greater among the oldest members of the population.

145. Traditionally, the States has been expected to be responsible for providing and funding the majority of care needs for this population group. The 2020 Vision demonstrates that this is likely to be unsustainable, particularly given the current institutional model of care, and constraints on the use of the Long-term Care Insurance Fund. The Supported Living and Ageing Well Strategy, which is due to be presented to the States in spring 2013, begins to confront and tackle these issues, and it will be important for that Strategy to take into account the particular mental health needs associated with older age and increased dependency.

146. As the older population increases, many will continue to lead active, independent lives, but others will experience significant physical and financial challenges. As people age, they may be affected by a number of significant life events, including retirement, bereavement and reduced mobility. In addition, the prospect of managing on a reduced income may be a cause of anxiety. Any of these factors may lead to increased isolation and loneliness.

147. As people age, they may suffer from the same number of mental health conditions, including anxieties and depressions, as well as long-standing, chronic conditions, that can affect all adults. Care and treatment for these conditions has been described in the Living Well section. For some people, however, their mental health problem may be attributed to dementia.

148. The term ‘dementia’ is used to describe a syndrome which may be caused by a number of illnesses in which there is progressive decline in multiple areas of function, including memory, reasoning, communication skills and the ability to

carry out daily activities. Alongside this decline, individuals may develop behavioural and psychological symptoms such as depression, psychosis, aggression and wandering, which cause problems in themselves, which complicate care, and which can occur at any stage of the illness.

149. The demographic age-shift in the population means that older people will become an increasingly critical sector of the population in the future. It will be vital to ensure that as many older people as possible retain good mental capital and preserve their independence and wellbeing; and to ensure that the significant contribution older people can make to society is not overlooked or wasted.

What does the research say?

Maintaining a positive sense of self, maintaining physical function, engagement in physical activities and participation as valued members of family or social networks, are essential to older people's mental wellbeing.

The losses that accompany old age present a risk by stunting people's opportunities to fulfil these needs. Interventions geared towards reducing the impact of such losses are likely to support or promote wellbeing, in particular those linked to bereavement and to acute illness, including first diagnosis of dementia.

The Mental Health Foundation recommends a 10 point plan for mental wellbeing in old age:

- Be prepared for changes
- Talk about problems and concerns
- Ask for help
- Think ahead and have a plan
- Care for others
- Keep in touch
- Be active and sleep well
- Eat and drink sensibly
- Do things you enjoy
- Relax and have a break

The NICE Public Health Guidance 16 recommends:

- Interventions by Occupational Therapists or people who provide support and care services for older people in community or residential settings, with the aim of increasing older people's knowledge and awareness of where to get reliable information and advice on a broad range of topics and involving older people as experts in maintaining their own quality of life.
- Physical activity through tailored exercise and physical activity programmes which reflect the preferences of participants. These might include: dancing or swimming; strength and resistance exercises and toning and stretching

exercises; or low to moderate intensity walking schemes on a regular basis.

- Training professionals, care staff and support workers (including in the voluntary sector) in the principles and methods of occupational therapy and health and wellbeing promotion.
- Develop effective communication skills to engage with older people and their carers.

The Guernsey picture

There is a small mental health community service available for dementia care, with limited access to a memory clinic. There are also numerous voluntary, community-based social activities for older people.

The greatest local challenge was reported as the lack of community support to maintain people with dementia in their own homes. This lack may result in earlier admission to residential or nursing home care and loss of independence than might otherwise be the case.

There is no integrated community service, intended to meet both physical, mental health, and social care needs. This may fragment care and impact on quality, and also may reduce efficiency and be more costly. In addition, there is a poor understanding of dementia among healthcare professionals.

There is a perception that the cost and limited availability of suitable residential care has led to a reliance on HSSD provision in the Lighthouse wards, which have long lengths of stay and an expectation that patients have a 'bed for life.' This, as well as the use of assessment beds and of care planning, needs to be reviewed in the light of best practice elsewhere.

The 'automatic' transfer of people to the older adult service at 65 years was questioned. This is particularly relevant as the retirement age rises.

What will we do?

In conjunction with the Supported Living and Ageing Well Strategy, we will improve the care and treatment of older people and develop integrated care for people with dementia by:

- Improving knowledge and understanding of dementia.
- Promoting factors that maintain good mental health in older people.
- Providing access to assessment diagnosis and care planning.
- Expanding community services to enable more people to remain in independent living for longer.
- Developing the housing and care infrastructure needed to support this independence.
- Establishing inter-agency work to provide access to leisure, education,

exercise volunteering and social activities for older people.
- Considering the development of locality-focused integrated support teams.
- Engaging with clinical staff to explore the development of 'ageless' services, where appropriate.

Strategic Priorities

150. The Mental Health and Wellbeing Strategy will seek to:

- Promote and provide support to maintain the independence of older people.
- Improve access to assessment, diagnosis and care planning for older people with mental health issues.
- Develop integrated care for people with dementia.

151. These priorities can be reflected in the three-strand approach, as set out above:

Promote …

- A positive view of ageing.
- Maintenance of independence.
- Pre-retirement planning.
- Positive views of old age, and address negative stereotypes which erode confidence in the social and mental capital of older people.

Support people by …

- Creating opportunities for meaningful roles in society, the workplace, community and neighbourhoods.
- Offering befriending schemes to tackle loneliness and isolation, including the use of new technology such as telecare.
- Providing living spaces, local environments and neighbourhoods that are safe, convenient and accessible, as defined by older people themselves.
- Providing opportunities for exercise which specifically target older people.
- Making e-learning available for older people to increase access to social networks and to lower thresholds to early intervention.

Act to meet people's needs by …

- Facilitating assessment, early diagnosis and care planning.
- Providing integrated community team support to maintain independence.
- Ensuring access to support for carers and family.
- Ensuring the availability of timely, skilled, residential and nursing care.

THEME 5: TACKLING STIGMA AND DISCRIMINATION

Strategic Vision

152. People with mental health problems should be treated with the same respect and courtesy that is offered to all, and should be able to access health and other services, obtain employment, engage in education and enjoy leisure pastimes without discrimination linked to their mental health condition.

153. Stigma and discrimination encountered by people with mental health problems is a key public health challenge. Research indicates that mental health problems are more stigmatising than experiencing physical illness.

154. For many years the stigma associated with a mental health diagnosis has been viewed as a major barrier to seeking help, along with the associated embarrassment of consulting relevant professionals and the consequences individuals imagine for employment and relationships.

155. Many people believe that seeking help is akin to admitting that they cannot cope. The likelihood of seeking help for a physical problem is higher than for a mental health problem, suggesting that seeking support for a mental health problem is particularly stigmatising. However, the problem extends beyond just outside experiences of stigma. Research has shown that self-stigma or anticipated discrimination is a key barrier, not only to help-seeking but also to wider inclusion, and acts to prevent those with mental health difficulties from accomplishing their life goals.

The Local Picture

156. As the Guernsey Emotional Wellbeing Survey revealed, the Castel Hospital is seen as very stigmatizing. Mental health service users report that they have difficulty in accessing services to meet other health needs, particularly A&E and hospital services. Within a small island community, there is also a difficulty with confidentiality.

157. Guernsey appears to have been risk averse in the way that it has chosen to manage people who have behaviours that challenge – preferring in-patient treatment, if not off-island placements. This is likely to lead to some hostility towards suggestions that such people could be supported on-island and in community settings.

Strategic Priority

158. The Mental Health and Wellbeing Strategy will seek to provide information that changes the knowledge, behaviour and attitude of people, in order to improve the experience of mental health service users.

159. These priorities can be reflected in the three-strand approach, as set out above:

Promote …

- A positive view of mental health.

Support people by …

- Providing information to improve knowledge and understanding of mental health.
- Engaging with the media to promote positive views of mental health.

Act to meet people's needs by …

- Encouraging and supporting the States to become an exemplary employer.
- Ensuring that States' employees with mental health problems do not suffer discrimination.
- Working with the Disability and Inclusion Strategy to ensure that any work on tackling discrimination includes a mental health perspective.

HOW THIS STRATEGY WILL MAKE A DIFFERENCE

160. Examples of joined-up working in practice show promise that inter-agency planning and action can lead to productive and valuable outcomes for islanders with mental health conditions, and for the mental wellbeing of islanders in general. At the moment, these examples are islands in a sea of separate and unstructured initiatives, but they point the way clearly towards a more effective way of working across the States, the voluntary sector and the business community, with the full participation of people with mental health conditions, mental health service users, carers and relatives, in the implementation of an effective Mental Health and Wellbeing Strategy for Guernsey.

Structural Reorganisation Brings Increased Efficiency

161. For the first time there is within Adult Mental Health Services a single weekly meeting at which there are senior representatives from all parts of the service present. This replaces more complicated referral routes that resulted in a slower response, confusion for those referring and streamlined internal processes. The centralised intake meeting ensures that informed and appropriate decisions are made about the best avenues for people's care which leads to improved and appropriate pathways. This has led to an increased confidence from external agencies that referrals will be handled in a timely and appropriate way.

Cross Departmental Working Leads to Creative and Improved Solutions

162. A pilot scheme to provide increased access to psychological therapy was established in partnership between the Social Security Department, Primary Care

Practices and HSSD which, in its first 20 months, has received around 2000 referrals. This provides an easy to access and non-stigmatising service and avoids the unnecessary involvement of highly specialist psychiatric services. There have been high levels of satisfaction from services users and referrers. This multi-agency partnership has ensured that the Primary Care Mental Health and Wellbeing Service has been more successful and more cost-effective than would have happened if the agencies worked independently.

Cross Departmental Working Empowers Individuals

163. Four service users have been able to access social housing with tenancies in their own names following the closure of Oberlands House. This has given them a measure of independent living whilst still receiving appropriate support. This opportunity was the result of closer inter-departmental working between the Housing Department, Guernsey Housing Association and HSSD which has enabled individuals to leave institutional care and enjoy being part of the wider community. The impact of this has been significant for the individuals and welcomed by their families.

Cross Departmental Working Addresses Hidden Difficulties

164. There has been a pilot project between the Education Department and CAMHS to identify and help children who are experiencing levels of anxiety that would affect their everyday living. This has ensured that children receive targeted help in non-stigmatising settings. Expansion of projects such as these would enable early support for children and adolescents who are at risk of developing more complex and long-term conditions.

Mental Health and the Criminal Justice System

165. There are a number of individuals who consistently present to a number of different services including the Police, the Courts, Probation and Mental Health Services. Currently, there are Multi-Agency Public Protection meetings where careful planning and co-ordination is agreed for the most challenging of these individuals. There is recognition that much more could be achieved by wider co-operation including ensuring shared strategic priorities between the Criminal Justice Strategy and the Mental Health and Wellbeing Strategy.

Support for People with Dementia

166. There is a need for an emphasis upon assessment and care planning for individuals who are experiencing symptoms of dementia. There is a growing recognition that people experiencing dementia require timely assessment, diagnosis and flexible support from dedicated teams within HSSD. The Supported Living and Aging Well Strategy will provide an overarching framework to ensure that the unique needs of individuals with dementia and their carers are appropriately addressed to enable them to enjoy a healthy and independent life for as long as possible.

Providing Information and support to employers will reduce work related stress and improve return to work opportunities.

167. The Guernsey Mind Employment Project aims to promote best practice to support both employers and employees locally through a bespoke training package for 'Mental Health in the Workplace', for local employers, identifying inexpensive, simple measures to support staff wellbeing, reduce absenteeism and save the costs associated with staff turnover. In the future Guernsey Mind aims to develop a **Guernsey Employment Network for Mental Health** where employers can meet regularly to share experiences and ideas, have access to information and advice and meet with local employment support agencies. Initial success has been the adoption of a Mental Health Policy by Guernsey Post.

HOW THE STRATEGY WILL BE IMPLEMENTED

168. The Mental Health and Wellbeing Strategy sits within the social care pillar of HSSD's 2020 Vision, although its reach extends across all areas of social care, healthcare, and health promotion, and it depends on effective inter-agency working between States Departments, voluntary organisations and the business sector in order to truly achieve its goals.

169. The 2020 Vision will provide the overall framework within which Departments, organisations and individuals are invited to engage with the Mental Health and Wellbeing Strategy. The 2020 Vision steering group will oversee the formation of a Mental Health and Wellbeing Implementation Board, with representation from all relevant sectors of the community, which will ensure the gradual development of projects intended to achieve the outcomes of this strategy.

170. Neither the Board, which will reflect the structure of existing strategic steering groups for programmes such as the Criminal Justice Strategy and the Disability and Inclusion Strategy, nor the Mental Health and Wellbeing Strategy itself, will require additional resources at this stage. The Strategy is intended to provide a framework for better inter-agency working, which will allow existing resources to be deployed in ways that are more likely to achieve positive mental health and wellbeing outcomes across the whole community, and to ensure that service provision is responsive rather than reactive.

171. As the implementation plans are developed, there may be a requirement for additional resources but at this stage it is not possible to quantify any such requirement. Nor is it possible to assess the likely future increase in demand for mental health services or the cost of this increased demand.

172. One of the criteria by which the successes of the Strategy will be measured will be keeping the level of additional resources required in the future to an absolute minimum.

173. The Mental Health and Wellbeing Strategy is a positive statement of the importance of good mental wellbeing to all islanders. It provides an umbrella of international best practice and identified local needs, within which new developments, such as the Mental Health and Wellbeing Centre, the implementation of the Mental Health (Bailiwick of Guernsey) Law, 2010, and the many potential new projects outlined in the preceding pages, can safely be planned, prioritised and put into action.

RECOMMENDATIONS

174. The Health and Social Services Department recommends the States:

i) to direct the relevant States Departments, including Home, Social Security, Housing, Education and others where appropriate, to establish a steering group, to be led by HSSD (the "Mental Health and Wellbeing Implementation Board"), and any subordinate inter-agency groups, including meaningful partnerships with the voluntary and business sectors and other key stakeholders, in order to deliver the strategic priorities outlined in the Mental Health and Wellbeing Strategy;

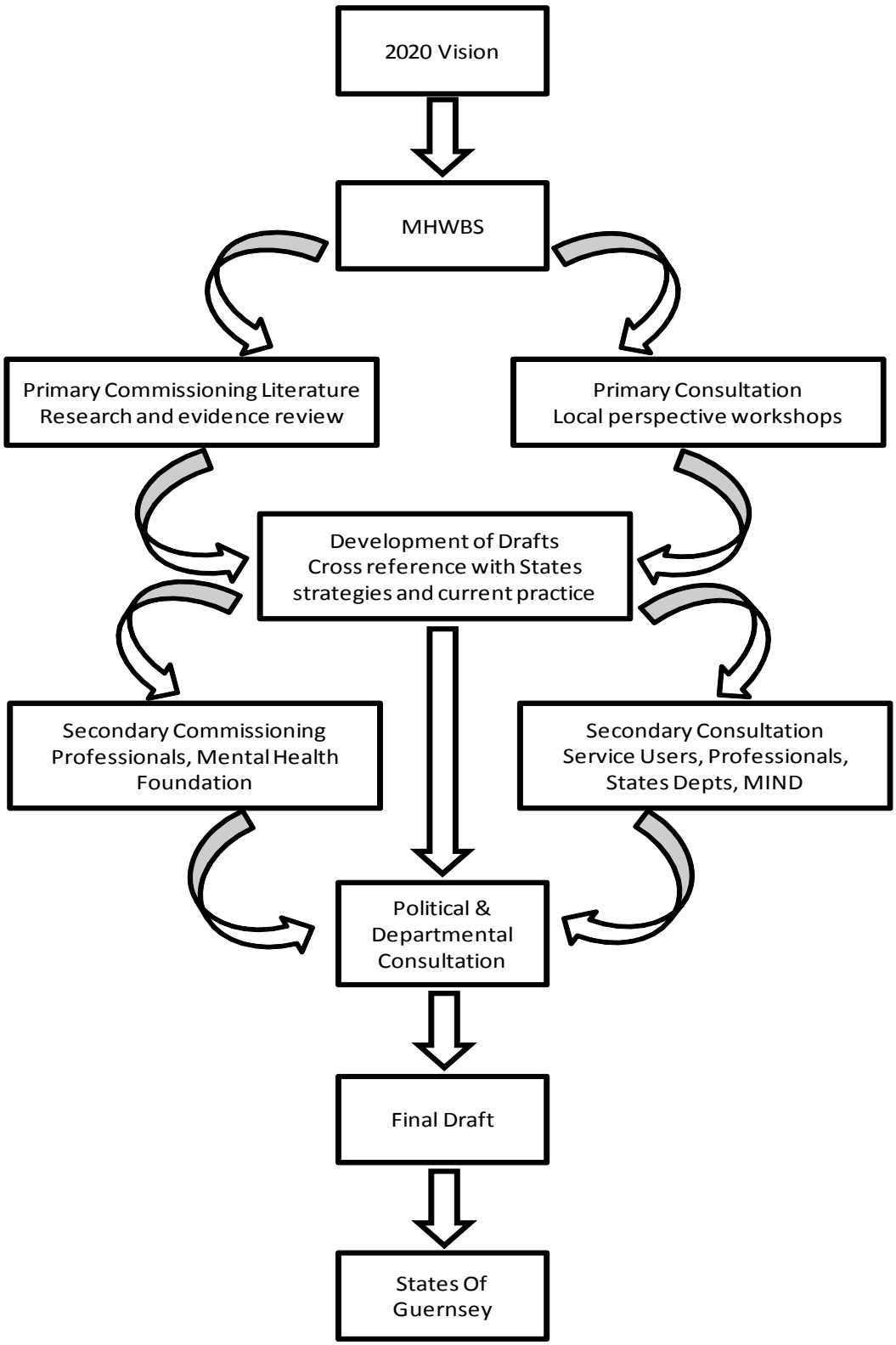
ii) to direct the Health and Social Services Department to report back to the States on the progress of the Strategy, as part of the next update on the 2020 Vision.

Yours faithfully

M H Dorey
Minister

M J Storey	E G Bebb	B L Brehaut	S A James
Deputy Minister	Member	Member	Member

Appendix 1 – Drafting and Consultation Process



Annex 1 – Governance

1) Focusing on the organisation's purpose and on outcomes for citizens and users.

Through the 2020 Vision, the States has agreed that its priorities include promoting good health and wellbeing and improving outcomes for service users. This includes mental health and mental wellbeing, which are at the heart of this Strategy.

2) Performing effectively in clearly defined functions.

The Mental Health and Wellbeing Strategy is intended to provide a framework within which States Departments can engage with each other, the voluntary sector, the business community and individual islanders. It helps to create a more clearly defined, States-wide approach to mental health and wellbeing.

3) Promoting good values for the whole organisation and demonstrating the values of good governance through behaviour.

The Mental Health and Wellbeing Strategy will lead to the creation of an inter-agency Implementation Board, which will ensure good governance by steering and unifying work on mental health and wellbeing.

4) Taking informed, transparent decisions and managing risk.

The recommendations of the Strategy are based on national and international research, and local fact-finding.

5) Developing the capacity and capability of the governing body to be effective.

See 2 and 3 above.

6) Engaging stakeholders and making accountability real.

The Mental Health and Wellbeing Strategy has begun to engage with stakeholders from across the community. By continuing to involve stakeholders in its implementation, it will help to make accountability real.

(NB The Treasury and Resources Department is pleased to note that the implementation of the Mental Health and Wellbeing Strategy, as part of the 2020 Vision, should result in the more efficient and effective use of existing resources and improvements in the service provision.

However, the Department notes that there may be a requirement for additional resources as the implementation plans are developed. It will be essential that if a request for additional funding is necessary it should be assessed against other States priorities and not considered in isolation.

(Please note that as this report was initially discussed by the Treasury and Resources Department before Deputy Dorey was elected Minister of the Health and Social Services Department he participated in those discussions but not in the above comment on the report.)

(NB The Policy Council supports the Report.)

The States are asked to decide:-

V**.-** Whether, after consideration of the Report dated 21st December, 2012, of the Health and Social Services Department, they are of the opinion:

1. To direct the relevant States Departments, including Home, Social Security, Housing, Education and others where appropriate, to establish a steering group, to be led by HSSD (the "Mental Health and Wellbeing Implementation Board"), and any subordinate inter-agency groups, including meaningful partnerships with the voluntary and business sectors and other key stakeholders, in order to deliver the strategic priorities outlined in the Mental Health and Wellbeing Strategy.

2. To direct the Health and Social Services Department to report back to the States on the progress of the Strategy, as part of the next update on the 2020 Vision.

HEALTH AND SOCIAL SERVICES DEPARTMENT

THE DEVELOPMENT OF A MENTAL HEALTH AND WELLBEING CENTRE (PHASE 6B)

The Chief Minister
Policy Council
Sir Charles Frossard House
La Charroterie
St Peter Port

21st December 2012

Dear Sir

EXECUTIVE SUMMARY

1. Planning for the replacement of the mental health facilities (the Castel Hospital) has been ongoing for many years. Most recently, the case for the replacement of mental health facilities (formerly known as Phase 6B) was made in 2008 and debated as part of the capital prioritisation debate (Billet d'État IX, May 2009). The decision of the States was that this project had merit, which was considered to be a priority one and attracted support to continue to the project development stage.

2. This report explains the work that has taken place since then to ensure that the recommended course of action is supported by a sound business case and is therefore a good value for money solution for the community.

3. Adult mental health services are currently provided from facilities located at the Castel Hospital and the Child and Adolescent Mental Health Service (CAMHS) operates from Bell House. Neither of these premises are ideal for the provision of such services.

4. The Health and Social Services Department (HSSD) and its predecessor, the Board of Health, is keen to develop replacement mental health facilities on the Princess Elizabeth Hospital (PEH) campus.

5. Since 2009, the HSSD has taken the opportunity to review the plans to ensure they are what is required and to ensure the development supports the new Mental Health (Bailiwick of Guernsey) Law, 2010 (due to be implemented from April, 2013, subject to States approval of the relevant commencement Ordinance) and the emerging Mental Health and Wellbeing Strategy.

6. The development has proceeded through the Guernsey gateway review process and has been proven to continue to meet the objectives defined, i.e. to provide modern facilities to support the delivery of mental health care.

7. Following the review of adult mental health services, the impact on the planned development was reviewed and it was agreed by the HSSD's Site Development Project Board (SD Project Board) and the Board of the HSSD that CAMHS and the secure unit for adolescents be included in the project as these facilities were also not fit for purpose. It was also agreed that the proposed day centre, included in earlier designs, could be better provided in the community. The replacement of CAMHS facilities would also improve communications and transition for children moving into adult services.

8. The review determined that the plans for the development of homes for people with a disability, which was partly enabling work for this project, be revisited. The result of this means that the capital identified for the development of one of these homes has been returned to the Capital Reserve and, subject to approval of a business case by the Treasury and Resources Department, the capital identified for the second home can also be returned.

9. The design of the new development has been completed with significant input from staff and service users of mental health services and has been coordinated by the design team contracted to the HSSD for its site development plan.

10. The development of these facilities will not result in an increase in the revenue costs of the HSSD and, due to energy efficiency measures used in the design of the building, there will be a net decrease in the costs of heat, light and power. Any further revenue implications for this development that there may be as a result of the implementation of the Mental Health and Wellbeing Strategy would be approved by the States.

11. Tenders were issued in accordance with the States Rules for Financial & Resource Management in order to achieve a value for money solution. Following this process, the SD Project Board has nominated Harbour View Construction Ltd (HVC Ltd) as the preferred supplier. The total project budget for the development stands at £24,000,000.

12. This report seeks approval for the construction of the new facilities, to appoint HVC Ltd as the main contractor and to approve a capital vote of £24,000,000 for the construction of the Mental Health and Wellbeing Centre charged to the Capital Reserve.

INTRODUCTION

13. The Castel Hospital has provided mental health services in one form or another since shortly after World War II. In the early 1980's, a report by the NHS Health

Advisory Service (HAS) concluded 'The Castel Hospital is not now suitable for modern psychiatric practice. In the short term, there should be an urgent programme of improvements in the long stay wards at the Castel Hospital, furnishings, decorations, sanitary arrangements. Mentally handicapped patients should be moved out of wards as a priority to community based accommodation. A future site for an acute admission unit should be within the PEH site. A range of services for the mentally ill should be developed in the community.' (One Hundred Years of Health, The Changing Health of Guernsey, 1899-1999, Dr David Jeffs, 1999.)

14. In the mid 1990's, the former Board of Health embarked on its site development plan, the ethos of which was, and still is, to centralise acute clinical services on the PEH site and to relocate those services currently on the Princess Elizabeth Hospital site that are more suited to less institutionalised care arrangements. A good example of this is mental health services, which, as described in the HAS report quoted in 'One Hundred Years of Health', should be located on the PEH site.

15. The Board of Health (later HSSD) began to move services off the Castel Hospital site, in line with its site development plan, in 2004, when Phase 6A opened on La Corbinerie site. This facility (three, 20 bedded units for older people with mental health problems) allowed the residents living in the main block and one ground floor ward of the Castel Hospital to be moved to purpose built facilities, i.e. the long stay residents of the Hospital. In 2006, St Martin's Community Centre opened and Services for People with a Learning Disability (SPLD) day services transferred from the Mignot Training Centre. The move of the day services was partly to enable SPLD to provide their services in much improved facilities and it was also partly enabling work for the relocation of mental health services from the Castel Hospital site.

16. Next in the HSSD's site development plan was the replacement of clinical facilities some of which were located at the King Edward VII Hospital and some at the Princess Elizabeth Hospital. The new clinical block, Phase 5 of the HSSD's site development plan, was completed in December 2009.

17. It is the HSSD's desire to continue with its site development plan and ultimately vacate the Castel Hospital site.

CURRENT FACILITIES

18. The problems with the Castel Hospital are many and it has been the intention of the former Board of Health and the HSSD to relocate these services for many years and this began with the relocation of residents of the long stay accommodation at the Castel Hospital to the 'Lighthouse' units at La Corbinerie, or Phase 6A, in 2004.

19. The inpatient accommodation at the Castel Hospital does not meet current standards for the care of people with mental health problems. The 21 bedded adult psychiatry ward (Albecq Ward) does not provide for any separation between the different types of patient in terms of their condition or gender. Although this ward has recently been refurbished, this was an interim measure intended to improve the situation prior to the ward being relocated to La Corbinerie.

20. As well as inpatient facilities, modern mental health care relies on a number of other arrangements, including a community focus. In line with this, the HSSD has developed a number of Community Mental Health Teams. These teams, consisting of social workers, community psychiatric nurses, occupational therapists, chartered psychologists and consultant psychiatrists, are operating out of a number of former wards at the Castel Hospital where it is extremely difficult to see patients with any form of privacy. There are currently seven different reception areas that often cause confusion to new service users and families. Basically, the current facilities are not fit for purpose.

21. The services at the Castel Hospital also provide day services for mental health patients. A number of 'outpatient' clinics are held in the Day Centre / Recovery and Wellbeing Service. This building offers a range of clinics including psychotherapy, drama therapy, reflexology, art therapy, wood work therapy and other interventions. There are approximately 60 attendees to these services per day, Monday to Friday. The building is only just capable of taking this number of people but cannot accommodate any more. Another outpatient service which was formerly on the Castel Hospital site (but had to be re-located due to a collapsed ceiling), was a dementia day centre (The Meadows). Again these facilities are not fit for purpose, however as part of the continued joint working policy with the Housing Department, it has been agreed that the dementia day centre is to be accommodated within the Maison Maritaine (La Nouvelle Maraitaine) development as a cross departmental facility.

22. Divette Ward, an 8 bedded assessment and respite ward for people with mental health problems, was relocated from the Castel Hospital site to temporary facilities in the Princess Elizabeth Hospital as an interim measure in 2003, prior to permanent facilities being provided in Phase 6B.

23. The secure unit at Le Carrefour is a 2 bedded unit of secure accommodation for young people who need to be detained for social reasons. This unit has insufficient space with little external activity area for users who have on occasions been placed in the unit for considerable periods of time. This facility, which is situated in the wrong place, has, in the past, been subject to review by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment and, whilst it passed, is not a satisfactory facility. This facility only passed the inspection by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment because the HSSD gave a commitment that it would be replaced with more suitable facilities as part of the site development plan.

24. Subsequently, with the support of the Board of the HSSD and the SD Project Board, it was included in the new development.

25. Bell House is the base for a range of child and adolescent mental health services (CAMHS), and this building accommodates CAHMS' administrative support and care records. The re-location of the CAMHS unit as part of the centralisation of mental health services on the PEH site also forms part of the development.

MENTAL HEALTH AND WELLBEING CENTRE

26. The HSSD is proposing to replace these out dated, not fit for purpose facilities with a new, modern, purpose built Mental Health and Wellbeing Centre located at La Corbinerie on land currently occupied by Oberlands House and Mignot House.

27. A design for the new centre has been in existence for several years. However, the Department reviewed the physical needs against the relevant health building notes and health technical memoranda and considered the themes contained in the 2020 Vision, States Strategic Plan and the emerging Mental Health and Wellbeing Strategy. Following this review and detailed consultation with a wide range of stakeholders, the Mental Health and Wellbeing Centre was re-designed and will comprise of an 18 bed adult acute mental health ward, an 8 bed assessment and respite ward for people with mental health problems (this includes a Bariatric en suite room, which provides a flexible facility available to either the adult acute ward or the assessment and respite ward for older people with mental health problems), day services facilities, outpatient facilities, which includes a social and therapeutic clinic and office space for the mental health services, e.g. Community Mental Health Team, Community Drug and Alcohol Team, Psychologists, Psychiatrists and all the associated support services necessary to provide mental health care. The number of beds proposed has been based on current occupancy levels and also takes into consideration the fact that some patients in future will receive support to care for them in the community. It is, therefore, anticipated that changes and improvements to the provision of community mental health care will reduce the number of hospital admissions required in the future.

28. The scope of the design includes office and clinic accommodation for the CAMHS services and a two bedded adolescent secure unit. It also includes an additional 50 car parking spaces, to accommodate the increased patient through put associated with the new facilities.

29. The case for the replacement of mental health services, currently located at the Castel Hospital, was made in 2008 and debated as part of the capital prioritisation debate (Billet d'État IX, May 2009). The decision of the States was that this project had merit, was considered to be a priority one and attracted support to continue to the project development stage.

30. The HSSD had previously developed plans to build several units of accommodation for people with a learning disability on sites it currently owns known as The Oaks in Baubigny and Valderie in St Martin's. The plans and the development are identified as a scheme that was prioritised during the capital prioritisation process undertaken in 2008/9. The project received priority 1 status and funding of £5.6m from the capital reserve was agreed.

31. The plans were revisited and the development of The Oaks and Valderie was suspended in 2010 to allow confirmation that the care philosophy and accommodation that was planned met with the needs of the service users and did not continue to institutionalise the residents.

32. This review revealed that the developments originally proposed were not the ideal arrangement and subsequently discussions with staff of the Disability Service identified the need for 'extra care' accommodation.

33. Since these earlier plans were developed, the HSSD's 2020 Vision has been published, the key themes of which are enablement not dis-enablement; independence; and choice.

34. Subsequently, the joint Housing Department and HSSD proposals for extra care facilities on the Longue Rue House (to be known as Le Grand Courtil) and Maison Maritaine (to be known as La Nouvelle Maraitaine) sites were approved by the States and Valderie was subsumed into that development. As a result, funding of £1.6m from the Capital Reserve will not be required.

35. In the meantime, some residents of Oberlands House have been relocated to more appropriate accommodation in other parts of the HSSD and 4 have accessed social housing as a result of close working with the Housing Department and the Guernsey Housing Association (GHA).

36. The plans for The Oaks have progressed and a development on this site will still be required. However, the HSSD and Housing Department Boards agreed that a model similar to that used to build the 'extra care' facilities at Longue Rue House (Le Grand Courtil) and Maison Maritaine (La Nouvelle Maraitaine) was worthy of further exploration with the GHA. Work is currently ongoing with the Housing Department and the GHA to develop the proposals for The Oaks in this way.

37. As a result, subject to approval by the Treasury and Resources Department, the HSSD will not require a further £3.6m from the Capital Reserve.

38. Benefits associated with this project would include the return of the Castel Hospital to the Treasury and Resources Department in a safe and secure state with grounds maintenance budget transfer to the Treasury and Resources Department from the HSSD in 2015.

PROJECT MANAGEMENT

39. The project is being managed in accordance with the States of Guernsey directives on managing capital projects, using the Prince 2 methodology. This proposal has been in existence, in one form or another, since 1999, when the need for the centralisation of services was first proposed. The HSSD has a SD Project Board in place which oversees the individual elements of the Department's site development plan, which includes the PEH Phase 6B project design and development to date. In recent years, the HSSD's project management team has successfully delivered the redevelopment of the Mignot Memorial Hospital in Alderney, John Henry Court staff accommodation and the Princess Elizabeth Hospital clinical block. The project team have developed and are working to a project plan approved by the HSSD for the delivery of this project to meet the wider objectives of the Mental Health and Wellbeing Strategy. In 2012, the SD Project Board was mandated to progress the development of the Mental Health and Wellbeing Centre in a structured and well managed way.

40. The SD Project Board consists of the following members:

Deputy Hunter Adam, Chair[1]
Deputy Arrun Wilkie. HSSD Political representative
Deputy Gavin St Pier, T&R Political representative
Richard Evans, Senior Responsible Officer
Mark Cooke, Chief Officer
Tom Niedrum, Director of Finance and Performance
Phil Johns, Project, Programme and Commissioning Manager (Senior Supplier)
David Parish, T&R, Project Assurance
Adrian Datta, Senior User

Supported by:

Richard Fajer, Gleeds Management Services Project Manager

41. The SD Project Board meets at all project Stage boundaries, to make significant and strategic decisions or quarterly if not required for any of the other project reasons.

42. The original design for this proposal was undertaken by the Health Design and Development Group (part of States Technical Services) in consultation with staff and management of the mental health services. In 2003, tenders were sought for suitably qualified and experienced design consultants to deliver modern facilities which complied with the latest NHS technical bulletins. Nightingale Associates and Gleeds Management Services (architects and project managers respectively)

[1] In December 2012, Deputy Mark Dorey was elected Minister of HSSD and a new Board formed thereafter. The HSSD Board will elect replacements for Deputies Adam and Wilkie to sit on the SD Project Board.

were appointed by the Board of Health to take a number of elements of the site development plan forward, Phase 6B being the last of the current development phases.

43. Following detailed design and development stages with input from local staff and users of the mental health services and an intensive sign off processes, the HSSD approved a design solution for replacement mental health facilities on La Corbinerie site. In 2005, these plans were put on hold as Phase 5 (the replacement clinical block) was the priority in terms of development at that time.

44. The replacement of the adult mental health facilities have been included in the original PEH site development plans. When the States adopted the longer term prioritisation approach to capital project funding, the original agreed outline design was reviewed in house and tested to ensure it was still fit for purpose. Following this review, the identification of a number of changes in relation to standards of care have been identified and considered and the plans updated as described above. However, the concept principles are still valid and the need for these facilities on the PEH site reconfirmed.

45. As described above, the design team includes a range of professional consultants who were appointed following a competitive tending exercise. The project team of architects, quantity surveyors, mechanical and electrical design consultants, structural engineers and project managers have contributed their individual specialist skills to the development of modern facilities, which will be fit for purpose and will serve the HSSD well for the foreseeable future.

46. This project has been subject to scrutiny at key stages in its development through the established gateway review process.

47. Gateway review 1: Business justification – this review examined the strategic business case and proposed way forward to confirm that the project was still achievable and likely to deliver what was required. The first gateway review established that the project organisation and structure is based on a solid foundation for future management and control. The review established that stakeholders support the intended benefits that would be derived from the project, that the linkages with programme and organisational objectives are clear and that the optimum balance of cost, benefits and risk has been identified.

48. Gateway review 2, Strategic Fit and Achievability – this review assessed the project's viability, its potential for success and whether the project is ready to invite proposals or tenders from the market. This review assured the SD Project Board that the selected procurement approach is appropriate for the project. The project team and the review team must be satisfied that due consideration has been given to all the factors that affect value for money and conformance to standards.

49. The review examines and evidences:

- Business case and stakeholders
- Procurement approach
- Review of current phase
- Risk management
- Readiness for next review

50. Gateway review 3 – prior to the award decision – takes place after the return of tenders and the production of a comprehensive tender report. The intention of this review is to confirm that the recommended award decision is appropriate before the contract is placed with a contractor. It provides assurances on the process used to select a contractor (not the contractor selection decision itself). The review also assesses whether the process has been well managed; whether the business needs are being met; that both the client and the contractor can implement and manage the proposed solution; and that the necessary processes are in place to achieve a successful outcome after contract award. The project and review teams must be satisfied that due consideration has been given to all the factors that affect a successful outcome for the project. It is following this review that this project is submitted to the States for approval of both funding and the final scheme development.

51. The review examines and evidences:

- Business case and stakeholders
- Assessment of the proposed solution
- Review of the current phase
- Risk management
- Readiness for the next phase

52. The first two gateway reviews resulted in reports that indicated an ‘amber’ status, ie a pass to the next stage with recommendations that need to be addressed. These issues were, subsequently, addressed. The third gateway report was issued with a ‘green’ recommendation that the project progress to award of the contract.

RISK MANAGEMENT

53. The process to design and deliver the new Mental Health and Wellbeing Centre has been subject to robust risk management processes throughout. The table below identifies the high level risks attributed to the project and reduction or mitigation measures being taken.

Activity	Hazard	Risk Rating	Action Required to Reduce Risk
Delay by the States of Guernsey in approving the contract	Tender return construction costs held until end of 2nd quarter 2013. Approval later than the proposed February 2013 may incur increased costs by preferred contractor.	M	Ensure States Report and accompanying documentation is submitted by 13th Nov 2012.
Project rejected by States of Guernsey	Abortive costs to date (Sept 2012) would be in excess of £1.7million.	H	Clear States Report with prior approval from both HSSD and Project Boards.
Contractor goes into liquidation	Contract not completed or faces considerable delays. A new contractor would need to be found.	M	Ensure adequate financial checks are conducted on preferred contractor prior to exchange of contracts and suitable guarantees in place.
Contractor damage to root, trunk and canopy of retained trees	Due to the nature of activities around the site (demolition/refurbishment & new build), there is considerable risk to retained trees.	H	Full planning approval has been received but a number of identified trees are to be retained to comply with planning conditions. Allow for adequate risk allowance for the replacement of any existing trees damaged during the execution of the works. Ensure adequate and suitable method statements and protection are provided by the contractor which follows the advice provided by the Environment Department before starting any work on site.
Contaminated ground due to Japanese Knotweed (JKW)	Localised JKW would have to be removed to accommodate new foundations and ground works. Possible spread of existing JKW.	H	Contaminated areas known to have been infected with JKW have been treated for a period of 2 years. All excavated material in which JKW was discovered to be treated by the contractor. Confirmation from the Head of Plant Protection, Commerce & Employment, confirmed current treatment most effective.

Activity	Hazard	Risk Rating	Action Required to Reduce Risk
Major conversion & Refurbishment of Mignot House	Structural risks to existing building due to adjoining demolitions and new builds.	H	Adequate method statements to be provided by contractor. Allow for adequate risk allowance.
Existing Hospital Services	Throughout all the different phases of works, existing hospital services which pass through the construction site will need to be maintained.	H	Adequate method statements to be provided by contractor. CAT scan of site to be conducted prior to any works on site commencing.
Maintaining access to all existing hospital services	Construction vehicles / materials may restrict / affect Blue Light Route as well as patient and staff access.	H	Close liaison between contractor and senior supplier. Clear lines of communication and early notification between contractor and senior supplier.

54. The States of Guernsey, as a responsible client, is aware of the concerns of the construction industry locally, particularly sub-contractors, that often payments made to the main contractor do not find their way down the supply chain to sub-contractors in a timely manner. To mitigate this problem and encourage a more transparent approach to sub contractor payments, it is proposed that the main contractor is paid via a dedicated project bank account with the client authorising payments to the main contractor and sub contractors from the monies due from the monthly certification of the works. The States of Guernsey has previously trialled this method of payment successfully on one other project and is encouraged with the results to recommend its use on this project.

PROCUREMENT

55. At its meeting on Friday, 27th April 2012, the SD Project Board approved a procurement strategy that was in accordance with the States Rules for Financial & Resource Management in order to achieve a value for money solution.

56. The SD Project Board sanctioned that expressions of interest (EOI) be sought to test the market for suitably experienced, skilled and resourced contractors. The Channel Island Portal was used to invite EOI and 15 EOI were registered at the start of the process. At the close of the process 4 parties opted out after receiving details of the project and 7 parties did not provide any further response. Four contractors formally registered an interest in the project. The four contractors were asked to complete Pre-Qualification Questionnaires (PQQ) to establish that they had previous recent relevant experience and that they were likely to have the resources, both financial and physical to undertake a project of the scale and complexity planned.

57. The outcome of the EOI exercise was reported to the SD Project Board at its meeting on 9th July 2012 and the Project Board agreed that the four contractors who submitted an EOI and had satisfied the initial evaluation for suitability be invited to provide a tender for the construction of the new facility.

58. At the same meeting, the SD Project Board approved the proposed tender evaluation criteria and methodology as an acceptable assessment tool for evaluating the tenders and after minor changes to the methodology it was included as part of the tender documentation.

59. Edmond Shipway LLP (Quantity Surveyors) coordinated the collation of design information for tendering and a bundle of tender documents was issued on 27th July 2012 to the contractors who had registered an EOI. Edmond Shipway LLP managed the tendering process which was carried out using the Code of Procurement for Single Stage Selective Tendering, 1996, Alternative 2.

60. Part way through the tender period, one of the companies that had expressed an EOI wrote to Edmond Shipway LLP withdrawing their intention to provide a tender, due to other commitments.

61. Tenders were received from the remaining 3 contractors on 21st September 2012, which complied with the tender period timeframe.

62. The tenders were subsequently evaluated in accordance with the tender evaluation methodology and following this a preferred contractor was identified and a recommendation made to the SD Project Board to nominate a preferred contractor.

63. The tenders submitted were evaluated on a best value basis with a 60% weighting for price and 40% weighting for quality criteria (see table below for quality criteria and weighting). Included in the quality criteria were a number of questions asking how the contractor would benefit the local economy, how many local trainees would be employed on the project should they be successful and how many and what value of local subcontractors would be used. Other questions required the contractors to provide information on the companies' ability to successfully complete the project, previous experience, health & safety, method statements and programme and management arrangements.

64. The criteria used to evaluate the quality aspects of the tender were as follows:

Quality criteria	**Percentage weighting (of 40% overall)**
Experience and resources	20%
Programme	20%
Method statements	40%
Health and safety	10%
Benefit to the local economy	10%

65. At the States debate in 2009, the approved estimate of capital required for this project was £25.43 million (at 2009 prices), which included decant, professional fees, furnishings, fittings and equipment in addition to the construction cost and site investigations. The updated cost estimate approved by the SD Project Board at 2012 prices was £26 million and this included and element for inflation since the original estimate.

66. Following the tender evaluation, the SD Project Board accepted the recommendation that Harbour View Construction Ltd (HVC) be nominated as the preferred supplier having scored the highest combined price / quality score and also having provided the lowest priced tender, with the next lowest tender some £880,000 more expensive.

67. HVC, or their predecessor company Charles Le Quesne Guernsey Ltd (CLQ), has successfully completed major construction projects for the HSSD before. CLQ were responsible for the development of the Princess Elizabeth Hospital clinical block and Charles Le Quesne (1956) Ltd successfully completed the redevelopment of the Mignot Memorial Hospital.

68. As can be seen from the above, the HSSD's design team has had significant experience of working with HVC (CLQ) and it is confident that HVC will be able to complete the building works to the required standard.

69. In addition, this contract is the first that has been subject to specific evaluation of the tenders in respect of the value of the benefit to the local economy.

70. The criteria used to evaluate the tender returns included a 10% weighting on this and HVC were able to demonstrate the benefits to the local economy in respect of the amount of local income tax paid by sub contractors, how many of the sub contractors would be local companies and detailed information about local trainees. Indeed HVC scored the highest of all tenderers for this element of the quality criteria.

71. In fact, HVC were able to demonstrate a programme of hiring staff from the pool of unemployed people and a sound relationship with the Social Security Department.

72. The costs of the project are as follows:

Main construction works (HVC Ltd)	**£16,577,921**
Other infrastructure costs:	
Enabling works	£1,700,000
Consultants fees and surveys	£2,607,000
Project contingency / risk, decommissioning / implementation	£1,770,579
	£6,077,579

Total construction + infrastructure costs	**£22,655,500**
Other project costs:	
Information management and technology	£223,000
Furniture fittings and equipment	£995,000
Decommissioning	£126,500
	£1,344,500
Total Project Budget	**£24,000,000**

73. The Treasury and Resources Department, acting under its delegated authority from the States, has approved a capital vote of £1,700,000 funded from the Capital Reserve to allow this project to progress to tender stage. The costs include historical fees spend from 2003 to 2010, historical enabling works and fees to take the project to tender stage. Other costs include ground and foundation investigations and Japanese knotweed treatment.

74. The project consultants were appointed in 2003 for the PEH site development programme of projects following an extensive tendering exercise. The consultants' fees are fixed for the duration of the project.

75. The total project risk budget is built up from a costed risk register which has contributions from the project team and has been approved by the SD Project Board as representing the risk events which this project may be exposed to. During the life of the project, the risk register will be managed by the project managers and reported to the SD Project Board. At tender stage, the Risk Register value establishes the appropriate contingency. As works progress, risks may be mitigated and new risks arise.

76. The contingency element of the project budget was included in the tendered sums for the development, based on the priced risk register. Prior to commencement on site, the Risk Register and project contingency values should balance. Then, as work progresses, a measure of the financial confidence in completing the project within budget is achieved by maintaining sufficient contingency to fund any risk events which are realised. The contingency budget will also be managed by the project managers and reported to the SD Project Board.

77. The decommissioning, furniture, fittings and equipment budget and the information management and technology budgets have not as yet been tendered. However, when the relevant equipment is required (according to the project plan) these items will be subject to States purchasing policies. The SD Project Board will be asked to approve the purchases and the Treasury and Resources Department asked to sanction the release of the appropriate funds.

78. The project management plan and key milestones, in summary, are as follows:

- States Debate – February 2013
- Formal Appointment of HVC Ltd February 2013
- Start on site March 2013
- Completion of the building works Autumn 2014
- Commissioning and occupation of the new build by the HSSD Spring 2015
- Decommissioning of Castel Hospital Spring/Summer 2015

DUE DILIGENCE

79. The States of Guernsey, as a matter of course, carries out a due diligence check on contractors for major projects to validate the historic financial performance of the company, submitted with the tender return and to establish the likely future viability of the company to complete the project planned. Legal due diligence checks and the financial background due diligence checks were carried out on HVC Ltd. The preferred contractor for the project, HVC Ltd, is in new ownership. Due diligence checks were therefore extended to include a parent company, Havard Investments Limited, which is a company based in Jersey.

80. Following completion of the due diligence checks, a recommendation was made that HVC Ltd be awarded the contract subject to the provision of additional security measures to further protect the States' interests requested by the Law Officers. HVC Ltd has agreed to these proposed contractual agreements, which include a parent company guarantee from Havard Investments Limited, a secured escrow agreement which makes available significant assets in the event of financial or operational failure and the project bank account referred to in paragraph 54 which is designed to protect the interests of sub-contractors.

81. The financial due diligence checks were carried out in accordance with good practice, and a section of the report on the financial due diligence states: "*Having studied the Havard Investments financial statements for the three years 2009-11, I conclude that they appear to be operating from a sound financial base, with healthy, growing reserves so I do not have worries about their medium-term prospects as a going concern."* [2]

82. No project is free from risk, both operational and financial, but the SD Project Board, following the completion of the due diligence checks is satisfied that the proposed arrangements detailed in paragraph 80 are reasonable and proper measures to mitigate such risks and protect State's interests. The SD Project Board consider that HVC Ltd:

- has put forward the best value tender for the project under the tender process; (para 66)

[2] Havard Investments is a 'parent' company of Harbour View Construction Ltd.

- has the appropriate experience for a project of this size and complexity; (paras 67 & 68)
- has demonstrated the best level of benefit to the local community under this project; (para 70)
- has been subject to the appropriate due diligence investigation and has agreed appropriate measures to mitigate the risks to the States of operational and financial failure; (paras 80 and 81), and
- has offered a tender price which is £880,000 lower than the next tender bid.

and therefore the SD Project Board has supported the recommendation that HVC Ltd be nominated as the preferred supplier for the new Mental Health and Wellbeing Centre.

HOUSING LICENCES

83. The HSSD does not require any additional housing licences for this project.

REVENUE IMPLICATIONS

84. The development of this building will not, in itself, create any additional revenue costs. The level of energy efficiency measures being used in the design of the building and the thermal properties of the construction will result in a net decrease in the consumption of heat, light and power. The building design will also lend itself to more efficient and modern methods of cleaning which have recently been adopted within the PEH. A comparison of the existing running costs and the new Mental Health and Wellbeing Centre at the PEH has been undertaken. Using recommended guidelines, design information and industry standards from the Chartered Institution of Building Services Engineers, and applying appropriate factors for operational times across both sites, it has been estimated that running costs at the new Phase 6B unit will be between £25,000 and £30,000 less per annum than the running costs at the Castel Hospital. The overall running costs for the Castel Hospital in 2011 was £180,000. This figure includes annual maintenance including grounds, property taxes and utility costs and the majority of this budget will be transferred to support the new build.

85. With regard to the costs of service delivery, there is no intention to alter the levels of staffing and non-pay requirements, and therefore the budget, for services delivered from within the building. The budget for these services will be transferred from the existing areas of service delivery (i.e. Albecq Ward, the Community Mental Health Team, and Mental Health Social Workers, currently located at the Castel Hospital, the Child and Adolescent Mental Health Service currently located at Bell House, and the budget for the Child and Adolescent Secure Unit, currently located at Perruque House and so on). The new building will also facilitate the future avoidance of some off-island referrals for which there will need to be a budget transfer within HSSD.

86. As with any service, there will be changes over time, so the overall budgetary requirements for the delivery of Mental Health and Wellbeing Services may in the future be different (either through increased demand or the change in the model of service provision outside of the hospital setting), as a consequence of the longer term implementation of the Mental Health and Wellbeing Strategy. All of this will be considered as part of the implementation of the Strategy rather than as a consequence of providing the new build. Any new resources for Mental Health and Wellbeing Services will be considered through the established business case and service development process and the source of funding for this would be through the reprioritisation of budgets within HSSD in the first instance.

FUTURE USE OF VACATED FACILITIES

87. Following completion of the new Mental Health and Wellbeing Centre, the Castel Hospital will be decommissioned and returned to the Treasury and Resources Department in a safe and secure state. In addition, the grounds maintenance budget for the Castel Hospital will be transferred from the HSSD to the Treasury and Resources Department in 2015.

88. Divette Ward is located in the Princess Elizabeth Hospital and will be included in plans to be developed to maximise the use of the hospital.

89. Prior to use as the base for CAMHS, Bell House was used by the Board of Health as staff accommodation. Currently, the HSSD is short of suitable accommodation for looked after children. Bell House is a property that, with a small amount of alteration, could be used for this purpose. If this were to be the case, the HSSD would develop a business case with the assistance of States Property Services. Any alterations would be funded from the HSSD's routine capital allocation and it is not expected that there will be any additional revenue implications.

ENVIRONMENTAL ISSUES

90. The most significant environmental issue encountered on the development of the Mental Health and Wellbeing Centre related to trees. A number of trees interfered with the efficient layout of the site and some will be required to be removed. In order to ensure the maximum number of trees were retained an independent survey of the trees on the whole site was conducted. This revealed that some of the trees on the site were diseased and should be removed anyway and others were not of any significant value to be retained. The plans for the site include the replacement of all the trees affected and the planting of additional trees on more suitable areas of the site.

91. The HSSD has received planning permission from the Environment Department based on the plans submitted, which included the removal of the trees identified in the survey.

92. The HSSD has endeavoured to be a good neighbour and residents living in Oberlands Road were invited to a presentation at the time the Environment Department were considering the development plans. At the presentation, which was also attended by HSSD Board members, residents were given the opportunity to study the proposed plans and ask questions of the development team and Board members.

93. Since that presentation, the HSSD has regularly updated the residents and invited them to a further presentation and information session in November to coincide with the drafting of this report.

CONFORMITY WITH THE STATES' OVERARCHING OBJECTIVES

94. The proposals contained in this report comply with the following overarching strategic objectives of the States of Guernsey, specifically:

95. Continuing full employment and skilled, flexible labour market (fiscal and economic objectives) – the development of the Mental Health and Wellbeing Centre is seen as an enabler for the Mental Health and Wellbeing Strategy. Poor mental health is a major contributor to increased unemployment and crime. It is recognised that a healthy workforce contributes to the economy and reduces sickness absence.

96. An inclusive and caring society which supports communities, families and individuals, individual independence, achieved where possible, but with States assistance when needed, in order to encourage personal responsibility and self-help, a healthy society with safeguards for vulnerable people and a safe and secure Bailiwick (social policy objectives). As mentioned above, the Mental Health and Wellbeing Centre is an enabler for the Mental Health and Wellbeing Strategy. The proposals contained in this report help support these social policy objectives.

97. This project addresses a number of environmental objectives: to provide an Environment that is healthier in 2030 than in 2008 (the base year), a reduced carbon footprint, energy conservation and cleaner fuels and protection and conservation of the built environment are all objectives of the new build and the strategy. The new environment will contribute to the health of the Island in more ways than just the health of people. The new build will be energy efficient, it will be more efficient to run in terms of heat, light and power, which will lead to reduced emissions and the design incorporates Mignot House which itself has significant historical interest.

RECOMMENDATIONS

98. The Health and Social Services Department recommends the States:

    i) to approve the construction of the Mental Health and Wellbeing Centre, as set out in this report, at a total cost not exceeding £24,000,000;

ii) to approve the acceptance of the tender in the sum of £16,577,921 from Harbour View Construction Ltd to undertake the main construction works associated with the project;

iii) to approve a capital vote of £22,655,500 for the construction of the Mental Health and Wellbeing Centre charged to the Capital Reserve;

iv) to authorise the Treasury and Resources Department to approve the acceptance of tenders for the provision of information management and technology, furniture fittings and equipment and the decommissioning costs and approve an increase in the capital vote for the project, charged to the Capital Reserve, to a maximum sum of £24,000,000.

Yours faithfully

M.H Dorey
Minister

M J Storey	E G Bebb	B L Brehaut	S A James
Deputy Minister	Member	Member	Member

(NB ***The Treasury and Resources Department has commented as follows:***

The Chief Minister
Policy Council
Sir Charles Frossard House
La Charroterie
St Peter Port

27th December 2012

Dear Chief Minister

Health And Social Services Department – The Development Of A Mental Health And Wellbeing Centre

The Treasury and Resources Department recognises the need for the development of a Mental Health and Wellbeing Centre to replace the current facilities provided at the Castel Hospital. This is the last of the major projects in the current capital programme to be submitted to the States for approval.

This project has been subject to the Gateway Review process which provides assurance to all stakeholders that the project continues to have merit and that it

can be justified on a 'business needs' basis with an assessment of the likely costs, risks and potential for success compared to the original brief. There were a few risks identified at the first two stages of the process but these had all been addressed satisfactorily when the project reached the final Gateway Review stage.

Once this project has been completed the Castel Hospital site will become vacant and in accordance with the States Resolution of 22 February 2006 (Billet D'Etat V) the surplus property will be returned to the Treasury and Resources Department with the relevant budgetary sum, and a timely decision will need to be made as to whether it should be retained for use by the States or sold.

The cost of the development of the Mental Health and Wellbeing Centre is slightly less than previously estimated. In the 2013 Budget Report it was estimated that the balance on the Capital Reserve at the end of the current capital programme would be approximately £40million and there should therefore be a slight improvement on this position.

Although there are no additional revenue requirements as a result of this project the Treasury and Resources Department notes that the implementation of the Mental Health and Wellbeing strategy, which is due to be discussed at the same States meeting, may lead to a request for additional resources as plans are developed.

The Treasury and Resources Department supports this States Report.

As this report was initially discussed by the Treasury and Resources Department before Deputy Dorey was elected Minister of the Health and Social Services Department he participated in those discussions but not in this letter of comment.

Yours sincerely

Gavin St Pier
Minister)

(NB The Policy Council supports the Report.)

The States are asked to decide:-

VI**.-** Whether, after consideration of the Report dated 21st December, 2012, of the Health and Social Services Department, they are of the opinion:

1. To approve the construction of the Mental Health and Wellbeing Centre, as set out in that report, at a total cost not exceeding £24,000,000.

2. To approve the acceptance of the tender in the sum of £16,577,921 from Harbour View Construction Ltd to undertake the main construction works associated with the project.

3. To approve a capital vote of £22,655,500 for the construction of the Mental Health and Wellbeing Centre charged to the Capital Reserve.

4. To authorise the Treasury and Resources Department to approve the acceptance of tenders for the provision of information management and technology, furniture fittings and equipment and the decommissioning costs and approve an increase in the capital vote for the project, charged to the Capital Reserve, to a maximum sum of £24,000,000.

ORDINANCE LAID BEFORE THE STATES

THE INCOME TAX (ZERO 10) (COMPANY INTERMEDIATE RATE) (AMENDMENT) (GUERNSEY) ORDINANCE, 2012

In pursuance of the provisions of the proviso to Article 66 (3) of the Reform (Guernsey) Law, 1948, as amended, The Income Tax (Zero 10) (Company Intermediate Rate) (Amendment) (Guernsey) Ordinance, 2012, made by the Legislation Select Committee on 17 December 2012 came into force on 1st January 2013, is laid before the States.

STATUTORY INSTRUMENTS LAID BEFORE THE STATES

THE GUERNSEY FINANCE LBG (LEVY) (GUERNSEY) (AMENDMENT) REGULATIONS, 2012

In pursuance of Section 25 (4) of the Guernsey Finance LBG (Levy) (Guernsey) Law, 2010, The Guernsey Finance LBG (Levy) (Guernsey) (Amendment) Regulations, 2012, made by the Commerce and Employment Department on 30th October 2012 is laid before the States.

EXPLANATORY NOTE

These Regulations amend the Guernsey Finance LBG (Levy) (Guernsey) Regulations, 2010 by providing that for the purposes of the Guernsey Finance LBG (Levy) (Guernsey) Law, 2010 -

(b) the amount of the levy in respect of each full time employee of the licensed person in question shall be £80 in respect of 2013 and subsequent years, with reductions for licensees who become subject to the levy in the course of the year,

(c) the maximum amount payable by a licensed person by way of levy shall be £12,000 in respect of 2013 and subsequent years.

These Regulations came into force on 1st January 2013.

THE INCOME TAX (DEEMED DISTRIBUTIONS) (EXEMPTIONS) (AMENDMENT) REGULATIONS, 2012

In pursuance of Sections 62A(4) and 203A of the Income Tax (Guernsey) Law, 1975, as amended, The Income Tax (Deemed Distributions) (Exemptions) (Amendment) Regulations, 2012, made by the Treasury and Resources Department on 11th December 2012, are laid before the States.

EXPLANATORY NOTE

These Regulations amend the Income Tax (Deemed Distributions) (Exemptions) Regulations, 2009 to take account of the repeal (effected by the Income Tax (Zero 10) (Deemed Distributions) (Repeal) (Guernsey) Ordinance, 2012) of the deemed distribution regime with effect from the 1st January, 2013. The charging regime for deemed distributions was established by Chapter VIIIA of the Income Tax (Guernsey) Law, 1975, as amended by the Income Tax (Zero 10) (Guernsey) Law, 2007 and the Income Tax (Zero 10) (Guernsey) (No. 2) Law, 2007. The Regulations modify the effect of the 2009 Exemption Regulations with effect from the 1st January, 2013 to make provision in respect of companies which have elected to distribute not less than 65% of their trading profits in accordance with the 2009 Regulations and have thereby gained exemption from the deemed distribution regime and which are subsequently found to be in breach of the conditions of exemption. These Regulations came into operation on 1st January 2013.

THE CRIMINAL JUSTICE (PROCEEDS OF CRIME) (LEGAL PROFESSIONALS, ACCOUNTANTS AND ESTATE AGENTS) (BAILIWICK OF GUERNSEY) (AMENDMENT) REGULATIONS, 2012

In pursuance of Section 54 of the Criminal Justice (Proceeds of Crime) (Bailiwick of Guernsey) Law, 1999, the Criminal Justice (Proceeds of Crime) (Legal Professionals, Accountants and Estate Agents) (Bailiwick of Guernsey) (Amendment) Regulations, 2012, made by the Policy Council on 19th December, 2012, are laid before the States.

EXPLANATORY NOTE

These Regulations are made under the Criminal Justice (Proceeds of Crime) (Bailiwick of Guernsey) Law, 1999 and amend the Criminal Justice (Proceeds of Crime) (Legal Professionals, Accountants and Estate Agents) (Bailiwick of Guernsey) Regulations, 2008 ("the 2008 Regulations").

Regulation 1 amends the registration fee payable by prescribed businesses under regulation 16 of the 2008 Regulations and consequently the quantum of the annual fee payable under regulation 17 of the 2008 Regulations.

Regulations 2, 3 and 4 are the interpretation, citation and commencement clauses.

These Regulations came into force on the 1st January 2013.

THE FINANCIAL SERVICES COMMISSION (FEES) REGULATIONS, 2012

In pursuance of Section 25(3) of the Financial Services Commission (Bailiwick of Guernsey) Law, 1987 as amended, the Financial Services Commission (Fees) Regulations, 2012, made by the Guernsey Financial Services Commission on the 14th day of December 2012, are laid before the States.

EXPLANATORY NOTE

These Regulations prescribe for the purposes of the Protection of Investors (Bailiwick of Guernsey) Law, 1987, the Banking Supervision (Bailiwick of Guernsey) Law, 1994, the Regulation of Fiduciaries, Administration Businesses and Company Directors, etc. (Bailiwick of Guernsey) Law, 2000, the Insurance Business (Bailiwick of Guernsey) Law, 2002 and the Insurance Managers and Insurance Intermediaries (Bailiwick of Guernsey) Law, 2002 the fees payable in respect of the licensing of controlled investment business, a designated territory investment business notification, a non-Guernsey open-ended collective investment scheme notification, the licensing of a bank, the licensing of fiduciaries, the licensing of an insurer, the licensing of an insurance manager, the licensing of an insurance intermediary, and the fees payable annually thereafter.

THE PROTECTED CELL COMPANIES AND INCORPORATED CELL COMPANIES (FEES FOR INSURERS) REGULATIONS, 2012

In pursuance of Section 25(3) of the Financial Services Commission (Bailiwick of Guernsey) Law, 1987 as amended, Section 86 of the Insurance Business (Bailiwick of Guernsey) Law, 2002 and Section 537 of the Companies (Guernsey) Law, 2008, the Protected Cell Companies and Incorporated Cell Companies (Fees for Insurers) Regulations, 2012, made by the Guernsey Financial Services Commission on the 14th day of December, 2012, are laid before the States.

EXPLANATORY NOTE

These Regulations prescribe the fees payable to the Guernsey Financial Services Commission by any company which is a protected cell company or an incorporated cell company, and by an incorporated cell, and which applies to be licensed to conduct insurance business under the Insurance Business (Bailiwick of Guernsey) Law, 2002, and the fees payable periodically thereafter by such a company or cell when licensed and also for the creation of a new cell or the reactivation of a dormant cell by a licensed protected cell company. Furthermore, the Regulations prescribe the fee payable to the Guernsey Financial Services Commission by any company for consent for the conversion of a licensed company into a protected cell company or an incorporated cell company, the conversion of an existing licensed protected cell company into an incorporated cell company, or for the conversion of a licensed protected cell company or incorporated cell company into a non-cellular company.

THE REGISTRATION OF NON-REGULATED FINANCIAL SERVICES BUSINESSES (BAILIWICK OF GUERNSEY) (FEES) REGULATIONS, 2012

In pursuance of Section 25(3) of the Financial Services Commission (Bailiwick of Guernsey) Law, 1987 as amended, and Section 31(c) of the Registration of Non-Regulated Financial Services Businesses (Bailiwick of Guernsey) Law, 2008, the Registration of Non-Regulated Financial Services Businesses (Bailiwick of Guernsey) (Fees) Regulations, 2012, made by the Guernsey Financial Services Commission on the 14th day of December, 2012, are laid before the States.

EXPLANATORY NOTE

These Regulations make provision for the payment of an application fee and an annual fee under the Registration of Non-Regulated Financial Services Businesses (Bailiwick of Guernsey) Law, 2008.

THE AMALGAMATION AND MIGRATION OF COMPANIES (FEES PAYABLE TO THE GUERNSEY FINANCIAL SERVICES COMMISSION) REGULATIONS, 2012

In pursuance of Section 25(3) of the Financial Services Commission (Bailiwick of Guernsey) Law, 1987 as amended, and Section 537 of the Companies (Guernsey) Law, 2008, the Amalgamation and Migration of Companies (Fees payable to the Guernsey Financial Services Commission) Regulations, 2012, made by the Guernsey Financial Services Commission on the 14th day of December 2012, are laid before the States.

EXPLANATORY NOTE

These Regulations set out the fees payable to the Guernsey Financial Services Commission which must accompany an application for its consent for the amalgamation of two or more bodies corporate pursuant to the provisions of Part VI of the Companies (Guernsey) Law, 2008 and for the removal of a supervised company from the Register of Companies for the purposes of becoming registered as a company under the law of a district, territory or place outside Guernsey in accordance with the provisions of Part VII of that Law.

These Regulations also repeal the Amalgamation and Migration of Companies (Fees payable to the Guernsey Financial Services Commission) Regulations, 2010.

There continues to be no fee payable to the Guernsey Financial Services Commission when a non-Guernsey company migrates "inwardly" to become registered as a Guernsey company.

THE BOARDING PERMITS FEES ORDER, 2012

In pursuance of Section 17(3) of the Tourist Law, 1948 as amended, The Boarding Permits Fees Order, 2012, made by the Commerce and Employment Department on 27th November 2012, is laid before the States.

EXPLANATORY NOTE

This Order prescribes the fees payable by the holder of a boarding permit from 1st April 2013 and replaces the Boarding Permit Fees Order, 2011. This order comes into force on 1st April 2013.

THE WEIGHTS AND MEASURES (FEES) REGULATIONS, 2012

In pursuance of Section 61(1) (e) of the Weights and Measures (Guernsey and Alderney) Law, 1991, The Weights and Measures (Fees) Regulations, 2012, made by the Commerce and Employment Department on 11th December 2012, are laid before the States.

EXPLANATORY NOTE

These Regulations prescribe the fees to be paid for the testing of weighing or measuring equipment with a view to its being passed as fit for use for trade and stamped. The fees are payable whether or not the equipment is passed. This Regulation came into effect on 1st January 2013.

WASTE DISPOSAL CHARGES REGULATIONS, 2012

In pursuance of section 32(2)(c) of Environmental Pollution (Guernsey) Law, 2004, the Waste Disposal Charges Regulations, 2012 made by the Public Services Department on 13 December 2012, are laid before the States.

EXPLANATORY NOTE

These Regulations, made by the Public Services Department in its capacity as Waste Disposal Authority under the Environmental Pollution (Guernsey) Law, 2004, prescribe the charges payable in order to dispose of waste at the Authority's waste disposal sites as from 1st January, 2013.