

STATES OF JERSEY



PROPOSED GOVERNMENT PLAN 2023- 2026 (P.97/2022): COMMENTS

Presented to the States on 8th December 2022
by the Health and Social Security Scrutiny Panel

STATES GREFFE

COMMENTS

Background

The proposed [Government Plan 2023-2026](#) was lodged on 4th October 2022 for debate in the States Assembly on 13th December 2022. The Panel was provided with the final version of the Government Plan on 3rd October in confidence ahead of its publication. Due to this year being an election year, the Council of Ministers was required to prepare a Government Plan and lodge it 10 weeks prior to its debate.

Unlike previous years, this year the Council of Ministers was required to lodge several additional documents alongside the Government Plan resulting in the term ‘Government Programme’ being used to describe the proposals. The Government Programme consisted of the [Common Strategic Policy](#) (lodged on 4th October), the 100 Days of Action (delivered by 19th October), [Ministerial Plans](#) (presented on 12th October) and the Government Plan 2023-2026 (lodged on 4th October).

It was envisaged that by giving an overarching identity to the different planning documents it would allow each document to play its role in a “*comprehensive, prioritised, affordable and deliverable government programme.*”¹

In addition to the above, this year differed to previous years in that the [Annex](#) to the Government Plan was lodged separately on the 20th October, more than two weeks after the lodging of the Government Plan. Unfortunately, the decision to lodge the Annex at this later date meant that Panels had less time to carry out a comprehensive review of the details behind the Council of Ministers’ proposals. Whilst the Panel understands the reasoning for the delay and the pressure on the Council of Ministers to present and lodge the additional documents alongside the Government Plan, the decision had a detrimental impact on the Scrutiny process. The Panel is therefore supportive of the overarching recommendation made by the Corporate Services Scrutiny Panel to the Chief Minister that going forward the Annex is lodged at the same time as the Government Plan to allow for sufficient Scrutiny to be undertaken. In this regard, the Corporate Services Panel made a number of overarching recommendations which, if accepted, will improve the Scrutiny process for the review of future Government Plans and which the Panel fully supports (see Appendix 1)

The Panel’s approach to scrutinising the Government Plan 2023-2026

This year, it was agreed by the Scrutiny Liaison Committee that each Panel would focus on the aspects of the proposed Government Plan that were specific to its remit and that overarching themes would be led by the Corporate Services Panel. Accordingly, the Health and Social Security Panel agreed [Terms of Reference](#) that were relevant to its remit and began the process of evidence gathering. The Panel requested full business cases for every proposed additional revenue expenditure programme and Capital Project that fell under the responsibility of the Minister for Health and Social Services and Minister for Social Security. A list of these new revenue programmes and capital projects can be found [here](#).

¹ Council of Ministers Paper, 13th July 2022

In addition to new revenue programmes and capital projects that have been proposed by the Ministers for Health and Social Services and Social Security, the Panel's remit also includes four States Funds: The Health Insurance Fund, the Social Security Fund, the Social Security (Reserve) Fund and the Long-Term Care Fund. As such, the Panel's Terms of Reference 1(e) included the task of determining the impact of the Government Plans proposals on each of these Funds.

Following the lodging of the Annex and the receipt of full business cases, the Panel wrote to both Ministers requesting additional information on several areas that were of particular interest to the Panel or where further clarification was required. Much of this clarification sought to determine whether the proposed funding for the new projects and programmes was appropriate, likely to have a positive impact on Islanders and Island life and were value for money. In addition, the Panel wished to establish whether there were any obvious gaps in funding - where additional revenue had not been requested in this year's Government Plan for areas the Panel would have expected or hoped to have seen proposals for funding. The Ministers' responses to the Panel's queries can be read following the below links:

- [Letter from Minister for Social Security, 1st November 2022](#)
- [Letter from Minister for Health and Social Services, 2nd November 2022](#)
- [Letter from the Minister for Health and Social Services, 28th November 2022](#)

The Panel identified several key stakeholders that it wished to request written submissions from in relation to the funding proposals contained in the Government Plan that directly impacted them or the services they provided. A full list of the key stakeholders the Panel wrote to can be found in Appendix 2 and links to those who provided submissions can be found below:

- [Primary Care Board, 31st October 2022](#)
- [Mind Jersey, 1st November 2022](#)
- [Adult Mental Health Services, 3rd November 2022](#)
- [Le Geyt Day Services, 3rd November 2022](#)
- [Jersey's Women's Refuge, 6th November 2022](#)
- [Beresford Street Kitchen, 11th November 2022](#)

In November, the Panel held public hearings with both Ministers to question them on specific areas of the Government Plan that fell under their remits. Transcripts from those Hearings can be found [here](#).

Key Findings

The Panel found that most key stakeholders welcomed the proposals for funding that would help to support their services and commented on the benefits of that funding for members of the public in receipt of their care. Whilst the proposed additional funding for Jersey Women's Refuge was less than they had originally requested from the

Government of Jersey (£85,000 per annum rather than £113,500 per annum), it recognised that the amount was still a significant increase in light of the current pressures surrounding public funding.²

The evidence that the Panel gathered throughout its review can be found on the links already provided earlier in the Comments Paper. Rather than reiterate all of the Panel's findings here, the purpose of the paper is to highlight particular areas of interest or concern that were identified during its review. In addition to our [Amendment](#) to the Government Plan, the Panel wish to address the following:

Free Medical Dressings

In February 2020, the previous Minister for Health and Social Services launched a pilot scheme which provided free hosiery (wraps and stockings, off the shelf and custom fit/made to measure) to patients in the community suffering with venous leg ulceration/oedema. The pilot scheme operated for a year and cost £40,419. In total 225 people benefited from the provision of hosiery.³ According to the Minister, the pilot scheme “ensured that people have early access to appropriate treatment improving long-term management of the condition”. In February 2022, the States Assembly was advised that a business case was being put together to draw down funding from the 2023 Government Plan to implement the extension and expansion of the service⁴.

During its review of the Government Plan 2023-2026, it became evident to the Panel that a growth bid had not been put forward to request funding in respect of this service. In addition, the Panel noted a lack of funding in respect of medical dressings in general. Currently, once discharged from hospital, patients who require medical dressings and/or bandages to care for their wounds in their own home or in their care home have to pay for these, as they are not included under the free prescription provision. It is important to note, however, that those who qualify for means-tested benefits from Customer and Local Services can apply for special payments (in the form of a grant) in respect of medical expenses, which may include the cost of specialist dressings if clinically recommended.

The Panel queried the lack of funding in this year's Government Plan for expanding the original pilot scheme and for the provision of free medical dressings in general with the both the Minister for Health and Social Services and the Minister for Social Security. Whilst the Panel is still unclear as to why the previous commitment to request additional funding in this year's Government Plan was not acted upon, it was evident from the Public Hearings that both Ministers supported the future provision of free medical dressings for all patients. The Ministers also committed to taking the necessary steps to ensure funding was available in the future to cover this provision:

The Minister for Social Security:

It is something we are aware of and that it will need consideration and possibly a growth bid or a funding bid to get more money⁵

² [Written Submission, Jersey Women's Refuge, 6th November 2022](#)

³ [WQ.116/2021\) Progress update of medical hosiery funding pilot.pdf \(gov.je\)](#)

⁴ [wq.66-2022.pdf \(gov.je\)](#)

⁵ [Transcript](#), Public Hearing with the Minister for Social Security, 10th November 2022, p19

The Minister for Health and Social Services:

One of the things that I have said is that I will bring this forward with the Minister for Social Security because it is again this anomaly about where the money comes from. This is part of the sustainable health funding model that we want to address.⁶

The Assistant Minister for both Health and Social Services and for Social Security also added:

Dressings should not have been seen as a separate clinical issue but should be completely intertwined with the whole view. So, if there is a way that we can make those dressings more accessible, and the money can be found then that is something we need to move forward on.⁷

Recommendation 1: The Minister for Health and Social Services and the Minister for Social Security must work collaboratively to identify funding in Q1 in 2023 for the provision of free medical dressings to all patients.

Long-Term Care Fund and Scheme

According to the Government Plan 2023-2026, the current contribution rate of 1.5% will enable the balance on the Long-Term Care Fund (“LTC Fund”) to continue to increase throughout the period of the Government Plan. The Government Plan also recognised, however, that there will need to be further increases in the Long-Term Care contribution rate in future years as the number and proportion of older people with long-term care needs is expected to increase.⁸

The Panel is aware that the LTC Fund will be subject to a formal actuarial review by the Minister for Social Security in 2022, which will be completed in early 2023. It is also aware that the Minister is due to undertake a review of the Long-Term Care Scheme and its operation in 2023. Despite this, the Panel had concerns regarding the funding for Long Term Care needs in the short-term, mainly as a result of recent media coverage on this subject. In October 2022 the Chair of the Jersey Carers Association voiced her own concerns regarding the funding currently available for those receiving long-term care support, particularly in light of the cost-of-living crisis. In addition, care agencies felt that the current level of funding from Government for their ‘Long Term Care’ clients was not sufficient and did not cover the cost to provide them with appropriate and proper care.⁹

The Panel raised this matter with the Minister for Social Security at its Hearing on 10th November 2022 and asked whether she had met directly with care providers about their concerns. The Minister commented:

I have met directly with 2 providers. I have met with a provider of residential care who have expressed their concerns about the cost of living. I have met with one of the smaller homecare providers, who have also made their concerns very clear to me. So I understand that. We have had discussions, and we must just check on announcements, but we have had discussions about increasing the rates for long-term care... Those will

⁶ [Transcript](#), Public Hearing with the Minister for Health and Social Services, 7th November 2022, p20

⁷ [Transcript](#), Public Hearing with the Minister for Health and Social Services, 7th November 2022, p20

⁸ [Government Plan 2023-2026](#)

⁹ [ITV – Carers in Jersey Call for further support as cost of living soars, 18th October 2022](#)

update in January, but I have asked to be able to announce what those uprates will be very soon.¹⁰

On 5th December it was announced that the Minister for Social Security and the Minister for Health and Social Services had agreed to apply an above inflation 12% uplift to the weekly care rates included in the Long-Term Care Scheme from 1st January 2023. Alongside this, it was advised that Ministers had decided to establish a project to review the home care sector which directly responds to recommendations made by the Jersey Care Commission in their recently published report “[Addressing Challenges and Risk in Social Care](#)”.

The Panel was pleased to learn that short-term measures are being introduced to address the immediate concerns regarding long-term care funding and the cost of living. However, it will be keeping abreast of this issue and will be reviewing the outcomes of the actuarial review, the Long-Term Care Scheme review, and the home care sector review in 2023 to ensure that care needs are being met in an appropriate, sufficient, and timely manner.

Health Service Improvements

Similar to previous Government Plans, this year’s plan requests £5 million per annum for the “Health Service Improvements” capital project. We have been advised that this project will enable a programme of priority upgrade works to the current hospital that are necessary to keep it operating in a compliant manner that ensures patient safety until a new hospital is delivered.

The former Health and Social Security Panel raised concerns regarding this project when reviewing previous Government Plans and questioned whether the funding was adequate to deliver the necessary works to the hospital. The Panel has similar concerns with this project, which are exacerbated due to a further delay in the delivery of a new hospital. At a Public Hearing on 7th November, we asked the Minister for Health and Social Services whether she felt that the £5 million proposed for this programme was sufficient to ensure patient safety. The Minister commented:

I am really concerned about the state of the hospital; very concerned about it. The £5 million probably will scratch the surface...But from what I am seeing, and I have done a review and walked around the hospital, and the condition and the fabric of the hospital is in an appalling state, it really is. Obviously the things that concern me are about the way in which the fabric of the building inhibits the ability to provide privacy and dignity, to make sure that you have the right temperature control, for staff working in conditions that I would consider unacceptable and unhealthy for some of the patients who are cared for in there. But there is a backlog maintenance programme and £5 million will just about manage to address the basics.

The Panel was advised by the Estate Manager that, whilst the proposed figure of £5 million was not enough, physically accessing the environment to deliver the volume of work required was challenging. It was further advised that in order to manage the key risk items, Health and Community Services has a running backlog maintenance list which is a compiled list of RAG rated issues across the whole health estate and is

¹⁰ [Transcript](#), Public Hearing with the Minister for Social Security, 10th November 2022, p12

managed every October/November to forecast the following year's maintenance works. In a letter to the Minister for Health and Social Services we queried how many projects on the backlog maintenance list were red rated (i.e., those with a very high priority). We were advised, however, that whilst the list is currently being compiled for 2023, it has not yet been completed and therefore the number of red rated issues is unknown.

The review into [Health and Community Services \(HCS\) Clinical Governance Arrangements within Secondary Care \(R.117/2022\)](#) written by Professor Hugo Mascie-Taylor identified a host of issues that needed to be addressed to ensure the quality and safety of care in the hospital. The Panel acknowledges that £1.5m has been requested in this year's government plan for 2023 to fund the initial steps needed to accelerate the delivery of patient focused change and improvement. However, we understand that the estate issues identified within that report will be added to the risk register that is funded under the "Health Service Improvements" capital project. In relation to this, the Minister advised the Panel that she would "*make sure the estates issues relating to that [report] are kept alive on our risk register*" and that she would seek further funding from the Treasury and Exchequer Department if necessary.¹¹

Recommendation 2: The Minister for Health and Social Services should review the 'Health Service Improvements' capital project at the earliest opportunity to determine whether the level of funding is adequate to ensure patient and staff safety and to address the estate safety issues identified in the recent review of the hospital. The outcome of the review must be presented to the States Assembly and made publicly available. It is imperative that additional funding is requested from the Treasury and Exchequer Department if the review deems it necessary.

Free Period Products – 100-day plan

As a result of the Chief Minister's 100 Day Plan, the Government is committed to ensuring that Islanders can access free period products as and when they are required. This objective aims to address period poverty, ensure period dignity, and remove stigma around the subject of periods.¹² The Government Plan 2023-2026, therefore proposes £500,000 in 2023, and £400,000 thereafter, to implement this service.

In September 2022, the Customer and Local Services Department launched a pilot scheme which made period products available in a small number of locations around the island, with the aim of expanding this wider next year. Alongside the pilot scheme, the Department launched a public consultation which seeks Islanders' views about which products would be most useful and how best to access them.

In a letter from the Minister for Social Security on 1st November 2022, she advised that, given the demand-led nature of this service, accurately estimating exact costs of the scheme was challenging. Nonetheless, the estimated costs were broadly broken down as follows; £300,000 on products, £50,000 on ongoing-administrative costs and £150,000 on set-up costs. We note that the initial estimates were based on modelling used by the Scottish Government, who have recently introduced legislation regarding access to free period products.

¹¹ [Transcript](#), Public Hearing with Minister for Health and Social Services, 7th November 2022, p20

¹² [Access to free period products \(gov.je\)](#)

The Panel notes that in March 2022, the previous Government voted to adopt (26 votes in favour) a [Proposition](#) lodged by the then Senator Kristina Moore to remove GST from all menstrual sanitary products and to make the necessary law amendments which would give effect to the proposal. The main objective of the Proposition was to combat period poverty and align itself on this matter with Scotland and the UK. At a Public Hearing with the Minister for Social Security on 10th November 2022, the Panel queried why the decision had been made to provide free period products rather than removing GST and whether any consideration had been given to introducing both in tandem. The Minister commented:

The G.S.T. element, I think the view was that making them free in cases of need was better than removing G.S.T. because G.S.T. would take pennies off rather than ... is it better to have a free product than have a product that would have been £1 but is now 95 pence? I think the issues with removing G.S.T. are that some of the concerns around it previously, that had previously been expressed, were that taking the G.S.T. would not be helpful because of the cost of administering a product without G.S.T. So I think the providing free, if the main driver is affordability and access, giving a free product is better than simply removing the G.S.T.¹³

Interestingly, with regard to the removal of GST we received a written submission from a member of the public who commented:

Please just remove the GST from these products for all, with access to free products through school and parish halls for those who cannot afford it.

Another written submission that we received, whilst supportive of the proposal, raised environmental concerns about the scheme and its promotion of single-use products:

My only reservation is that it promotes the use of single-use products. I haven't bought sanitary products for years because I use reusable period pants and pads. If the scheme can also promote awareness of reusable options, it would be great to reduce our impact on the world and offer women alternatives which are cheaper overtime (granted some products are an expensive initial purchase).

The Panel notes, however, that questions have been included in the public consultation that do address the use of reusable products and whether members of the public would want these to be available for free under the scheme.

Whilst the Panel supports the provision of free period products and the request for additional funds in the Government Plan for this scheme, we wished to determine whether any consideration had been given to including incontinence pads and/or maternity pads within the proposals. When we queried this with the Minister for Social Security in November, she advised that whilst it was not due to be considered at this stage, the matter had been brought to her attention and it would be examined in due course. However, she also told us that thorough research would need to be undertaken before a growth bid was forthcoming in order to understand the level of demand for such products.

Recommendation 3: The Minister for Social Security should undertake a review ahead of the Government Plan 2024-2027 to determine the level of demand for incontinence

¹³ [Transcript](#), Public Hearing with Minister for Social Security, 10th November 2022, p15

products and maternity pads and whether it would be appropriate to put forward a growth bid to enable these products to be provided to Islanders in need for free.

Placements and Off-Island Medical Care

The Government Plan 2023-2026 requests £5m in additional revenue growth for the programme 'Placements and Off-Island Medical Care' for the next four years. According to the Government Plan Annex, Jersey incurs substantial costs for off-island specialist medical care, which is not available locally, to provide Islanders with best possible care. Furthermore, Jersey commissions NHS Hospitals and UK Tertiary centres to provide clinical excellence in areas of speciality such as Radiology, Cardiology, Neurosurgery and Ophthalmology. There are 1,800 referrals made across 30 speciality services each year, which are provided off-island in the UK. The Annex notes that Covid-19 backlog and increases to demand due to complex healthcare needs have resulted in additional financial pressures.

In addition to off-island medical care, Health and Community Services also procures specialist mental health and adult social care placements in the UK to support individuals with complex needs, or where specialist services do not exist in Jersey. The Panel is advised that the requested funding for this programme is intended to fund the elevated level of demand/activity off-island for these services.

In a letter to the Minister for Health and Social Services in November, the Panel queried the number of islanders who are placed in UK mental health services, as this information was absent from the Annex. We were advised that in 2021 a total of 24 people accessed mental health placements in the UK and in 2022, to date, 26 people had been placed in UK placements. The Panel was also advised, however, that increases in placement costs/expenditure are not solely linked to an increase in the number of actual placements. We were told:

Increase in placement costs / expenditure are not solely linked to an increase in number of actual placements. Increased costs more frequently tend to relate to a high level of complexity and requirement for enhanced nursing care - especially in people with a significant eating disorder and associated physical health risks, or those who present as a significant risk of harm to themselves or others during the initial stages of the admission – and related increased lengths of stay.¹⁴

A written submission from Mind Jersey expressed concerns regarding this revenue programme which related to the level of funding requested and how the funding was apportioned to both mental health placements and off-island medical care. Mind Jersey commented:

As the 1,800 referrals appears to exclude mental health cases, then the £5m provides for an average cost per referral of £2,778 across the 1,800 cases. At this level of average cost, given the wide variety of treatments and the related variability of costs incurred, the unknown forecast element of the funding relating to those connected to mental health services and adult social care, could well mean the level of funding would be a challenge not to be exceeded given the cost of off island care and increase in number of cases.¹⁵

¹⁴ [Letter, Minister for Health and Social Services, 2nd November 2022](#)

¹⁵ Written Submission, Mind Jersey, 1st November 2022

In our letter to the Minister, we also requested a breakdown of the £5m requested for 2023, to ascertain how much had been allocated to each service. The following table

COM Approved				
Business Case	2023 Original £000s	2023 Amended £000s	Variance	Comments
Tertiary Care	3,000	2,234	766	
MH ON & Off Island Placements	805	600	205	
Social Domicillary Care	2,800	2,086	714	
Returns from Off Island	80	80	-	
Placements and Off-Island Medical Care business case	6,685	5,000	1,685	Reduction of £1,685

and explanation was provided:

- Tertiary Care - £2.23m Hospital funding for the physical care requirements for specialist services and medical conditions not available on Island.
- MH ON & OFF Placements - £0.6m Mental Health Placements both on & off island
- Social Domiciliary Care - £2.1m for the increase in on-island care
- Returns from Off Island - £0.08m for an individual with learning disability and complex needs returning from a long-term UK placement.¹⁶

In the Minister's response, she advised the Panel that the original request for funding for this programme was £6.68m (see table above). However, following a decision by the Council of Ministers the funding was reduced to £5m and the remaining pressure was apportioned across the business case, as highlighted above. In the Public Hearing on 7th November, we asked the Minister for Health and Social Services whether she thought the reduced amount would be sufficient for the provision required and whether the reduction would impact patient care. It was advised that there would be pressure on the out of Island placements as a result of the backlog caused by covid and an increase in the level of complexity of care for some patients who require placements that are more expensive than they have been previously. However, the Minister did assure the Panel that patients' care would always be funded, even if it couldn't be provided under this particular funding request:

We will fund patient care. We will always do that. The issue is whether or not we can manage to do that within the allocation that we have, but it does not prohibit patients from accessing care off-island.¹⁷

Recommendation 4: The Minister for Health and Social Services should review the funding for the programme 'Placements and Off-Island Medical Care' ahead of the Government Plan 2024-2027 to determine whether the amount is sufficient and to ensure patient care has not been negatively affected due to the reduction in the original growth bid.

¹⁶ [Letter, Minister for Health and Social Services, 2nd November 2022](#)

¹⁷ [Transcript](#), Public Hearing with Minister for Health and Social Services, 7th November 2022, p20

Value for Money (VFM) and efficiencies

Throughout its review the Panel has considered whether the resources allocated to additional revenue programmes and capital projects ensure value for money and are the best use of public funds. The Panel is confident that consideration was given to the matter of ‘value for money’ in each of the business cases provided for additional revenue growth programmes. Where the Panel had any concerns, questions were raised with the Minister for Social Security and the Minister for Health and Social Services via letters or in public hearings.

In regard to overall savings, the Panel understands that the Council of Ministers proposes to establish a VFM programme over the next 4 years *“which will engender a strong and positive financial management culture that strives for continuous improvement, delivers cashable efficiencies, and improves productivity and reliability of its services.”*¹⁸

The Panel notes that cashable efficiency targets have been allocated to Departments as part of the Departmental Revenue Budgets. The targets previously included in Government Plan 2022-2025 have been reviewed and reprofiled across the next 4 years. In 2023, 7 million of the £10 million target will be achieved through restraint on the allocation of non-pay inflation, with a further £3 million delivered through the VFM programme.

With regards to the Panel’s remit, Health and Community Services has been allocated the efficiency savings of £1,032,000 and Customer and Local Services Department has been allocated £67,000. The target for Health and Community Services is by far the largest efficiency target of all Government Departments. Furthermore, this saving is in addition to the £6.25m saving that was brought over from last year’s Government Plan.

In a public hearing with the Minister for Health and Social Services she advised that *“the elephant in the room”* with regards to the financial pressures within her department was the efficiency saving of £6.25 million which she was expected to deliver. The Minister admitted to the Panel that they were *“really going to struggle as a department to deliver on that”*. It was unclear to the Panel how either the savings of £1m identified in this year’s Government Plan or the £6.25m brought over from last year were going to be achieved. We were advised in a letter from the Minister that work continues across all HCS departments to establish the split of £1m reduction of HCS’ annual budget and will be applied following the States Assembly approval of the Government Plan.

Conclusion

The Panel’s review of the Government Plan 2023-2026 has been met with many challenges. Due to this year being an election year, and the resulting reduced lodging period, the Panel has had limited time to undertake a thorough review of the Government Plan. In addition, the Council of Ministers decision to lodge the Annex separately to the Government Plan meant that the Panel had even less time to consider the details behind the funding proposals. Acknowledging the shared challenges that Panels have faced, the

¹⁸ [Government Plan 2023-2026 \(P.97/2022\), p45](#)

Corporate Services Panel made several overarching recommendations within its report (see Appendix 1). The Panel fully supports these recommendations and their objectives to improve transparency, timely access to information and ministerial accountability going forward. Notwithstanding these constraints, the Panel has examined the material available and identified a number of key issues which it has addressed throughout this paper. In addition to the issues discussed here, the Panel lodged an amendment to the Government Plan on 21st November which proposed to halt any further transfers out of the Health Insurance Fund for the purposes of funding the Jersey Care Model and digital strategies.

During its review the Panel found that no funding had been identified in the Government Plan to support the provision of free medical dressings to patients once discharged from hospital, despite previous commitments to do so. The Panel recommended that the Minister for Health and Social Services and the Minister for Social Security work collectively to identify funding ahead of next year's Government Plan. The Panel also found that, according to the Minister for Health and Social Services, the funding requested for undertaking maintenance work to the current hospital would only "*scratch the surface*". The Panel recommends that the level of funding is reviewed ahead of the Government Plan next year to determine whether it is sufficient to ensure patient safety. Following a decision by the Council of Ministers, the growth bid for the revenue programme which funds off-island mental health and specialist care was substantially reduced. The reduction will put pressure of this programme to fund the backlog of cases resulting from the pandemic and to meet the additional costs of off-island care. The Panel recommends that the Minister for Health and Social Services should review the funding for this programme in advance of the Government Plan 2024-2027 to assess whether patient care has been negatively affected as a result of the reduction to the original funding proposal.

We request that the Minister for Health and Social Services and the Minister for Social Security provide a formal, written response to the Panel's findings and recommendations ahead of the Government Plan debate and confirmation as to whether they are accepted or otherwise. If the recommendations are rejected, we ask that the Ministers provide full explanations for that decision.

The Panel would like to thank the Minister for Health and Social Services, the Minister for Social Security, and their Officers for their assistance during our review.

Appendix 1 – Overarching review recommendations

The following overarching recommendations are based on observations made across all panels during the review process across and have been presented in the Corporate Services Panel's main report which will require a formal Ministerial Response:

RECOMMENDATION 1 (OVERARCHING): The components encapsulated within the Government Programme should have an evident link running through them and this should be clearly referenced within future Government Plans. Future Government Plans must include clear reference to how the Common Strategic Policy, Ministerial Plans, Delivery Plans, heads of expenditure and the Jersey Performance Framework link as part of the Government Programme.

RECOMMENDATION 3 (OVERARCHING): The Government Plan Annex must be produced and published in tandem with the Government Plan for future iterations of the Plan. Given the shortened lodging period for a Government Plan within an election year, consideration should be given to future election years with regard to how the Annex can be provided in tandem with the Government Plan and without placing undue difficulty on officials.

RECOMMENDATION 4 (OVERARCHING): The Government must ensure for all future Government Plans that priority is given to the work of Scrutiny and due regard to ensuring Scrutiny receives any requested information to inform its work within the allocated timeframe provided and in accordance with the proceedings outlined within the Code of Practice for Engagement between Scrutiny Panels and the Public Accounts Committee and the Executive.

RECOMMENDATION 5 (OVERARCHING): Future Government Plans must provide detailed Ministerial mapping for departmental budgets which includes a detailed breakdown of how funding is split between programmes and services when lodged. This mapping must be apparent in the Ministerial Plans so that it is clear as to how the workstreams and policy initiatives laid out in the Ministerial Plans align and appear in the Government Plan as funding proposals.

RECOMMENDATION 6 (OVERARCHING): A mid-year review update report must be published in future years prior to the lodging of the Government Plan by the deadline of 31st August each year. The report must include progress updates on all projects and programmes, detail on how the funding has been allocated to date, whether the delivery is on track and to be delivered by the identified timescale and within the budget allocated.

RECOMMENDATION 8 (OVERARCHING): To enhance transparency and accountability of the Government Plan process, the Council of Ministers must include detail in relation to ongoing expenditure and business as usual projects within future Government Plans.

RECOMMENDATION 10 (OVERARCHING): The Council of Ministers should consider how future Government Plans can be made more accessible to children and young people. Consideration should be given to creating a young-person friendly two-page summary document and the provision of workshops in respect of the Government Plan process. This work should be completed in time for inclusion in next year's Government Plan.

RECOMMENDATION 11 (OVERARCHING): The Council of Ministers should consider how the accessibility of future Government Plans can be further enhanced for members of the public. Consideration should be given to the use of digital summary reports to accompany future Government Plans and where possible avoiding the use of proposition numbers within public facing documents.

RECOMMENDATION 17 (OVERARCHING): The Council of Ministers must include within future Government Plans recognition of the trade-offs involved, either explicitly or implicitly made through the political decision process when prioritising funding allocations to new revenue expenditure growth investments.

RECOMMENDATION 18 (OVERARCHING): In line with the recommendations of the Fiscal Policy Panel, the Government Plan should only include Value for Money savings where there is clear evidence of how they will be achieved.

RECOMMENDATION 19 (OVERARCHING): The Council of Ministers should undertake reporting on the impact to public services resultant of value for money savings made, with the reports being published with each Government Plan.

RECOMMENDATION 20 (OVERARCHING): The Council of Ministers must ensure the monitoring process for the Value for Money Programme is included in future Government Plans to provide further transparency and accountability.

RECOMMENDATION 21 (OVERARCHING): The Council of Ministers must ensure that business cases for New Revenue Growth Programme bids are provided to Scrutiny Panels prior to lodging each Government Plan.

Appendix 2 – List of identified Key Stakeholders

The Panel identified and wrote to the following key stakeholders as part of the evidence gathering process for its review:

- Adult Mental Health Services
- Beresford Street Kitchen
- Jersey Care Commission
- Jersey Carers Association
- Jersey Shelter Trust
- Le Geyt Day Service
- Primary Care Board
- Women's Refuge
- Mind Jersey