

STATES OF JERSEY



HEALTH CARE EXPENDITURE PROJECTIONS

Lodged au Greffe on 25th October 2023
by Deputy G.P. Southern of St. Helier Central
Earliest date for debate: 28th November 2023

STATES GREFFE

PROPOSITION

THE STATES are asked to decide whether they are of opinion –

to request the Minister for Health and Social Services to provide, before 21st November 2023 –

- (a) a breakdown of the £287 million revenue Head of Expenditure allocated to the Health and Community Services department within the draft Government Plan 2024-2027 –
 - (i) split between community healthcare and clinical healthcare; and
 - (ii) split between each of the following work streams –
 - (i) Mental Health;
 - (ii) External Partners;
 - (iii) Adult Social Care;
 - (iv) Scheduled Care;
 - (v) Unscheduled Care;
 - (vi) Clinical Support Services;
 - (vii) Intermediate Care;
 - (viii) Children’s Services; and
 - (ix) Primary care and prevention; and
- (b) a clear description of each of the potential options for change referenced on page 96 of the draft Government Plan 2024-2027 that includes the identification of any financial impact on Islanders relating to the 2024 financial year.

DEPUTY G.P. SOUTHERN OF ST. HELIER CENTRAL

REPORT

Article 9(1) of the [Public Finances \(Jersey\) Law 2019](#) states that the Council of Ministers must prepare a Government Plan and lodge it in sufficient time for the States to debate and approve it before the start of the next financial year.

However it should be noted that Article 9(4)(b) of that Law also requires the Council of Ministers to provide any other information they believe that the States may **reasonably expect to need to consider matters** set out in the Plan.

When I asked for further information on the Health and Community Services (“HCS”) budget, which at £287 million is the largest single item, here is what Hansard records:

4.4 Deputy G.P. Southern of the Minister for Health and Social Services regarding Health and Community Services Net Revenue Expenditure (OQ.210/2023)

Will the Minister provide a split of the figures detailed in the Health and Community Services Net Revenue Expenditure within the draft Government Plan 2024 - 2027 between hospital services and community services, and will she commit to providing a further breakdown of the information to Members before 31st October, detailing all major medical specialisms?

Deputy K. Wilson (The Minister for Health and Social Services):

*Thank you to the Deputy for his question. Unfortunately at this moment, I cannot provide nor commit to providing the detailed breakdown for next year’s budget before 31st October. At the moment finance business partners for Health and Community Services are working on the detailed allocations with each service and care group directors as part of the normal yearly budget-setting process. It is expected that **the H.C.S. executive team will review the allocations in late November and for them to be finalised and circulated in January 2024.** I would note that this will be dependent on what changes, if any, result from the debate on the Government Plan. I can confirm that a Statement of Comprehensive Net Expenditure is included in the annex in the Government Plan.*

4.4.1 Deputy G.P. Southern:

I am going to be very specific. The Minister says that the figures are in the annex to the budget plan; could she point to the page number on which they are because I cannot find them?

The Bailiff:

Are you able to assist, Minister?

Deputy K. Wilson:

If I could just confirm, the detail that the Deputy is looking for is not in the annex but the overall summary; the net expenditure is there. As I have said, I

will provide that detail once H.C.S. have been able to do their budget-setting exercise.

In other words, the Minister will not release a breakdown of the distribution of HCS expenditure until it is too late for Members to have any input into allocations involved.

If Members wish to amend particular medical areas of the Plan, how can they judge whether to bring an amendment to correct matters, as they see it? They cannot. The proposal to keep the breakdown to themselves effectively rules out any sensible examination or scrutiny from the rest of the Assembly. To vote on the Plan in December and only have the details of the funding in January 2024 makes a mockery of any claim to be “open and transparent” on the part of the Minister.

Does the Minister, or more importantly, her officers, not know what their budgets are likely to be in 2024?

Of course they do. Has the Department given such a breakdown before? Examination of the [HSS Business Plan of 2012](#) shows that this is feasible (see Annex 1).

Whilst it may be idealistic to suggest that politicians always start with principles, and then develop policies, before prioritising and finally deciding on how much to spend, it may be just as useful to go straight to the funding as a reflection of the Minister’s priorities.

This situation is made worse by the Minister’s refusal to release other details apart from the comprehensive spend in answer to a further recent Oral Question (OQ.21/2023) as follows:

4.14 Deputy G.P. Southern of the Minister for Health and Social Services regarding Health Services spending and policies in the draft Government Plan (OQ.211/2023)

As the delivery of health services in 2024 will be shaped by the options outlined on page 96 of the draft Government Plan 2024 - 2027, will the Minister assure Members that she will release additional information in time for lodging of amendments to allow for examination of the spending and policies involved in these options and, if not, why not?

Deputy K. Wilson (The Minister for Health and Social Services):

There are no options outlined on page 96 of the Government Plan. The section that the Deputy refers to addresses the sustainability of health funding review, which refers to funding, financing and contracting, which are the matters in scope. Options for a reformed system continue to be in development and have yet to be considered by myself or other Ministers, therefore, I am unable to provide the information requested.

4.14.1 Deputy G.P. Southern:

The query must be: unable to provide today but will, can, could, may provide in time for the debate on the Government Plan, which is of vital importance to next year and the years afterwards in the short and the long term.

Deputy K. Wilson:

I am working towards a proposition regarding health funding for the Assembly, which will come forward in 2024. I can assure the Deputy that before the lodging of that proposition it would be necessary to engage and to consult with all of those affected and involved, and of course the Assembly will be provided with information in good time to enable a well-informed debate. My task over 2023 has been to conduct the work required, which is continuing to get us to that place. The Health and Social Security Panel has been kept up to date with the work and we are expected to brief them shortly again. I will consider how to share the work and engage on potential options in the early part of next year.

Whilst the Minister's intention may be to present the Assembly with all the information necessary, the Assembly remains in ignorance of the principles and priorities of the Minister and her Department, including what sources of funding are being considered and how these sources will be made sustainable, both in the short and long term.

In conclusion, the net result of the Minister's approach is to cut out Members of the Assembly from any effective debate on the allocation of funding within her portfolio and the sustainable future funding of Health care services.

Financial and staff implications

There will be limited staff implications involved in providing information which should already be in near final form.

SECTION 3 RESOURCES FOR 2011/2012
3.1 Net Expenditure – Service Analysis

Health and Social Services

Net Revenue Expenditure - Service Analysis

2011 Net Revenue Expenditure	2012 Gross Revenue Expenditure		2012 Income	2012 Net Revenue Expenditure	2012 FTE	
	DEL £	AME £				
+ Depreciation						
			£	£		
Public Health Services						
2,212,900	Public Health Clinical Services	2,529,570	14,800	(725,670)	1,818,700	26.4
1,726,300	Public Health Strategies	2,173,700	9,300	(342,100)	1,840,900	26.8
Hospital Services						
25,894,600	Inpatients	30,506,400	156,600	(3,894,500)	26,768,500	470.4
14,132,000	Theatres	16,126,000	322,900	(1,212,700)	15,236,200	222.0
11,160,800	Women & Children	12,306,500	110,100	(1,289,400)	11,127,200	172.2
4,994,300	Unscheduled Care	6,689,600	53,700	(238,200)	6,505,100	162.5
18,922,000	Ambulatory Care	21,436,200	117,000	(1,156,200)	20,397,000	202.9
20,612,800	Clinical Support	23,072,000	1,427,100	(2,915,500)	21,583,600	274.5
4,156,700	Ambulance Emergency Services	4,405,800	213,300	(132,700)	4,486,400	56.9
Community & Social Services						
18,294,000	Older Peoples Services	24,305,430	51,200	(8,007,230)	16,349,400	354.8
25,153,600	Adults Services	27,876,600	53,700	(1,423,000)	26,507,300	350.0
16,438,600	Children's Services	14,788,800	34,700	(367,600)	14,455,900	250.9
6,332,600	Therapy Services	6,967,200	23,200	(267,200)	6,723,200	91.0
170,031,200	Net Revenue Expenditure	193,183,800	2,587,600	(21,972,000)	173,799,400	2,661.1
(2,392,000)	Less: Depreciation					
167,639,200	Reconciliation to Business Plan 2011					