

Government Plan 2022-25 Review

Health and Social Security Scrutiny
Panel

10th December 2021

S.R.19/2021



Government Plan
2022-25 Review

***Health and
Social Security
Scrutiny Panel***



States of Jersey
States Assembly



États de Jersey
Assemblée des États

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1 Chair's Foreword



The Panel has reviewed the Proposed Government Plan 2022-2025 thoroughly. We have gathered evidence and had two public hearings, and so wish to thank those who have contributed.

We continued to review the Jersey Care Model throughout 2021. Progress has not occurred as quickly as we would have liked, in particular the implementation of the independent oversight board. The funding model moving forward is still awaited.

High demand for Mental Health Services has significantly increased as a result of the pandemic and the Panel is of the opinion that sufficient funding is critical moving into 2022. We have therefore brought an amendment for this to be increased.

I would like to thank the Panel's scrutiny officers for their hard work and commitment to putting this report together and the significant support they have given the Panel in 2021 and of course, as always, the members of the Panel.

Deputy Mary Le Hegarat
Chair,
Health and Social Security Panel Scrutiny Panel

2 Introduction / Methodology

The proposed Government Plan 2022 sets out the approach the Government of Jersey has taken in responding to COVID-19 whilst continuing to invest in the Common Strategic Policy priorities:

1. Put children first
2. Improve Islander's wellbeing and mental and physical health
3. Create a sustainable, vibrant economy
4. Reduce income inequality and improve the standard of living
5. Protect and value our environment.

The Plan outlines the investment proposed in each of these five strategic priority areas and also includes a number of proposed efficiencies within the Government.

The Government Plan Financial Annex has also been lodged which contains supporting information for the Government Plan 2022-2025.

The Scrutiny review of the Government Plan has taken a thorough approach, looking at the projects identified for additional revenue expenditure and capital expenditure last year, as well as new projects requiring additional revenue expenditure and capital expenditure in 2022. The Panel has undertaken this review in as much detail as possible with the information provided by Government.

A summary table of all business cases is provided in Chapter 6, along with the Panel's RAG rating.

In line with the methodology used during previous reviews, all Scrutiny Panels have agreed to use a common system to report on the status of each business case, as follows:



The Panel has reviewed the background information and is satisfied with the business case.



The Panel has reviewed the business case and either has concerns or considers that it needs more work, or further detail should be provided. It might also mean that the Panel considers it too early to make an informed decision. This may or may not lead to recommendations and/or amendments.



The Panel has reviewed the business case and is not satisfied or does not agree with the proposal. This may or may not lead to an amendment.

3 Findings and Recommendations

Findings



FINDING 1

No review of the Social Security Fund, or social security schemes, has been undertaken in 2021. This had been a commitment from the previous Government Plan. An actuarial review of the Social Security Fund will be undertaken in 2022.



FINDING 2

It has been proposed that the States Grant from the Consolidated Fund is not paid to the Social Security Fund in 2022 and 2023. It is proposed that the Social Security (Reserve) Fund will transfer £81,255 million in 2022 to support ongoing payment of pensions and benefits.



FINDING 3

If the Government Plan is adopted as proposed, and the draft Regulations are subsequently approved by the States Assembly, the estimated balance of both the Social Security Fund and the Social Security (Reserve) Fund at the end of 2024 would total £2.497 million.



FINDING 4

Based on the latest fund valuations and changes to the States Grant, an actuarial estimate has shown that the Social Security (Reserve) would have the equivalent of 4 years' worth of expenditure in 50 years' time. Estimates have been based on population assumptions and it is anticipated that future decisions about Jersey's population will affect the balance of the fund.



FINDING 5

The value of the Health Insurance Fund is estimated to reduce to £47.590 million by the end of 2025. This represents approximately one years' worth of expenditure.



FINDING 6

In 2020, Ministers committed to undertake the review of sustainable funding for the Jersey Care Model before the next Government Plan debate in 2022. This has not been undertaken.



FINDING 7

Estimates of the Long-Term Care fund balances have improved since the previous Government Plan. This is because income receipts have been higher than expected.



FINDING 8

The Minister for Health and Social Services has been asked to make a total of £6.25 million of efficiencies in 2022.



FINDING 9

The Minister for Social Security has been asked to make a total of £575,000 worth of efficiency savings in 2022.



FINDING 10

All aspects of the 'Preventable Diseases' project budget – which is split between HCS, CYPES and SPPP - are underspent in 2021. Activity was expected to increase towards the end of the year and into 2022.



FINDING 11

There have been delays to the establishment of the Jersey Care Model (JCM) Independent Oversight Board, however, appointments are expected to complete in November 2021 with the first meeting anticipated in December 2021.



FINDING 12

The budget for Mental Health Services programmes under GP20-CSP2-2-02 in 2022 is £4.1 million. This budget was allocated to the programme in 2019, pre the Covid-19 pandemic.



FINDING 13

Clarification is required from the Department about the inclusion of the 'Mental Health Legislation' budget in the breakdown of spend for GP20-CSP2-2-02.



FINDING 14

The 'Mental Health Legislation' has forecast an underspend of approximately £52,000 in 2021.



FINDING 15

The programmes for 'Digital Health and Care Strategy', the 'Digital Care Strategy (Major Project)' and the 'Jersey Care Model – Digital Systems' are being operationally managed together by Modernisation and Digital but are separated for the purposes of funding in the Government Plan. The overlap and combined management of these programmes makes it difficult to analyse progress against the separately funded projects.



FINDING 16

The funding under 'Health P82 reinstate 2019 new and recurring' is used for support services that are already in place, but which are not built into base budgets. This funding has been used for keyworker accommodation, mental health nurse training, and establishing pathways for diabetes care and end-of-life care.



FINDING 17

Further clarity is required on the changes to the funding and impact on the transformation projects for the 'Maintaining Health and Community Care standards' programme.



FINDING 18

The funding requested for the 'Regulation of Care' project in 2022-2025 is intended to fund a shortfall from the non-receipt of income that was budgeted to be received through the regulation of care legislation in 2018. It is a continuation of what was approved in last year's Government Plan.



FINDING 19

An efficiency saving of £60,000 has been identified from the 'Compensation for Mesothelioma' scheme due to a current low demand for the scheme, however, assurance has been given that there is sufficient funding to support this benefit, should claimants come forward in 2022.



FINDING 20

Work on the 'Financial Independence in Old Age' project will resume in 2021 and the outcome of the scoping work would be published by the end of the year.



FINDING 21

The Community Costs Bonus (formerly the Food Costs Bonus) has been budgeted as £340,000 per year in the Proposed Government Plan 2022-2025, this has been confirmed as an error, as the budget anticipated for 2022 in P95/2020 was £361,000.



FINDING 22

Customer and Local Services has confirmed that the forecast spend for the Community Costs Bonus in 2022 in £308,000, which is lower than the budgeted £340,000.



FINDING 23

There were 1,190 total claims of the Single Parent Component benefit in 2021.



FINDING 24

The value of the Single Parent Component would not increase in 2022 and would remain at £40.39 per week.



FINDING 25

The 'Care Needs at Home' project has been delayed. This is due to the pandemic and the complex needs of the individuals involved in the scheme.



FINDING 26

The Disability Social Inclusion Project is making progress, and a Disability Strategy survey was undertaken in August 2021.



FINDING 27

The budget for Covid-19 Income Support Costs for 2022 is £672,000 (reduced from £5,249 million in the previous Government Plan). There is no specific provision in the Covid-19 Reserve for Income Support costs, should this be required.

FINDING 28



Health Services Improvements is the capital programme of upgrade works that are necessary to keep the current hospital operating in a compliant manner that ensures patient safety and protects service delivery until a new hospital is delivered. Previous Government Plans have allocated £5 million per year to the rolling programme of works, however, in this proposed Government Plan the 2024 budget has been reduced to £2 million, in anticipation that the Our Hospital Project is on track.

FINDING 29



£1.5 million of the £2 million budget for the 'Learning Difficulties' project was forecast to be spent in 2021, and there would be a request for £500,000 to be transferred to 2022.

FINDING 30



The project for 'JCM – digital systems' is being managed centrally by Modernisation and Digital and, operationally, it is being managed with the 'Digital Care Strategy' and 'Digital Health and Care Strategy' projects.

FINDING 31



Work to progress the 'JCM – Digital Systems' project has been delayed in 2021, due to prioritisation of resources for other projects in the digital health team.

FINDING 32



The Digital Care Strategy was delayed in 2020 and 2021 due to Covid and other workstream priorities. Of the £3.4 million budget in 2021, £988,092 has been spent. A request has been submitted to move the underspent budget to 2022.

FINDING 33



The mid-year review has stated that there has been progress on the 'In-Patient / Support Services' project, however, the update provided to the Panel conversely advises that there has been no spend or commitment in 2021.

FINDING 34



The replacement to the Benefits and Payments system is being funded by the Social Security Fund. The proposed budget for 2024 has been reduced by £1 million.

FINDING 35



£646,000 per annum will be used to fund 2 additional consultant posts in Obstetric and Gynaecological Services. This will provide consultant cover on the labour ward 24/7 and will ensure that the best practice guidance in relation to safety is met.



FINDING 36

£2 million has been spent on the Covid-19 vaccine booster programme in 2021. This has been funded by an underspend of the £5.4 million budget that was approved last year for the Covid-19 vaccine programme in 2021.



FINDING 37

In 2022, £4.1 million funding is ringfenced for the Covid-19 vaccination programme and a further £2.585 million has been provided for in the General Reserve.



FINDING 38

Screening programmes have been impacted by the pandemic and there is now a backlog of patients on waiting lists. No backlog is reported for Cervical screening, but there is concern that insufficient people have come forward. There is a delay for bowel screening, patients who should have been seen in 2020 would be screened by November 2021 and then the 2021 and 2022 cohorts would be seen during 2022. Breast screening was reported to be one year behind schedule.



FINDING 39

The Island has a 45-day pandemic stock of Personal Protective Equipment (PPE). The Government will not continue to provide PPE to all healthcare venues in the long-term, however, notice has been given to providers that this will change.



FINDING 40

The Island's PPE stocks are split across 3 storage sites, and use 8,000 sq ft of storage space. There is a further 8,000 sq ft used to store equipment from the decommissioned Nightingale Hospital.



FINDING 41

A Political Oversight Group for the Health and Social Recovery Fund was established in September 2021.



FINDING 42

The initial projects of the Health and Social Recovery Fund will include a Long-Covid response, Early Years project, and funding for Children and Young People's Education and Health. There are further projects in the pipeline, including for Children's Dental Health.



FINDING 43

The Children's Health Recovery Plan will provide investment to establish services including: a Home Treatment and Liaison Team, Perinatal mental health, Neurodevelopmental service, Child to Adult Mental Health transition pathway, and specialist medical capacity. Funding is proposed in the sum of £2 million in 2022 and increases to £3.8 million for the remaining years of the Government Plan.



FINDING 44

£500,000 has been set aside as provisional funding for the Covid-19 Helpline in 2022.



FINDING 45

A provisional £20 million has been provided for in respect of the Covid-19 Test and Trace Programme and Technology in 2022.



FINDING 46

The Proposed Government Plan 2022-2025 details a broadly consistent expenditure on replacement assets across the 4-year term of the plan, however, the information provided by the Department (of the value of equipment requiring replacement) details a higher funding requirement in 2024 than is currently provided for.



FINDING 47

The Crematorium facility in Jersey requires replacement, irrespective of the new hospital at Overdale. An estimate of £5 million across 2024 – 2025 has been budgeted to review and relocate this service for the Island.

Recommendations



RECOMMENDATION 1

The Minister for Social Security must keep the Health and Social Security Panel informed of the progress of the actuarial review of the Social Security Funds in 2022.



RECOMMENDATION 2

The Minister for Social Security should publish a report, within 2 weeks of any transfer, to detail how any funds transferred out of the Health Insurance Fund for the purposes of the Jersey Care Model or its related digital strategies costs have been verified.



RECOMMENDATION 3

The Minister for Health and Social Services should annually publish a report, which will also be presented in advance to the Health and Social Security Scrutiny Panel, to detail the information provided to the Minister for Social Security relating to the costs incurred on the Jersey Care Model that require a transfer of funds from the Health Insurance Fund.



RECOMMENDATION 4

The Minister for Social Security should prioritise an actuarial review of the Health Insurance Fund in 2022. This should include specific analysis of the use of the HIF for the purposes of the Jersey Care Model and its related digital strategies, consideration of the impact of all withdrawals on the fund since 2020, and consider the future of the HIF, should withdrawals take place as per envisaged by P.130/2020.



RECOMMENDATION 5

As part of the wider review of sustainable healthcare funding the Council of Ministers should specifically consider repaying the HIF (from the Consolidated Fund) for funding withdrawn for the establishment of the Jersey Care Model and its related digital strategies if no sustainable healthcare funding is operational by 2025.



RECOMMENDATION 6

The Minister for Health and Social Services should ensure that a detailed breakdown of the funding for 'Digital Health and Care Strategy' for 2022 is provided to the Health and Social Services Scrutiny Panel.



RECOMMENDATION 7

The Minister for Health and Social Services should provide the Panel with further details about the impact of a proposed reduction in funding to 'Health Service Improvements' in 2024, including the mitigating measures that will be put in place to ensure patient and staff safety is maintained despite the reduction in budget.



RECOMMENDATION 8

The Minister for Health and Social Services must provide the Panel with the outcome of the feasibility work in respect of the 'Learning Difficulties project, as soon as it is complete, and detailed plans for alternative accommodation.



RECOMMENDATION 9

As per the Panel's amendment to P.90/2021 (Amd 15), the digital health team within Modernisation and Digital should establish a protected, separately resourced sub-team (that includes a Manager grade role), to focus solely on the delivery of the Jersey Care Model digital systems, and the Digital Care Strategy. Regular updates on these workstreams should be reported on to the independent JCM Programme board and the Health and Social Security Scrutiny Panel.



RECOMMENDATION 10

The Minister for Health and Social Services must provide the Panel with an update on the status of the 'In-Patient / Support Services Refurbishments' project, including clarity on whether the budget of £1.044 million from 2021 will be transferred to 2022 and / or 2023.



RECOMMENDATION 11

The Minister for Health and Social Services must update the Panel on the Maternity Workforce Strategy when this is available in 2022.



RECOMMENDATION 12

The Minister for Health and Social Services must keep the Panel informed of any significant changes to the Covid-19 vaccination programme, particularly any developments that will have a significant impact on, or add pressure to, the project's budget.



RECOMMENDATION 13

The Panel requests regular updates on the 'Covid-19 Health Service Recovery' project, particularly in line of waiting list updates, work with GPs and staff / overtime updates.



RECOMMENDATION 14

There should be regular reporting on each project within the Health and Social Recovery Fund, to each of the relevant scrutiny panels during 2022 and 2023.



RECOMMENDATION 15

The Minister for Health and Social Services must provide the Panel with further detail about the proposed budget for the capital expenditure on replacement assets.

4 Departmental Budgets

Departmental Budgets

The Health and Social Security Panel scrutinises the work of two Ministers; the Minister for Health and Social Services and the Minister for Social Security. Therefore, the project policy work contained in the programmes and capital projects assigned to the Panel predominantly sit under:



Minister for Health and Social Services, Deputy Richard Renouf



Minister for Social Security, Deputy Judy Martin

Departmental Heads of Expenditure

In the Government Plan 2022 - 2025, the States Assembly has been asked to approve the proposed amount to be appropriated from the Consolidated Fund for 2022, for each head of expenditure. The tables below provide a summary of the proposed 'Heads of Expenditure' allocated to the Departments for 2022 and estimates produced for 2023 - 2025:

Table 13 Heads of Expenditure 2022-25¹				
	2022 Allocation (£000)	2023 Estimate (£000)	2024 Estimate (£000)	2025 Estimate (£000)
Health and Community Services	225,790	229,624	223,164	219,064
Customer and Local Services	96,416	97,366	99,178	101,068

At the Public Hearing with the Minister for Health and Social Services, we asked about the movements in the estimated revenue Heads of Expenditure for Health and Community Services in 2022 – 2025. The Panel noted that the estimate increased in 2023, but decreased in 2024 and 2025. We were advised that the reduction was partly linked to the ongoing rebalancing programme.

Summary Table 5(i) 2022 Revenue Heads of Expenditure²			
	Income (£000)	Expenditure Allocation (£000)	Head of Expenditure (£000)
Health and Community Services	25,526	251,316	225,790
Customer and Local Services	10,233	106,649	96,416

¹ [Government Plan 2022 – 2025 Table 13 p.126](#)

² [P.90/2021 Summary Table 5\(i\) p.19](#)

A further breakdown of these figures was provided on pages 22 (for CLS³) and 30 (for HCS⁴) of the Annex to the Government Plan 2022-24:

Health and Community Services 2022						
Service Area	Income (£000)	DEL (£000)	Net Revenue Expenditure (£000)	Non Cash Net Revenue Expenditure (£000)	Total Net Revenue Expenditure (£000)	FTE
Hospital and Community Services	23,125	223,932	200,807	3,530	204,337	2,307.5
Chief Nurse	1,487	7,423	5,936	0	5,936	55
Medical Director	572	5,277	4,705	0	4,705	71
Improvement and Innovation	342	14,684	14,342	0	14,342	20
Net Revenue Expenditure	25,526	251,316	225,790	3,530	229,320	2,453.5

Customer and Local Services							
Service Area	Income (£000)	AME (£000)	DEL (£000)	Net Revenue Expenditure (£000)	Non Cash Net Revenue Expenditure (£000)	Total Net Revenue Expenditure (£000)	FTE
Customer Operations	7,660	82,143	13,118	87,601	0	87,601	147.6
Customer Services	1,584	0	6,657	5,073	0	5,073	98.8
Local Services	989	0	4,731	3,742	18	3,760	39.2
Net Revenue Expenditure	10,233	82,143	24,506	96,416	18	96,434	285.6

³ [Annex to the Government Plan 2022-25, p.22](#)

⁴ [Annex to the Government Plan 2022-25, p.30](#)

The 2022 resources allocated to the Ministers which fall under the Panel’s remit are as follows:

Resources mapped to Ministerial portfolios ⁵	
Minister	2022 Allocation (£000)
Minister for Health and Social Services	236,949
Minister for Social Security	121,004

The Panel noted that the resources mapped to the Ministerial portfolio for the Minister for Health and Social Services (in the sum of £236,949,000) and the estimated heads of expenditure for Health and Community Services (in the sum of £225,790,000) do not align with each other. At the Public Hearing with the Minister for Health and Social Services, on 28th October 2021 this was queried and the Panel were advised:

Head of Finance, Health and Community Services:

The difference is in respect of COVID. The COVID expenditure for 2022 is £9.1 million and the S.P.3 is £2 million.⁶

The Panel also queried why the estimates for the resources mapped to the portfolio of the Minister for Health and Social Services had reduced in comparison to the Government Plan for 2021-2024.

We have the 3 portfolios for the Minister. We have the H.C.S. (Health and Community Services) budgets. There has been a net reduction there of £1.6 million. The COVID head of expenditure, there has been a net reduction there of £1 million. For S.P.3 we have a net increase of £1.3 million. That is from the opening budget of 2021 to the planned budget for 2022. They are the 3 portfolios that sit under the Minister.⁷

The Panel asked for some further information about the ‘Improvement and Innovation’ service area that had been included under the Health and Community Services Heads of Expenditure. It was provided with the following breakdown:

⁵ [Government Plan 2022 – 2025 Table 14 p.127](#)

⁶ Transcript, Hearing with the Minister for Health and Social Services, 28th October 2021, p. 18

⁷ Transcript, Hearing with the Minister for Health and Social Services, 28th October 2021, p. 17

Improvement & Innovation Budget 2022	Budget £'000
Applications Support & Digital Delivery & Change Delivery	3,653
Commissioning & Partnership Contracts:	
Jersey Hospice (End of Life)	1,000
Sustainable Primary Care	207
F.N. Serv.s & Home Care	7,843
Alzheimers Society	35
Communicare	9
Eastern Good Companions	41
Jersey Brook Adv. Centre	285
Mind Jersey	166
Headway	30
Age Concern Jersey	17
Subsidised Products Scheme	973
WP - Step Up/Step Down	12
Silkworth Lodge	413
TOTAL	14,684

8

The Panel noted that the resources mapped to the portfolio of the Minister for Social Security did not align with the Heads of Expenditure for the Customer and Local Services Department. In the Panel's review of the Government Plan of 2021-2024 it has been advised that the Minister's portfolio budget included the majority of the CLS budget, extra COVID money for income support, a long-term care grant, and - in the years that it is payable - the States Grant.

At the Public Hearing with the Minister for Social Security, it was asked why the resources mapped to the Minister for Social Security's portfolio for 2022 had reduced since the previous Government Plan. The Panel were advised that:

As the Minister said, we had additional funds for coronavirus for income support and that is why the allocation for 2022, which was forecast last year to be £130 million, is now going to be around about £121 million.⁹

⁸ Letter, Minister for Health and Social Services, 29th November 2021

⁹ Transcript, Hearing with the Minister for Social Security, 13th October 2021, p. 3

Special Funds

Social Security Fund

The main purpose of the Social Security Fund (SSF) is to provide old age pensions. It also pays maternity, incapacity and other benefits. The SSF receives allocations from Social Security contributions from employers and working age adults and, in normal times it also receives an annual States Grant.

A review by a UK Government Actuary on the Fund as at 31st December 2017 (published 25th March 2019 as [R.31/2019](#)) had identified some long term sustainability considerations for the Fund. Prior to 2012 the amount of the States Grant had represented each year's exact cost of contributions supplementation. From 2012 to 2015 the amount of the States Grant had been set by a formula for each successive Medium Term Financial Plan. However, from 2016 to 2019 the amount of the grant had been fixed at the 2015 level (£65.3 million per year).

The Government Plan 2020-2023 (approved in 2019) proposed to reinstate the States Grant to full value by 2023, rather than reinstating it in full in 2020. During its review of the Government Plan the Panel was advised by the Minister for Social Security that the staged reinstatement of the States Grant had the best outcome, as a total of £50 million would be released to invest in the agreed priorities set out in the Government Plan to fund some of the services that were significantly underfunded, whilst still ensuring the sustainability of the fund in the long-term.

Alongside the Government Plan 2020-2023, States Members were asked to approve amendments to the Social Security (Jersey) Law 1974. The Regulations would introduce a legal requirement to reinstate the States Grant to its full value of £93.1 million by 2023. The Regulations were approved by States Members.

However, on 25th March 2020, the Minister for Social Security lodged [P.31/2020 – 'Draft Social Security \(Amendment of Law No.12\) \(Jersey\) Regulations'](#), in light of the ongoing Covid-19 pandemic. The Regulations proposed to remove the obligation to pay any States Grant, from the Consolidated Fund, into the Social Security Fund (SSF) during 2020 and 2021. The purpose of these changes was to further assist the Treasury and Resources Minister in addressing the financial implications of Covid-19. The Panel undertook a review of the Regulations and lodged an amendment prior to the debate. The Panel's [Amendment](#) sought to maintain, at that time, the obligation to pay the States Grant of £65.3 million into the SSF in 2021. Alongside the amendment, the Panel requested that an economic forecast was undertaken by the Treasury and Resources Minister within a six-month period to allow the States Assembly to reassess whether there was a need to remove the obligation to pay the States Grant in 2021.

The States Assembly supported the Panel's amendment which meant that no grant would be paid into the Social Security Fund in 2020 but that the Minister for Social Security would have to seek further approval from the Assembly to remove the obligation to pay the States Grant in 2021 and future years.

For the purposes of the Government Plan 2021-2024 (reviewed by the Panel in November 2020), the Minister for Social Security proposed a change to the Social Security Law to remove the States Grant for 2021. It was advised that further changes to the value of the Grant would be proposed during 2021, following agreement on the outcome of a review of the sustainability of the Social Security Scheme. This review was due to be undertaken by the Council of Ministers and would draw on the work already completed, which had gathered views on the

future of the fund, contributions and benefits. With regards to the review of Social Security Sustainability, the Government Plan 2021-2024 (lodged on 12th October 2020) stated that:

We are determined to place the Social Security Fund in a fully sustainable position for future generations and will undertake a full review of the various components of the Social Security scheme over the coming months. These components include the contributions levied, other income coming into the Fund, the range and level of benefits and pensions provided and the size and investment strategy of the Reserve Fund. In particular, the balance of contributions and States Grant will be reviewed in the context of the burden of overall government levies (taxes and contributions) on individuals, workers, businesses and employers. The review will build on the public consultations, previously conducted in 2016 and 2017, and will lead to proposals to be incorporated into the Government Plan 2022.¹⁰

It also stated:

*Ministers are determined to make sure that the [Social Security] fund continues to serve future generations and, **as a priority, will undertake a full review of the various components of the Social Security scheme ahead of the next Government Plan** to ensure the future balance is maintained at a fully sustainable level¹¹.*

During a Hearing with the Minister for Social Security on 13th October 2021 the Panel was advised that no reviews had been undertaken of the social security funds in 2021¹²:

The Minister for Social Security:

Well, last year it was my plan to have a review of the social security ... all the funds, the social security fund and the health insurance fund, and actually the returns were a lot better, and then I was reminded that we are ... early next year all the funds get an actuarial review and we have enough money in there to last until 2070 ... is it 2070?

Director General, Customer and Local Services:

Yes, 2070, 4 times.

The Minister for Social Security:

2070, 4 times, so they were done. They have not gone across. It will need another States decision. They have not gone across. They do not pay them into me. So it is held at Treasury and normally the States grant would come to me and it has not come to me for the last 2 years and it is not intended to come to me this year or next year, and then it goes back up to its full cost in 2024.¹³

For the purposes of this Government Plan, 2022-2025, the proposals to withhold the States Grant for 2022 and 2023 remain, but these require approval by the States Assembly.

¹⁰ Government Plan 2021 – 2024, p. 172

¹¹ Government Plan – 2021-2024, p. 21

¹² Transcript, Hearing with the Minister for Social Security, 13th October 2021, p. 12

¹³ Transcript, Hearing with the Minister for Social Security, 13th October 2021, p. 8

Estimate of Social Security Fund balances

	2022 Estimate (£000)	2023 Estimate (£000)	2024 Estimate (£000)	2025 Estimate (£000)
Opening balance	85,002	87,761	86,362	79,487
Existing Contributions income	205,463	209,816	215,267	221,678
Transfer from Social Security Reserve	81,255	87,175	0	0
Grant to Social Security Fund	0	0	82,530	84,760
Existing benefits and other expenditure	(278,959)	(288,390)	(297,922)	(308,084)
Capital Investment in New Benefits System	(5,000)	(10,000)	(6,750)	0
Closing balance	87,761	86,362	79,487	77,841

Table 44: Social security fund

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With regard to these proposals, the Minister for Social Security lodged [P.101/2021 – ‘Draft Social Security \(Amendment of Law No.16\) \(Jersey\) Regulations](#) on 2nd November 2021. The Draft Regulations are due to be debated directly following the debate of the Government Plan 2022-2025, if Part c) of the Proposition is passed by the States Assembly.

The report accompanying P.101/2021 states:

In the Government Plan 2021-2024 last year, Ministers made a commitment to review the Social Security Fund to make sure that it continues to serve future generations. Since then, the long-term forecast for the Social Security Reserve Fund has improved, and under this Government Plan the value of the States Grant is restored to its full value from 2024 onwards. The cost of providing old age pensions will increase with the ageing demographic but the Fund is still forecast to hold four times annual spend by the 2070s.

The next actuarial review will be carried out during 2022 and published in early 2023. This will support the next government in its long-term planning for the Social Security Fund.¹⁵

If the Government Plan is adopted as proposed, and the draft Regulations are subsequently approved by the States Assembly, the Government Plan notes that the estimated balance of both the Social Security Fund and the Social Security (Reserve) Fund at the end of 2025 would total approximately £2.497 million (as shown in table 40 of the Government Plan 2022-2025 - below).

	2022 Estimate (£000)	2023 Estimate (£000)	2024 Estimate (£000)	2025 Estimate (£000)
Strategic Reserve Fund	1,692,591	1,538,037	1,279,741	1,140,936
Stabilisation Fund	632	632	632	632
The Health Insurance Fund	77,199	62,272	51,247	47,590
The Long-Term Care Fund	51,049	58,227	65,034	71,489
The Social Security Fund	87,761	86,362	79,487	77,841
The Social Security (Reserve) Fund	2,141,635	2,172,249	2,291,723	2,420,060
The Currency and Coinage Funds	124,783	124,783	124,783	124,783
The Jersey Reclaim Fund	19,167	19,167	19,167	19,167
Housing Development Fund	(13,857)	(12,877)	(11,860)	(10,804)
Climate Emergency Fund	5,470	3,370	770	170
Other Special Funds	18,784	18,081	17,871	17,885
Total	4,205,213	4,070,303	3,918,595	3,909,747

Table 40: States funds balances

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¹⁴ Government Plan 2022-2025, p.171

¹⁵ P.101/2021, p. 4

¹⁶ Government Plan 2022-2025, p. 167

The Panel's review last year identified that the Government Plan proposed that the States Grant of £65.3 million will be reinstated in 2024 and a sustainability measure will also be used to address the balance of £29.3 million in the same year (totalling £94.6 million). As per the table below, there is no longer a separate sustainability measure, and the proposed States Grant to the SSF is in the sum of £82.53 million in 2024.

In the absence of the States Grant to the Social Security Fund, there are proposals to draw further on the Social Security (Reserve) Fund to support the Government in facing its financial pressures.

As part of its review into the Government Plan 2020-2023, the Panel was advised that withholding the States Grant between 2020 and 2023, and reducing the grant by £30 million in 2024 would release £300 million of tax-funded money in the Consolidated Fund. This would pay for costs relating to Covid-19 over the period, and it will also help to make up for lower tax revenues, supporting ongoing public service costs and investments in strategic priorities.



FINDING 1

No review of the Social Security Fund, or social security schemes, has been undertaken in 2021. This had been a commitment from the previous Government Plan. An actuarial review of the Social Security Fund will be undertaken in 2022.



FINDING 2

It has been proposed that the States Grant from the Consolidated Fund is not paid to the Social Security Fund in 2022 and 2023. It is proposed that the Social Security (Reserve) Fund will transfer £81,255 million in 2022 to support ongoing payment of pensions and benefits.



FINDING 3

If the Government Plan is adopted as proposed, and the draft Regulations are subsequently approved by the States Assembly, the estimated balance of both the Social Security Fund and the Social Security (Reserve) Fund at the end of 2024 would total £2.497 million.



RECOMMENDATION 1

The Minister for Social Security must keep the Health and Social Security Panel informed of the progress of the actuarial review of the Social Security Funds in 2022.

Social Security (Reserve) Fund

The Social Security (Reserve) Fund (the 'Reserve Fund') holds the balances built up in the Social Security Fund and is a key to the Government managing the impact of an ageing population on future pension costs.

In 2020 a transfer of £55 million was approved from the Reserve Fund into the Social Security Fund in order to support the cost of Social Security pensions and benefits and ‘help the Government to manage the extreme financial pressures it is currently facing’.¹⁷

As detailed above, due to proposals for withholding the States Grant to the Social Security Fund in 2022 and 2023 (which requires approval from the States Assembly) there are proposals to transfer £81,255,000 from the Reserve Fund to the Social Security Fund in 2022 and a further £87,175,000 in 2023.

In a public hearing with the Minister for Social Security the Panel queried what impact these transfers would have on the health and long-term sustainability of the Reserve Fund and were advised:

We worked with the actuaries to update the last projections that they did for us after the actuarial review a couple of years ago. They did their best to update them based on the latest information and the valuation of the fund and given the proposed changes to the States grant, and that showed that the reserve fund would have the equivalent of 4 years’ worth of expenditure in the reserve fund in 50 years’ time.¹⁸

The Panel was further advised that recent work with actuaries had raised some concerns about the population figures used for calculations, namely:

So they used the same population assumption, the central one that they used in their last actuarial review, which is net plus 700 a year, which is roughly what we have seen in recent decades being projected forward. So, as you were saying, Minister, the outcome of the population debate and future decisions around population in the long term will also affect the balance of funds and that will need to be kept in mind.¹⁹

The Panel was advised that no consideration had been given to refunding the Reserve Fund in the future for the transfers out it was making to the Social Security Fund.

Estimate of Social Security (Reserve) Fund balances

	2022 Estimate (£000)	2023 Estimate (£000)	2024 Estimate (£000)	2025 Estimate (£000)
Opening balance	2,105,009	2,141,635	2,172,249	2,291,723
Return on investments	117,881	117,790	119,474	128,336
Transfers	(81,255)	(87,175)	0	0
Closing balance	2,141,635	2,172,249	2,291,723	2,420,060

Table 45: Social security (reserve) fund

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FINDING 4

Based on the latest fund valuations and changes to the States Grant, an actuarial estimate has shown that the Social Security (Reserve) would have the equivalent of 4 years’ worth of expenditure in 50 years’ time. Estimates have been based on population assumptions and it is anticipated that future decisions about Jersey’s population will affect the balance of the fund.

¹⁷ Government Plan 2022-2025, p. 171

¹⁸ Transcript, Public Hearing with the Minister for Social security, 13th October 2021, p. 11

¹⁹ Ibid

²⁰ Government Plan 2022-2025, p. 171

Health Insurance Fund

The Health Insurance Fund (HIF) receives allocations from Social Security contributions from employers and working-age adults and supports the wellbeing of Islanders by subsidising GP visits, the cost of prescriptions and other primary care services. Under Article 21 of the Health Insurance (Jersey) Law 1967 the HIF is under the control and management of the Minister for Social Security.

Further amendments have been made to the law which have made specific provision for the withdrawal of money from the HIF for reasons other than that which was provided for in the 1967 Law, these are set out in the table below, for reference:

Subsequent Amendments:	Purpose:
Health Insurance Fund (Miscellaneous Provisions) (Jersey) Law 2011	To allow for withdrawal of money from the HIF in 2011 and 2012 for funding primary care services.
Health Insurance Fund (Miscellaneous Provisions) (Amendment) (Jersey) Law 2013	To enable withdrawals in 2013, 2014 and 2015 for funding primary care services.
Covid-19 (Health Insurance Fund) (Jersey) Regulations 2020	To permit withdrawals in 2020 in response to Covid-19.
Health Insurance Fund (Miscellaneous Provisions) (Amendment No. 2) (Jersey) Law 2021	As a consequence of the Government Plan 2021-2024. To permit withdrawal of up to £11.3 million in 2021 for the redesign of health and community services so that they meet the current and future needs of Jersey residents, and the modernisation and digitisation of health and care services.

The estimated balances for the HIF, 2022-2025, are detailed in the table below:

	2022 Estimate (£000)	2023 Estimate (£000)	2024 Estimate (£000)	2025 Estimate (£000)
Opening balance	92,487	77,199	62,272	51,247
Return on investments	770	840	800	810
Contributions Income	36,744	37,523	38,499	39,646
Benefits and other expenditure	(39,802)	(41,130)	(42,499)	(44,113)
Transfers - Jersey Care Model & Digital Care	(13,000)	(12,160)	(7,825)	0
Closing balance	77,199	62,272	51,247	47,590

Table 42: Health Insurance Fund

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It is noted that the value of the HIF is estimated to reduce to £47.590 million by the end of 2025. This represents approximately one years' worth of expenditure.

Concerns about the long-term sustainability of the fund, particularly as it has been drawn on recently – and is proposed to have further funds withdrawn – to fund the work to progress the Jersey Care Model.

²¹ Government Plan 2022-2025, p. 169

In a written submission to the Panel, the Primary Care Body stated:

We are concerned that increased use of the Health Insurance Fund may make it unsustainable. Further consideration should be given to the proportion of funding from both the Health Insurance Fund and Treasury.

We are unaware of any plans as to how funds will be maintained. Specifically will they be raised by increased taxation or increased social security payments? Will a proportion of funds be ring fenced for Primary Care and General Practice? What funding mechanism will be instituted to protect patients whilst ensuring that Primary Care providers are maintained as viable businesses?²²

The Panel has questioned the suitability of using the HIF for purposes other than that which were set out in the 1967 Law:

Senator S.Y. Mézec:

... we know that money from the Health Insurance Fund is being used for purposes other than what the Health Insurance Fund is meant to be funding in terms of implementing the Jersey Care Model and its related strategies. How confident are you that that is being done correctly and appropriately, given that the point at which we would be making decisions on health funding into the future is pushed back further than when we initially anticipated that would be made?

The Minister for Health and Social Services:

Just to correct you, Senator, the use of the Health Insurance Fund is perfectly proper. These are Islanders' funds for primary care services. This is not a fund that is exclusively for G.P.s (general practitioners), it is for primary care services. This is what is being delivered in the Jersey Care Model; the planning of primary care services being delivered in the community. This is a proper source of funding. Were it not then the Government would have been told that this is an illegal way of proceeding but it is not.²³

The Panel highlights that the use of the HIF has been approved through amendments to the law, however, with regards to the most recent amendment ('Draft Health Insurance Fund (Miscellaneous Provisions) (Amendment No. 2) (Jersey) Law 202-') there were specific reassurances that any further transfers out of the HIF would only be brought to the States Assembly following a review of healthcare funding (see below for further details).

As noted in the Panel's summary of the Social Security Fund above, a review of the social security funds – which includes the HIF – has not been undertaken in 2021. Further to this, commitments had been provided about a wider review of the sustainability of healthcare funding have not taken place.

The Panel has lodged an [Amendment](#) to the Government Plan, which seeks several political commitments in relation to the use of the HIF as the source of funding for the Jersey Care Model (the 'JCM'). The Panel has lodged the amendment following concerns that, despite assurances provided in 2020, the reviews of healthcare funding and the HIF that were due to be undertaken in 2021 before the 2022-2025 Government Plan debate have not happened.

²² Written Submission, Primary Care Body

²³ Transcript, Hearing with the Minister for Health and Social Services, 17th November 2021, p. 23

At the point in which the propositions listed below were all approved by the States Assembly, the assurances provided and information available indicated that further details on the funding for the Jersey Care Model from the HIF would be available at the point of debating the next Government Plan (2022-2025) in 2021:

- P.114/2020 – ‘Jersey Care Model’ (as amended);
- P.130/2020 – ‘Government Plan 2021-2024’ (as amended); and
- P.156/2020 - ‘Draft Health Insurance Fund (Miscellaneous Provisions) (Amendment No. 2) (Jersey) Law 202-’.

Jersey Care Model

The Jersey Care Model (JCM), P.114/2020, was debated on 3rd November 2020 and was approved by States Members 39 votes to 7. This proposal specified that sustainable healthcare funding would be operational by 2025, and that investment of £28.1 million in the next Government Plan would be requested, it was stated that this included £17 million of non-recurrent investment over a 5-year period.²⁴

During his opening speech of the debate of P.114/2020 on 3rd November 2020, the Minister for Health and Social Services stated:

*The Government Plan we will be debating in a few weeks recognises the need for quick action. It brings forward the need to deliver a solution to make sure that health costs are funded sustainably and **it commits to undertaking a full review, which will include taking proposals to this Assembly ahead of the 2022 Government Plan to determine an appropriate model for future health and care funding.***²⁵

During his closing speech, he made the following remarks:

*...Each year we will have a Government Plan. Each year there will need to be money put into the Government Plan for up to 2025 for the costs of this. Each year up to 2025 Members will be able to debate the vote proposed. There are plenty of opportunities for reviewing this and I have no doubt Members will continually ask me questions and, of course, I have the opportunity or any future Minister has the opportunity to bring a debate to this Assembly.*²⁶

and

*Yes, there is concern about we will not be in a position to debate sustainable funding but we are going to be working on a sustainable funding measure over the next 9 months and **the commitment is to bring it forward in the 2022 Government Plan. That is what the proposition asks for, that is in the present Government Plan that commitment to do so.***²⁷

Government Plan 2021-2024

The Government Plan 2021-24, which was lodged on 12th October 2020, indicated that:

*After investments, the JCM is forecast to save £23 million per year by 2036. However, it brings forward the need to deliver a solution to make sure that health costs are funded sustainably and **we will undertake a full review – which will include taking***

²⁴ P.114/2020 Jersey Care Model, p. 23 of Report

²⁵ Hansard, 3rd November 2020, p. 54

²⁶ Ibid, p. 79

²⁷ Ibid, p. 80

proposals to the States Assembly - ahead of the next Government Plan to determine an appropriate model for future health funding.²⁸

Draft Health Insurance Fund (Miscellaneous Provisions) (Amendment No. 2) (Jersey) Law 202-

The transfer of funds from the Health Insurance Fund to the Consolidated Fund as a consequence of the approval of the Government Plan 2021-24 was approved by the States Assembly in [P.156/2020 - 'Draft Health Insurance Fund \(Miscellaneous Provisions\) \(Amendment No. 2\) \(Jersey\) Law 202-](#)'. The Minister for Social Security, in her opening speech on 17th December 2020, stated that:

The 2021 Government Plan sets out further transfers in 2022 to 2024. I again will only put these forward after Ministers have completed the planned review of sustainable health funding and brought proposals back to the Assembly during 2021. The next transfer will be proposed next year after States Members have considered the proposals for sustainable health funding and the future direction of the Health Insurance Fund.²⁹

In her closing speech on 17th December 2020 the Minister stated:

I understand the Deputy's concerns. I do not share them because we will not be taking any more money out until we find that sustainable model. It will come back to the Assembly. It needs to come back to the Assembly and it will be amendable but it has to be done, as I said, before we can just carry on taking money out of the Health Insurance Fund.³⁰

Government Plan 2022-2025

There is an acknowledged overlap between the review that is required for the assessment of sustainable healthcare funding and the review of the HIF as part of the Social Security scheme.

In a quarterly hearing with the Minister for Health and Social Services on 17th November 2021, the following update was provided about the wider sustainable healthcare funding review:

'The review will be undertaken over the course of next year, as it is a commitment in the Government Plan 2022 and it will inform the next Council of Ministers. The aim is to have the review maybe by the beginning of 2023 so it can feed into the Government Plan 2024.'³¹

At the Panel's Quarterly Hearing with the Minister for Social Security on 21st October 2021, it was clarified that the HIF was not due to have an actuarial review for another couple of years (a review every 5 years is required by law). Officers advised that:

²⁸ Government Plan 2021-24, p. 22

²⁹ Hansard, 17th December 2020, p.34

³⁰ Ibid, p. 35

³¹ Transcript, Hearing with the Minister for Health and Social Services, 17th November 2021

We need to make a decision about the Health Insurance Fund. Given the significant changes that are planned for it, it may be not very good value for money for the public to do an actuarial review while the fund is in such a state of flux.³²

The Panel's amendment seeks to ensure a separate actuarial review of the Health Insurance Fund (HIF) is prioritised by the Minister for Social Security in 2022 and that this should include; specific analysis of the use of the HIF for the purposes of the Jersey Care Model and its related digital strategies; consideration of the impact of all withdrawals on the fund since 2020; and consideration of the future of the HIF, should withdrawals take place as envisaged by P.130/2020.



FINDING 5

The value of the Health Insurance Fund is estimated to reduce to £47.590 million by the end of 2025. This represents approximately one years' worth of expenditure.



FINDING 6

In 2020, Ministers committed to undertake the review of sustainable funding for the Jersey Care Model before the next Government Plan debate in 2022. This has not been undertaken.

RECOMMENDATION 2



The Minister for Social Security should publish a report, within 2 weeks of any transfer, to detail how any funds transferred out of the Health Insurance Fund for the purposes of the Jersey Care Model or its related digital strategies costs have been verified.

³² Transcript, Hearing with the Minister for Social Security, 21st October 2021

RECOMMENDATION 3



The Minister for Health and Social Services should annually publish a report, which will also be presented in advance to the Health and Social Security Scrutiny Panel, to detail the information provided to the Minister for Social Security relating to the costs incurred on the Jersey Care Model that require a transfer of funds from the Health Insurance Fund.

RECOMMENDATION 4



The Minister for Social Security should prioritise an actuarial review of the Health Insurance Fund in 2022. This should include specific analysis of the use of the HIF for the purposes of the Jersey Care Model and its related digital strategies, consideration of the impact of all withdrawals on the fund since 2020, and consider the future of the HIF, should withdrawals take place as per envisaged by P.130/2020.

RECOMMENDATION 5



As part of the wider review of sustainable healthcare funding the Council of Ministers should specifically consider repaying the HIF (from the Consolidated Fund) for funding withdrawn for the establishment of the Jersey Care Model and its related digital strategies if no sustainable healthcare funding is operational by 2025.

Long-Term Care Fund

The Long-Term Care Fund (LTCF) provides universal and means-tested benefits to individuals with long-term care needs and is funded through a central grant from general revenues and income-related contributions from income tax payers.

An actuarial review completed at the end of 2017 found that the LTCF would reduce to provide just 3 months' worth of expenditure by 2023 and become negative by 2027. It also predicted that the contributions would require 'break even' contributions of 1.5% by 2028 and up to 2.5% by end of 2043. The projections were noted to be uncertain. The Government Plan 2020-2023 sought to increase the balance of the LTCF from the 2019 balance of £24m to £94m by 2023. To achieve this, the previous Government Plan proposed a 1% increase (to 2%) in the headline rate of Long-Term Care contributions from 2020, together with an increase in the income cap from £176,232 to £250,000.

However, as a result of an Amendment put forward by the Corporate Services Panel at the time, the contribution rate was only increased by 0.5% and, therefore, now stands at 1.5%. The current contribution rate is expected to enable the balance on the Fund to continue to increase throughout the period of the Government Plan. It is anticipated that further increases in Long-Term Care contribution rate in future years will be needed as the proportion of older people with long-term care needs is expected to increase.

The Government Plan 2022-25 states that future increases in Long-Term Care expenditure are expected to be reduced through the implementation of the Jersey Care Model and the proposed introduction of the new Care Needs at Home Benefit, as these are intended to reduce the number of individuals who will need a care home placement, instead there will be a provision of alternative care options and improved support at home and in the community.

The Panel notes that, in 2020, the Government Plan for 2021-2024 estimated that the opening fund balance for 2022 would be £35,220,000. The Government Plan 2022-2025 estimates that the 2022 opening balance will be £51,049,000 (see table below for further details). In a public hearing with the Minister for Social Security, the Panel asked why the estimates for the Long-Term Care fund balances had improved since the previous Government Plan. We were advised that:

It is the increase [in the contribution rate to 1.5%] and I think that there has been higher income receipts than expected and, of course, the tax, and long-term care is obviously income and it is taxed, so, therefore, if we collect more money from tax we will have a higher amount coming in for the long-term care charge and that is reflected through, I think, the forecasts that this Government Plan has included and will also benefit the long-term care fund.³³

The Long-Term Care Fund will be subject to a formal actuarial review in 2022.

Estimate of Long-Term Care Fund balances

	2022 Estimate (£000)	2023 Estimate (£000)	2024 Estimate (£000)	2025 Estimate (£000)
Opening balance	43,568	51,049	58,227	65,034
Return on investments	495	700	832	990
Existing Long-Term Care charge	33,611	35,661	37,623	39,842
Grant to Long-Term Care Fund	31,802	32,597	33,412	34,281
Benefits and other expenditure	(58,427)	(61,780)	(65,060)	(68,658)
Closing balance	51,049	58,227	65,034	71,489

Table 43: Long-term care fund

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FINDING 7

Estimates of the Long-Term Care fund balances have improved since the previous Government Plan. This is because income receipts have been higher than expected.

³³ Transcript, Public Hearing with the Minister for Social Security, 13th October 2021, p. 16

³⁴ Government Plan 2022-2025, p. 170

5 Efficiencies

The Government Plan 2020-2023 set out the ambition to achieve £100 million of efficiencies, with the first £40 million to be achieved in 2020. The plan for £40 million in 2020 was published in October 2019 and a performance update was included in the Government 6-month report, published in August 2020. The Government Plan 2021 – 2024 set out the 2021 plan to deliver £20 million of efficiencies and other rebalancing measures.

Rebalancing and Efficiencies

The Government Plan proposes £21 million of rebalancing measures in 2022, with the intent that a further £40 million of savings will be delivered across 2023 and 2024. The table below shows the efficiencies and rebalancing totals for each Minister under the Panel's remit:

	2022 (£000)
Council of Ministers	5,343
Minister for Health and Social Services	6,250
Minister for Social Security	575

The summary description of proposals reviewed by the Panel for each Minister are set out in the table below:

Minister	Department	Summary description	Recurring or One-Off	Budget Impact	2021 Value (£000)
Minister for Health and Social Services	HCS	Fees and charges	Recurring	Income	700
Minister for Health and Social Services	HCS	General Reductions in non-staff budget	Recurring	Spend reduction: Non-staff	3,750
Minister for Health and	HCS	General staffing productivity increase	Recurring	Spend reduction: staff	1,800

³⁵ Government Plan 2022 – 2025, Table 1, p.84

³⁶ P.90/2021 Summary Table 6 - Efficiencies and Rebalancing Measures 2022 - Summary Proposals p.21

Social Services					
Minister for Social Security	CLS	General reductions in non-staff budget	Recurring	Spend reduction: Non-Staff	371
Minister for Social Security	CLS	General staffing productivity increase	Recurring	Spend reduction: Staff	204

Panel analysis

Minister for Health and Social Services

The Panel has noted that £6.25 million of efficiencies have been identified from the Ministerial portfolio for 2022. As set out in Table 2 in the Government Plan (and above), £3.75 million of those efficiencies are identified as ‘general reduction in non-staff budget’, £1.8 million are identified as ‘general staffing productivity increase’, and £700,000 are a spend reduction in fees and charges.

In a public hearing the Minister explained that:

Of course with a large budget and a multi-faceted service I believe there are always efficiencies that could be sought out. Over the last year or so, the department has been moving to a zero-based budgeting system that really takes a hard deep look at exactly what we need in the department and how we procure it and how we get best value for money. That is achieving next year £2 million in savings. We have many contracts with outside bodies and in our tertiary care hospitals outside in the U.K. (United Kingdom). We can review and challenge those contracts and that is set to produce savings of £750,000. In pharmacy, drugs expenditure can be reduced through constant review, managing contracts, and adoption of less expensive drugs which are just as effective. That will produce £500,000 in savings. Then we can be more efficient with our laundry and catering service, that will produce £150,000 in savings. Then we are budgeting for an increase in private patient activity and associated income to produce £550,000 in savings. There is good work going on, which I know Rose will be able to speak to, in reducing our agency staff. That is happening now with the result that we will not be paying those agency fees and we will be recruiting substantively. That is projected to provide savings of £1,800,00. I hope that gives an overview.³⁷

In 2021, the Minister for Health and Social Services was asked to make £5 million worth of efficiencies through the implementation of the zero-budgeting exercise and, when questioned by the Panel in a public hearing on 28th October 2021, it was confirmed that this target had been met. The Panel noted that the proposed Government Plan 2022 -2025 identified a further £2 million of efficiencies as part of the ongoing embedding of the zero-based budgets. When asked whether these were newly identified efficiencies, or if they were carried over from those identified for 2021 it was confirmed that they were newly identified. The Head of Finance, Health and Community Services explained that:

I think it is building on the previous success of the zero-based budget and taking that to the next level, so we are exploring further options, deep dives on all of the budget to see where efficiencies can be made, economies of scale, purchasing all of those areas will continue to build. I think it is about highlighting the importance of Z.B.B.

³⁷ Transcript, Public Hearing with the Minister for Health and Social Services, 28th October 2021, p. 19

*(zero-based budget) not being a separate exercise; it is embedded as part of business for health going forward. So it will continue to drive savings. We will continue to review budgets year on year to ensure that they are fit for purpose and align to the business need.*³⁸

In quarterly hearings and other correspondence in 2021, we have heard about the intention within HCS. to increase permanent staff levels and decrease the reliance on agencies. The Panel asked how this impacted the £1.8 million worth of efficiencies that had been identified as a staffing spend reduction. It was advised that there is a 25 – 30 per cent premium on the cost of agency staff, therefore the recruitment to substantive posts would help achieve this.³⁹



FINDING 8

The Minister for Health and Social Services has been asked to make a total of £6.25 million of efficiencies in 2022.

Minister for Social Security

The Panel notes that the Minister for Social Security has been asked to make £575,000 worth of efficiencies in 2022. As set out in Table 2 in the Government Plan (and above), £371,000 of those efficiencies are identified as ‘general reduction in non-staff budget’ and the £204,000 are identified as ‘general staffing productivity increase’.

In the Panel’s hearing on 13th October 2021 it was advised that the £371,000 ‘general reduction in non-staff budget’ was made up of £311,000 reduction in the budget for television licences, as the scheme was now funded by the BBC and there was also a £60,000 reduction in the benefit budget for the compensation for mesothelioma scheme. It was confirmed that the original budget had forecast for 5 claims a year, however, the take-up had been much lower therefore the budget was being reduced to reflect the reduced activity⁴⁰.

Regarding the £204,000 ‘general staffing productivity increase’, the Minister confirmed that this was a vacancy factor, equivalent to 1%, which equalled £144,000 and an additional £60,000 that related to the Government wide voluntary redundancy scheme.



FINDING 9

The Minister for Social Security has been asked to make a total of £575,000 worth of efficiency savings in 2022.

6 Summary tables of Scrutiny ‘RAG’ ratings

The Panel has undertaken review of the various programmes and capital projects that were assigned to it by the Government Plan Review Panel, and passed comments where necessary. Following its review’s Terms of Reference, the Panel carried out scrutiny of projects based upon the following guideline criteria:

- Where funding over £500,000 has been allocated
- Where funding has been withdrawn or decreased significantly from the previous year

³⁸ Transcript, Public Hearing with the Minister for Health and Social Services, 28th October 2021, p. 20

³⁹ Ibid

⁴⁰ Transcript, Public Hearing with the Minister for Social Security, 13th October 2021, p. 4

- Where funding has been increased significantly from the previous year
- Projects which the Panel consider are of most concern (as a result of, for instance, delays, deferrals, overspends or because they are not in keeping with Common Strategic Priorities)
- Projects which have been identified as of concern by stakeholders
- Projects which are contentious and/or in the public eye.
- Projects where insufficient information has been provided and more information is sought
- Concern is held on the project’s alignment with Common Strategic Priorities, social impact and impact upon children.

This section provides a summarised overview of the Panel’s RAG ratings assigned to both previously reviewed programmes (GP 2020-23 / GP 2021-24) and new ones which have been identified in the Government Plan 2022-25.

Previously reviewed programmes and capital projects (GP 2020-23 / GP 2021-24)

The tables immediately below identify the programmes included in previous iterations of the Government Plan, which will continue to be invested in in 2022, and indicates whether the projects are ‘Complete’, ‘On Track’, ‘Reduced’, ‘Delayed’, ‘Deferred’ or subject to ‘Partial Deferral’.

Programmes (Continuing from previous Government Plans)						
Programme	CSP reference	Page number	Scrutiny RAG Status	Mid-year review Status	2022 Allocation (£000) (previous)	2022 Allocation (£000) (revised)
Preventable diseases	GP20-CSP2-1-02	37		Delayed	2,500	2,500
Jersey Care Model	GP21-CSP2-1-05	41		On Track	8,300	8,300
Mental Health	GP20-CSP2-2-02	43		On Track	4,100	4,100
Mental Health legislation	GP20-CSP2-2-03	49		On Track	629	629
Digital Health and Care Strategy	GP20-CSP2-3-01	50		On Track	800	800
Health P82 reinstate 2019 new and recurring	GP20-CSP2-3-02	52		On Track	3,597	3,597
Maintaining health and community care standards	GP20-CSP2-3-03	53		On Track	12,250	12,250

Regulation of Care - income deferred	GP20-CSP2-3-04	55		Ongoing	200	200
Compensation for Mesothelioma	GP20-CSP4-1-01	57		On Track	100	100
Financial independence in old age	GP20-CSP4-1-02	58		No Update	0	0
Food costs bonus	GP20-CSP4-1-04	60		On Track	340	340
Single Parent Component P.113/2017	GP20-CSP4-1-05	62		On Track	2,530	2,530
Care Needs at Home	GP20-CSP4-3-01	63		Delayed	620	620
Disability social inclusion	GP20-CSP4-3-02	65		On Track	426	426
Covid-19 Income Support Costs	GP21-CSP4-C-02	66		On Track	5,249	672

Capital Projects (Continuing from previous Government Plans)						
Programme	CSP reference	Page number	Scrutiny RAG Status	Mid-year review Status	2022 Allocation (£000) (previous)	2022 Allocation (£000) (revised)
Health Services Improvements	2	68		On Track	5,000	5,000
Learning Difficulties – Specialist Accommodation (Major Project)	2	70		On Track	3,300	3,300 + 50
Jersey Care Model – Digital Systems	6	73		No Update	800	800
Digital Care Strategy	6	76		On Track	3,900	3,900
In-Patient / Support Services Refurbishments	2	80		On Track	999	989
Benefits and Payments – System	6	82		No Update	5,000	5,000

New programmes requiring additional revenue expenditure (GP 2022-25)

The table below identifies the programmes that will receive first-time investment in 2022 and were therefore not included in previous iterations of the Government Plan.

New Additional Revenue Expenditure Programmes: Government Plan 2022 – 2025				
Programme	CSP reference	Page number	Scrutiny RAG Status	2022 Allocation (£000)
Obstetric and Gynaecological (O&G) Services	CSP2-3-07	84		646
Covid-19 Vaccine	CSP2-C-07	87		4,103
Covid-19 Health Service Recovery	CSP2-C-08	91		1,296
PPE Provision and Supply	CSP2-C-09	94		3,300
PPE Warehousing	CSP2-C-10	95		407
Health and Social Recovery	CSP2-C-11	98		5,000
Children's Health Recovery Plan	CSP2-C-04	102		2,000
Covid-19 Helpline	CSP2	107		500 (estimate) FaR*
Covid-19 Test and Trace Programme and Technology	CSP2	108		20,000 (estimate) FaR*

*FaR⁴¹

⁴¹ Fund as Required – estimated funding is provided for the programmes in the General Reserve; however, the funding amount remains uncertain.

New capital expenditure (GP 2022-25)

The table below identifies new capital projects that will receive first-time investment in 2022-2025 and were therefore not included in previous iterations of the Government Plan.

New Capital Expenditure: Government Plan 2022 - 2025				
Capital Project	CSP reference	Page number	Scrutiny RAG Status	2022 Allocation (£000)
Replacement Assets (Various)	2	111		2,600
Crematorium	N/A	114		N/A

7 Previously reviewed programmes and capital projects: update reports

This section provides an update on the Programmes and Capital Projects that were previously reviewed by the Panel that it has carried out further scrutiny of in concordance with this review's Terms of Reference.

Programmes

GP20-CSP2-2-02 --- Preventable Diseases			
CSP		Minister(s)	
We will improve islanders' wellbeing and mental and physical health		Minister for Health and Social Services	
2021 Mid-year review status	2022 Scrutiny RAG status	2021 Scrutiny RAG status	2020 Scrutiny RAG status
Delayed			

According to the summary business case contained in R.91/2019, the aim of Reducing Preventable Disease (RPD) portfolio is to reduce the burden of preventable disease and, avoidable early death in Jersey's population. In doing so, HCS will be aiming to achieve the Government of Jersey's Common Strategic Priority to 'Improve Islanders' wellbeing and mental and physical health.'

The below tables provide an overview of the funding allocations that were proposed in the 2020-23 plan and the 2021-2024 plan against what is now being proposed in 2022-25 plan:

Funding allocations approved in Government Plan 2020-2023 (£000):

2020	2021	2022	2023
300	1,200	2,500	2,800

Funding allocation approved in Government Plan 2021-2024 (£000):

2021	2022	2023	2024
1,200	2,500	2,800	2,800

Funding allocation requests in Government Plan 2022-2025 (£000):

2022	2023	2024	2025
2,500	2,800	2,800	2,800

During its review of the Government Plan 2021-2023 (in 2020) the Panel found that all aspects of the Preventable Diseases project had been deferred, it was confirmed that no funds had been spent or were due to be spent on the project. Instead, the growth allocated for support of preventable diseases has been used to 'mitigate efficiency programme challenges in 2020.'⁴²

Mid-Year Report Update

The progress update provided in the Government's 6-month progress review noted that the RPD budget for 2021 (£1.2 million) was split between 3 departments, namely Health and Community Services in the sum of £551,000, Children, Education, Young People and Skills (CYPES) in the sum of £179,000 and the Public Health Team, which sits in Strategic Policy, Planning and Performance (SPPP) in the sum of £470,000. For HCS there had been a key movement in the net revenue expenditure of £1.2m for the RPD portfolio. For SPPP it was noted that there had been a £0.6m increase in the new Public Health Directorate, predominantly due to budget transferring from HCS for the RPD programme.

Panel analysis

The Panel learned that the RPD funding in HCS was allocated to build on existing provisions, including programmes to support stopping smoking, and health promotion capacity to raise awareness of risk factors for disease through evidence-based approaches. Funding for the project within SPPP and CYPES was focused on preventing obesity and diet-related disease such as diabetes, certain cancers, and cardiovascular disease in future generations. The Panel has been advised that this area has been identified as having limited investment compared with other major risk factors for disease, with large gaps in preventive service provision.

In its hearing on 28th October 2021, the Panel asked the Director of Public Health for an update on the 2021 RPD funding and was advised:

Currently this budget is underspent because of practical reasons in trying to, for example, establish some programmes in schools. But there have been areas of spend, nonetheless. So money has been spent on the smoking cessation, on breastfeeding, and in trying to promote healthy eating in particular. The plans now are for there to be

⁴² Letter, Minister for Health and Social Services, 6th November 2020

a considerable increase in activity in 2022 where these things are going to be much more possible to promote.⁴³

The Panel received an update on the breakdown of 2021 funding by letter, this detailed that:

SPPP

Current 2021 spend to date as at 5 November: £131,850

Due to COVID-related restriction in schools and public health staff being diverted to support the pandemic response, SPPP are forecast to underspend on the RPD budget.

CYPES

Due to impact of COVID-19 on school activity, CYPES is not due to spend from the RPD budget in 2021.

RPD budget within CYPES 2021: £179,000

Current Spend 2021: £0

Projected spend 2021: £0

HCS

In 2021, the RPD budget has been underspent for a variety of reason discussed later, however, we have made excellent progress across a variety of programmes and are looking forward to continuing and expanding our work into 2022. A breakdown of costs spent is highlighted in the table below...

Account	YTD Budget 2021	YTD Actual 2021	YTD Variance 2021	Annual Budget 2021	Annual Forecast Outturn 2021	Forecast Variance vs Annual Budget
UNICEF Baby Friendly	0	0	0	13,800	12,400	1,400
Health Promotion	205,195	115,508	89,687	284,800	192,331	92,469
Smoking Cessation	0	22,202	(22,202)	187,900	27,500	160,400
	205,195	137,710	67,485	486,500	232,231	254,269

44

The Panel asked about the RPD programmes that had been delayed for schools and was advised that several evidence-based programmes had been piloted in 2019, focussing on early years and primary school settings. Following positive outcomes, there had been plans to expand these in 2020, however, this work had been delayed by the pandemic. The Panel was advised:

COVID-19 related school closures and restrictions halted this work and prevented the planned expansion, with Public Health being fully diverted to the pandemic response throughout 2020 and much of 2021. This has led to significant underspends in the RPD

⁴³ Transcript, Public Hearing with the Minister for Health and Social Services, 28th October 2021, p. 37

⁴⁴ Letter, Minister for Health and Social Services, 23rd November 2021

budget across departments, although work has been underway to reinstate provisions since the summer.⁴⁵

The Panel was pleased to learn that the diabetic retinal screening has been reinstated after a period of 3 years. It also noted the appointment of a screening programmes manager, to assist in the effective running of all screening programmes.

In 2022 work will include progress on the smoking cessation project and the UNICEF baby friendly programme (which Family Nursing and Home Care has been commissioned to provide). The Panel was also advised that:

The appointment of three health promotion leads at the end of September has allowed us to start planning wide reaching and meaningful campaigns for later this year and into 2022. The team have made inroads into many government organisations including: closer to home, diabetes centre, cardiac rehab, fit-for-life physio and drugs and alcohol services. A large number of third sector charities have been engaged and links within the Portuguese community embedded. These vital communications will be invaluable in providing next year's campaigns. OASIS planning is commencing for Diabetes Awareness and Cervical Screening and this year we are supporting European Antibiotic Awareness Day (Nov). Video material and new leaflets (including translation) are currently being produced for diabetic retinal screening and fit for life. Health promotions have been supporting the launch of FIT and the organisation of the GP talks. Health promotions have had/will have a presence at the Health Living Festival, Jersey Heart Group and COPD Day.⁴⁶

The 2021 budget has been underspent, for various reasons including practical issues and delays and efficiencies that were identified and required due to Covid-19 pandemic pressures, however, the Panel notes that activity on programmes is expected to increase at the end of 2021 and throughout 2022. A wide range of projects and campaigns planned for the 2022 and the appointment of three staff (Health Promotion Leads) in September 2021 will help facilitate this.

Based on the information provided, the Panel maintains its green RAG rating for the programme. The Panel observes that whilst the project has been subject to delays, progress has been made on a number of areas and there is significant progress planned for 2022.



FINDING 10

All aspects of the 'Preventable Diseases' project budget – which is split between HCS, CYPES and SPPP - are underspent in 2021. Activity was expected to increase towards the end of the year and into 2022.

⁴⁵ Ibid

⁴⁶ Ibid

GP21-CSP2-1-05 --- Jersey Care Model			
CSP		Minister(s)	
We will improve islanders' wellbeing and mental and physical health		Minister for Health and Social Services	
2021 Mid-year review status	2022 Scrutiny RAG status	2021 Scrutiny RAG status	2020 Scrutiny RAG status
On track			N/A

The Jersey Care Model ([P.114/2020. Amd.Amd.](#)) was approved by the States Assembly on 3rd November 2021.

The Panel had previously undertaken a review of the Jersey Care Model proposition (published as [S.R.5/2020](#)).

The original business case for the programme provided a summary of the Jersey Care Model (JCM) and its key proposals, for which the funding was requested. The three overarching objectives of the JCM are:

- To ensure care is person-centred with a focus on prevention and self-care, for both physical and mental health; and
- To reduce dependency on secondary care services by expanding primary and community services, working closely with all partners to deliver more care in the community and at home; and
- To redesign health and community services so that they are structured to meet the current and future needs of Islanders.

The establishment of the JCM is intended to address problems such as the demand from Jersey's ageing population, the gaps of service identified and, also, coordinate the services provided.

The below tables provide an overview of the funding allocations that were proposed in the 2020-23 plan against what is now being proposed in 2021-24 plan:

Funding allocation approved in Government Plan 2021-2024 (£000):

2021	2022	2023	2024
6,600	8,300	6,100	4,100

Funding allocation requests in Government Plan 2022-2025 (£000):

2022	2023	2024	2025
8,300	6,100	4,100	0

Mid-Year Report Update

Provided an update on the first phase of the programme of work, which commenced in 2021. This included the restructuring and extension of the HCS Change Team and the co-design and implementation of new governance structures including:

- the set up of a Health and Care Partnership Group;
- the set up of two advisory groups to support the programme design (the Clinical and Professional Forum and the User Experience Panel);
- the set up of the Independent Oversight Group to monitor progress of the programme; and
- recruitment for the chairs for the Health and Care Partnership Group and the Independent Oversight Board (due to complete in August).

Furthermore, it was reported that the Intermediate Care services has been expanded and, also, that the commissioning strategy (relating to the development of partnerships for care delivery) was progressing well.⁴⁷

Of the budget of £6.6 million for 2021, the actual spend for the year to date was £1.104 million.

Panel analysis

In a hearing with the Minister for Health and Social Services on 28th October 2021, the Panel asked for a further breakdown of the 2021 Tranche 1 funding for the JCM. It heard that:

Director, Improvement and Innovation:

The current forecast for this year is that £6.6 million will be spent on the Jersey Care Model, as provided. There is a breakdown of programme management, which £2.1 million was allocated. The current forecast is that £1.9 million will be spent. A further breakdown I am happy to provide after - I do not have it with me here - in terms of current spend and forecast. The breakdown in broad terms is around intermediate care; it is about community services and then secondary unscheduled care as well, just to showcase the different areas.⁴⁸

The Panel asked for a breakdown of the 2021 spending for the JCM and was provided with the following:

	Year To Date Spend September 2021 £000's	Full Year Forecast Spend 2021 £000's	Full Year Forecast Spend 2022 £000's
Programme Delivery	1,218	1,966	2,111
Service Delivery	2,847	4,634	6,189
Grand Total	4,064	6,600	8,300

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The Panel notes that the above is in line with the budgeted funding, however, it is unable to analyse this limited detail any further.

As a result of the Panel's [amendment](#) to P.114/2020 – 'Jersey Care Model', and the Minister's subsequent [amendment to our amendment](#), it has had the opportunity to review the progress of the delivery of the Jersey Care Model on a regular basis. This has provided the Panel with greater assurances in respect of the funding requested under this project. However, the Panel has been concerned to note the delays experienced in the establishment of the independent oversight board (the 'Board'). The creation of the Board, as suggested by the Panel's amendment, was a key factor in the support of P.114/2020.

⁴⁷ [Progress by Ministerial Lead \(gov.je\)](#) Mid-Year Review updates, (accessed on 26th November 2021)

⁴⁸ Transcript, Public Hearing with the Minister for Health and Social Services, 28th October 2021, p.9

⁴⁹ Letter, Minister for Health and Social Services, 23rd November 2021

In a letter to the Panel, dated 20th September 2021, in response to a query about the establishment of the Board, the Minister for Health and Social Services explained that:

The process has taken longer than anticipated due to the lengthy process that had to be undertaken to keep the recruitment independent. To ensure independence, officers and scrutiny panel members agreed to ask the Jersey Appointment Commission (JAC) to oversee and lead on the recruitment. The resulting process was longer than anticipated.⁵⁰

The letter also confirmed that the process for the appointments to the Board should be complete by the end of November 2021 and that officers were working towards the Board’s first meeting in December 2021.

The Panel has lodged an [amendment](#) to the Government Plan that, *inter alia*, seeks political commitments to ensure that there is support provided to the Board so that it can publish a review of Tranche 1 and 2021 funding as soon as possible, but by the end of March 2022 at the very latest.

The funding for the JCM is sourced from the Health Insurance Fund (HIF) (see chapter 4 above). At the times of Assembly approval for: i) the JCM (P.114/2020 in November 2020); ii) the Government Plan 2021-2024 (P.130/2020 in December 2020); and iii) the amendment to the ‘Draft Health Insurance Fund (Miscellaneous Provisions) (Amendment No. 2) (Jersey) Law 202-’ (P.156/2020 in December 2020) the assurances provided and information available indicated that that there was a commitment to design a sustainable funding model for primary care costs in 2021, for approval by the 2022-2025 Government Plan. It was understood that this would be informed by a review of the structure and use of the Health Insurance Fund also undertaken during 2021.

Further detail on the background to the assurances is detailed in the report accompanying the Panel’s [amendment](#) to P.90/2020.

Considering the above, the Panel has decided to change its RAG status of this programme to red. This is due to concerns about the progress of the establishment of the independent oversight board and the delays to the provision of information that is required to review the future of sustainable healthcare funding for Jersey.



FINDING 11

There have been delays to the establishment of the Jersey Care Model (JCM) Independent Oversight Board, however, appointments are expected to complete in November 2021 with the first meeting anticipated in December 2021.

GP20-CSP2-2-02 --- Mental Health			
CSP		Minister(s)	
We will improve islanders’ wellbeing and mental and physical health		Minister for Health and Social Services	
2021 Mid-year	2022 Scrutiny	2021 Scrutiny	2020 Scrutiny

⁵⁰ Letter to the Health and Social Security Panel from the Minister for Health and Social Services, dated 20th September 2021

review status	RAG status	RAG status	RAG status
On track			

In R.91/2019, the business case stated that the requested funds for this programme were required to deliver Health and Community Services' plans to:

- Improve access to 24/7 mental health services, aid recovery, and provide safer and more effective care closer to home;
- Improve the quality and therapeutic value of the care environment through work on the mental health estate;
- Keep Islanders mentally healthy and physically well by co-producing and developing services, initiatives and educational and promotional activities that are recovery oriented and improve well-being;
- Improve access to advocacy and upholding human rights;
- Develop our workforce for the future in response to innovation and new models of care;
- Optimise technology as an alternative option supporting the therapeutic process; and
- Work in partnership with a range of stakeholders to deliver value-based care and support.

During its review of the Government Plan 2021-2023 (in 2020) the Panel found that, of the £3.2 million that was allocated to the 'Mental Health' project for 2020, only £1.7 million would have been spent by the end of 2020. Furthermore, the recruitment of new staff to support individuals with complex trauma had been delayed due to Covid-19.

The below tables provide an overview of the funding allocations that were proposed in the 2020-23 plan and the 2021-2024 plan against what is now being proposed in 2022-25 plan:

Funding allocations approved in Government Plan 2020-2023 (£000):

2020	2021	2022	2023
3,200	4,800	4,100	4,200

Funding allocation approved in Government Plan 2021-2024 (£000):

2021	2022	2023	2024
4,800	4,100	4,200	4,200

Funding allocation requests in Government Plan 2022-2025 (£000):

2022	2023	2024	2025
4,100	4,200	4,200	4,200

Mid-Year Report Update

The progress update provided in the Government's 6-month progress review detailed that the forecast budget of £4.8 million for the year was on track. The mid-year report detailed that there had been £1.6m of Mental Health additional investment to continue to drive improvements in mental health services, with new facilities and new services such as 'crisis prevention and intervention' teams.

Panel analysis

The Panel notes that the increased investment to adult mental health services in GP20-CSP2-2-02 of £1.6 million in 2021 (total of £4.8 million in 2021 compared to £3.2 million 2020) has been planned since the approval of the Government Plan for 2020-2023 (P.71/2019) in 2019. The funding was a planned increase pre-pandemic, and the funding amount has not been changed despite the changed context of mental health services in 2021/22.

In a public hearing the Panel queried why the budget for 2022 (£4.1 million) was reduced in comparison to the budget for 2021 (£4.8 million) and was advised:

Head of Finance, Health and Community Services:

In terms of the reduction, it is not a reduction, it was a reprofile. If you go back to the business case of 2020, the original business case stated £4 million across each of the years. In 2020, due to slippage, this was deferred and £0.8 million was deferred into 2021. So the figure for 2022 is correct.⁵¹

The Panel requested further information regarding the breakdown of spending in 2021 and the proposed funding for 2022. We were provided with the below table, for reference:

Scheme	2021 Budget	2021 Year to Date Spend	2021 Forecast Spend	2021 Forecast Non Recurrent Variance	2022 Estimated Budget
Crisis Resolution	2,000,000	1,601,065	1,852,930	147,070	1,708,333
MH Training	1,127,296	14,298	27,936	1,099,360	962,899
Complex Trauma	1,043,704	211,239	329,353	714,351	891,497
Legislation	629,000	466,712	576,146	52,854	537,271
Total	4,800,000	2,293,313	2,786,364	2,013,636	4,100,000

The Panel has compared the figures provided in the table above to the breakdown provided of £3.2 million funding in 2020, namely:

- £0.4m would be spent on facilitating the transfer of Child and Adolescents Mental Health Service (CAMHS) to CYPES (Children, Young People, Education and Skills) and improving operational accountability for the delivery of CAMHS;
- £1.1m would be used to appoint various roles to support the crisis support services;
- £0.3m would be allocated to undertake a 2-year pilot on a listening lounge;
- £0.8m would be spent on recruiting a team of professionals to form a complex trauma team;
- £0.6m would be put towards recruiting a team of 8 FTEs to ensure that HCS can meet the statutory obligations under the Mental Health (Jersey) Law; and
- £0.6m would be used to further develop the Mental Health Strategy aligned to the Jersey Care Model.

The Panel highlights that the breakdowns include a line for legislation (e.g. budget of £629,000 for 2021). We note that there is a separate line in the Government Plan for Mental Health Legislation, GP20-CSP2-2-03 (see the programme detail below).

The Panel notes that the proportion of funding for crisis resolution has increased since its review of the Government Plan in 2020 but, highlights from the table above, that the estimated budget for 2022 is £291,667 lower than the budget for 2021 (and is £144,597 lower than the forecast spend for 2021). The Panel queries if this is a realistic budget based on the increased pressures on mental health services due to the pandemic. Furthermore, the 2021 forecast

⁵¹ Transcript, Public Hearing with the Minister for Health and Social Services, 28th October 2021, p. 33

annual spend on complex trauma (as per the table above), is more than £700,000 below budget. The Panel was not provided with this information in time to submit further questions about this.

In a public hearing on 17th November 2021 the Group Managing Director of Health and Community Services stated:

We have to be clear that we have invested, so we have had an additional £4 million into these services. The Listening Lounge alone, when we established this service it was quite a definitive expectation between £150,000 and £300,000. The cost of the service is significantly much more than that and we are funding that additional activity and we continue to fund that. We work with that provider every day around their activity requirement. They have gone up to around 26 staff, which we have supported in terms of them needing to recruit and that is taking a lot of activity. In relation to the wider services, there is definitely a need for us to ensure we have more capacity in crisis prevention and in the home treatment function, so that is the area that we are focusing on. There is funding within that, within the Government Plan.⁵²

From the information provided, the Panel is unable to identify the sums allocated in 2021 and 2022 for the Listening Lounge. From its previous review of the Government Plan, the Panel is aware that the total funding for the Listening Lounge service was estimated to be £428,000 at the end of 2020 (the budget was £300,000). The Panel received confirmation that the Listening Lounge would continue to be funded.⁵³

In a submission to the Government Plan Review from the Service Lead at the Listening Lounge, the Panel was advised:

We continue to see an upward trend in demand that is mirrored by referral rates to JTT/PATS, as outlined in the most recent HCS Quality and Performance Report (September 2021). This also identifies pressure points across several mental health services, manifesting as increased bed occupancy and unacceptable waiting times that are falling short of service standards.

The prior allocation of additional funding towards mental health provision was very much welcomed but, whilst there has been some progress in driving change, mental health support remains far from where it needs to be. A second Listening Lounge in the West of the island has been discussed previously, and certainly investment in additional community spaces that are shaped by the voice of service users would bolster the current network of accessible support by creating more front doors for islanders, across all ages and stages of life. It is essential that funding allocated to mental health services in the Government Plan is proportionate to the current context and level of need, and provides scope for a considered and proactive approach to service development. Islanders' wellbeing needs to be prioritised as part of the island's ongoing recovery from the pandemic.⁵⁴

The Panel has noted (in previous hearings and in the HCS Quality and Performance Reports) the backlog of referrals for certain services such as Jersey Talking Therapies. The Panel was keen to understand how this would be addressed by the funding provided in the Government Plan and queried the issue in a public hearing on 28th October:

⁵² Transcript, Public Hearing with the Minister for Health and Social Services, 17th November 2021, p. 16

⁵³ Transcript, Public Hearing with the Minister for Health and Social Services, 28th October 2021, p. 33

⁵⁴ Written Submission, The Listening Lounge

Deputy K.G. Pamplin:

....So how is the money in this Government Plan going towards improving that situation? So the same situation where G.P.s are having a backlog of referrals, people need to be seen, talking therapies, et cetera, in mental health services. What is being spent and how is the money being proportionally invested to make the same urgent changes needed for the same service, if that makes sense?

Associate Managing Director, Mental Health and Adult Social Care:

The investment will be in looking at bringing outside resources in to try to bring that waiting list down, to try to mitigate and bring down all the waiting lists. So there is an action plan in place to do that and we are going ahead with that. We need to address the amount of people we have, for example, for autism, A.D.H.D. (attention deficit hyperactivity disorder), also J.T.T. (Jersey Talking Therapies). So there is a combination to look at and it is important that we look at all those lists together. That may involve having outside help and that is where we need to purchase the extra support to try to mitigate and bring down the waiting list.⁵⁵

From its review of the Government Plan last year, the Panel is aware that Covid-19 accelerated the crisis response / resolution work through the introduction of community triage, intensive outreach through the Home Treatment Team (HTT), and the strengthening of a focused liaison function. Per the breakdown of the budget provided above, this item forms the majority of the spend and the Panel is concerned that the original budget and plans for the funding have been de-prioritised. As the Panel has outlined in its amendment to the Government Plan, additional pressures caused by the Covid-19 pandemic deserve additional funding and not the spread of funding that was initially intended for other matters.

In a letter to the Panel received on 29th November 2021, the Minister for Health and Social Services confirms a response to the following question:

What is the focus of the mental health team for the priority of services in 2022?

- *Continue to deliver the capital scheme for Clinique Pinel*
- *Further develop the Crisis Prevention and Intervention Model with ongoing recruitment into key roles across Medical, Nursing, Psychology and Therapy staff groups. I would note we are introducing a Jersey approach to CPA in 2022 which will see consolidation of the new model of care (Jersey Care Model)*
- *Establish a long-term contract for the Listening Lounge*
- *Continue recruitment into the Complex Trauma pathway (Psychologist staff)*
- *Covid recovery*
- *Develop CAMHS-AMH transition plans*
- *Improve JTT waiting times*
- *Reduce inpatient admission prevalence and MH Law application as a result of the Crisis Prevention and Intervention Model.⁵⁶*

The wording of the Government Plan acknowledges the adverse impact that Covid-19 has had on mental wellbeing. There is a partial address of this issue with the new proposals for the establishment of a Health and Social Recovery Fund (CSP2-C-11) and the Children's Health Recovery Plan (CSP2-2-04), however, (other than support for perinatal mental health and the child to adult transition pathway), the initial proposed projects do not include any

⁵⁵ Transcript, Public Hearing with the Minister for Health and Social Services, 28th October 2021, p. 34

⁵⁶ Letter, The Minister for Health and Social Services, dated 29th November 2021

additional funding for adult mental health services. There has also been separate funding for capital expenditure on the mental health estate, as per the ‘Mental Health Improvements’ Capital programme (per the 2020-2023 Government Plan). However, the Panel is conscious of worthy initiatives supported by the funding in GP20-CSP2-2-02 that have faced increased pressures from the effects of the Covid-19 pandemic, which are still present in Islanders’ lives.

In a submission from Focus on Mental Illness to the Government Plan Review, the Panel was advised that:

The impact of Covid in terms of increase [sic] demand for mental illness services does not feature in the Government Plan. As a charity we are already seeing the devastating impact on some families affected by severe mental illness and the impact of Covid on family life.⁵⁷

The Proposed Government Plan (P.90/2021) itself states that:

The impact of Covid-19 on Islanders’ mental health cannot be overlooked. We continue to commit to delivering services that will most effectively meet the needs of people with mental health conditions as well as those whose mental wellbeing has been adversely affected during the pandemic. Our Mental Health improvement plan is progressing well and will continue in 2022 with the aim to embed improvements to mental health services, ensuring we deliver the best care and support.⁵⁸

In a public hearing on 28th October 2021 the Panel specifically queried the funding for mental health services:

Deputy K.G. Pamplin:

... is there enough money in the Government Plan 2022 to meet the demand of, as predicted, the tsunami of people coming forward who need that mental health support for all those reasons? Is this enough?

Associate Managing Director, Mental Health and Adult Social Care:

There might not be. Because there is a huge demand.⁵⁹

In considering the above, the Panel has changed the RAG status of this programme from amber to red. The Panel has decided that it will undertake a follow up review of Mental Health Services in December 2021-February 2022.



FINDING 12

The budget for Mental Health Services programmes under GP20-CSP2-2-02 in 2022 is £4.1 million. This budget was allocated to the programme in 2019, pre the Covid-19 pandemic.



FINDING 13

Clarification is required from the Department about the inclusion of the ‘Mental Health Legislation’ budget in the breakdown of spend for GP20-CSP2-2-02.

⁵⁷ Written Submission, Focus on Mental Illness

⁵⁸ [R Government Plan 2022 to 2025.pdf](#), p. 42 (accessed on 26/11/2021)

⁵⁹ Transcript, Public Hearing with the Minister for Health and Social Services, 28th October 2021, p.35

GP20-CSP2-2-03 --- Mental Health Legislation			
CSP		Minister(s)	
We will improve islanders' wellbeing and mental and physical health		Minister for Health and Social Services	
2021 Mid-year review status	2022 Scrutiny RAG status	2021 Scrutiny RAG status	2020 Scrutiny RAG status
On track			

The below tables provide an overview of the funding allocations that were proposed in the 2020-23 plan and the 2021-2024 plan against what is now being proposed in 2022-25 plan:

Funding allocations approved in Government Plan 2020-2023 (£000):

2020	2021	2022	2023
629	634	652	672

Funding allocation approved in Government Plan 2021-2024 (£000):

2021	2022	2023	2024
629	629	629	629

Funding allocation requests in Government Plan 2022-2025 (£000):

2022	2023	2024	2025
629	629	629	629

Mid-Year Report Update

The progress update provided in the Government's 6-month progress review detailed that of the annual budget (of £629,000), the forecast spend was estimated to be £580,000.

Panel analysis

As per the analysis provided on GP20-CSP2-2-02 'Mental Health' (above), the Panel noted that the breakdown for 2021 and 2022 in Table 1 provided above included a line for legislation (budget of £629,000 for 2021), however, this is provided for as a separate project (GP20-CSP2-2-03) in the Government Plan. Due to the timing of this review and the provision of the information in Table 1, the Panel has been unable to question this further.

In its review hearing, the Panel asked about the progress of the mental health legislation work in light of the pressures faced by law officers drafting laws because of Covid. The Panel was informed that:

Associate Managing Director, Mental Health and Adult Social Care:

We have managed to recruit with additional investment enabling 2 additional authorised officer posts. There is recruitment still in progress just now, so we have managed to achieve successfully, so hopefully this will resolve the problems.⁶⁰

The table provided by the Department above (in the Panel analysis of GP20-CSP2-2-02, Mental Health), indicates that the forecast spend for 2021 (£576,147) and the estimated budget for 2022 (£537,271) are both under the indicated budget.

The Panel is content with this sum and this programme, as it is consistent with previous years, however, it would like clarity on whether it is being counted under GP20-CSP2-2-02 (Mental Health), in addition to the separate programme of GP20-CSP2-2-03 (Mental Health Legislation).



FINDING 14

The Mental Health Legislation has forecast an underspend of approximately £52,000 in 2021.

GP20-CSP2-3-01 --- Digital Health and Care Strategy			
CSP		Minister(s)	
We will improve islanders' wellbeing and mental and physical health		Minister for Health and Social Services	
2021 Mid-year review status	2022 Scrutiny RAG status	2021 Scrutiny RAG status	2020 Scrutiny RAG status
On track			

In 2020 the Panel found that a number of projects in the Government Plan appear to request funding for similar areas of work; namely the 'Digital Health and Care Strategy', the 'Digital Care Strategy (Major Project)' and the 'Jersey Care Model – Digital Systems'. It was advised that whilst the funding is split for Government Plan purposes, operationally the HCS digital strategy project will be delivered as one programme.

From the Panel's reviews of previous Government Plans, it is aware that the following work was scheduled under this programme:

- EPrescribe or EMPA was scheduled to go live in February 2020. Clinical trials begin November 2019 and, subject to successful trials, on track to go live in February;
- Primary Care Integration as an integration platform is complete and is due to be signed off in September;
- GP Order Communications – Radiology: is currently in clinical trials and should formally go live 1st November 2019; and

⁶⁰ Transcript, Public Hearing with the Minister for Health and Social Services, 28th October 2021, p. 35

- GP Order Communications – Pathology: Q1 2020 is the target go live date but again is subject to clinical trials.

The below tables provide an overview of the funding allocations that were proposed in the 2020-23 plan and the 2021-2024 plan against what is now being proposed in 2022-25 plan:

Funding allocations approved in Government Plan 2020-2023 (£000):

2020	2021	2022	2023
0	700	800	800

Funding allocation approved in Government Plan 2021-2024 (£000):

2021	2022	2023	2024
700	800	800	800

Funding allocation requests in Government Plan 2022-2025 (£000):

2022	2023	2024	2025
800	800	800	800

Mid-Year Report Update

The progress update provided in the Government’s 6-month progress review explains that the programme has progressed with a competitive tender to source a new Patient Administration and Electronic Patient Records system which will replace the current TrakCare solution. A shortlist has been produced and a decision is expected early in the second half of 2022, and implementation will start later in the year. Some projects have been deferred to 2022, e.g. the Electronic Data Management System project. However, there had been progress on the continued roll out of Electronic Prescribing and Medicine Administration and sourcing a replacement for the end of life Picture Archiving and Communication system.

Panel analysis

As noted above, the programmes for ‘Digital Health and Care Strategy’, the ‘Digital Care Strategy (Major Project)’ and the ‘Jersey Care Model – Digital Systems’ are being operationally managed together by Modernisation and Digital but are separated for the purposes of funding in the Government Plan.

The Panel has been provided with an update on the Digital Care Strategy capital programme (see below for further details), however, we are unable to separate the funding out for Digital Health and Care strategy in 2021. We have been advised that some of the digital health projects have experienced delays in delivery in 2021.



FINDING 15

The programmes for ‘Digital Health and Care Strategy’, the ‘Digital Care Strategy (Major Project)’ and the ‘Jersey Care Model – Digital Systems’ are being operationally managed together by Modernisation and Digital but are separated for the purposes of funding in the Government Plan. The overlap and combined management of these programmes makes it difficult to analyse progress against the separately funded projects.

**RECOMMENDATION 6**

The Minister for Health and Social Services should ensure that a detailed breakdown of the funding for 'Digital Health and Care Strategy' for 2022 is provided to the Health and Social Services Scrutiny Panel.

GP20-CSP2-3-02 --- Health P82 reinstate 2019 new and recurring			
CSP		Minister(s)	
We will improve islanders' wellbeing and mental and physical health		Minister for Health and Social Services	
2021 Mid-year review status	2022 Scrutiny RAG status	2021 Scrutiny RAG status	2020 Scrutiny RAG status
On track			

In the Government Plan 2020-2023 there was a request for approximately £3.6 million to be restored to the Health and Community Services baseline budget to fund the delivery of a new Health Care Model, in line with the proposals of P.82/2012 – 'A new way forward for Health and Social Care'.

The Panel received confirmation that the funding requested for this was not transformation funding for the Jersey Care Model, but rather the ongoing revenue impact of previous transformation programmes that are not built into base budgets, but support services already in place.

The below tables provide an overview of the funding allocations that were proposed in the 2020-2023 plan and the 2021-2024 plan against what is now being proposed in 2022-2025 plan:

Funding allocations approved in Government Plan 2020-2023 (£000):

2020	2021	2022	2023
3,597	3,597	3,597	3,597

Funding allocation approved in Government Plan 2021-2024 (£000):

2021	2022	2023	2024
3,597	3,597	3,597	3,597

Funding allocation requests in Government Plan 2022-2025 (£000):

2022	2023	2024	2025
3,597	3,597	3,597	3,597

Mid-Year Report Update

Detailed that this funding was for business-as-usual activities and that there were no specific projects associated with it.

Panel analysis

The Panel asked for an overview of the transformation programmes this funding has been used for to date and an update on the outcomes and were advised that:

The Minister for Health and Social Services:

My understanding, Deputy, is that it has previously been used for providing keyworker accommodation in the public sector, for mental health nurse training, to establish a diabetes care pathway, and also an end-of-life care pathway.⁶¹

The Panel noted that there have been no specific changes or updates to note on this funding programme since its review last year and it was therefore satisfied to maintain the Scrutiny RAG status as green for this review.



FINDING 16

The funding under 'Health P82 reinstate 2019 new and recurring' is used for support services that are already in place, but which are not built into base budgets. This funding has been used for keyworker accommodation, mental health nurse training, and establishing pathways for diabetes care and end-of-life care.

GP20-CSP2-3-03 --- Maintaining Health and Community Care standards			
CSP		Minister(s)	
We will improve islanders' wellbeing and mental and physical health		Minister for Health and Social Services	
2021 Mid-year review status	2022 Scrutiny RAG status	2021 Scrutiny RAG status	2020 Scrutiny RAG status
On track			

In 2020 the Panel found that the funding allocations for the 'Maintaining Health and Community Care Standards' project would reduce significantly over the following 4 years, due to financial pressures arising from the Covid-19 pandemic.

The original business case had outlined that the funds would allow the Health and Community Services Department to continue to transform and modernise and, also, to ensure that existing services were funded sustainably in respect of changing demographic and the requirement to

⁶¹ Transcript, Public Hearing with the Minister for Health and Social Services, 28th October 2021, p. 36

maintain standards in line with other jurisdictions. We understood that the 4 main drivers of costs which supported the need for the requested funding were:

- Healthcare inflation;
- Changing health and social care standards;
- Increasing (non-demographic) demand; and
- New treatments and ways of working.

The below tables provide an overview of the funding allocations that were proposed in the 2020-2023 plan and the 2021-2024 plan against what is now being proposed in 2022-2025 plan:

Funding allocations approved in Government Plan 2020-2023 (£000):

2020	2021	2022	2023
4,179	11,464	15,907	21,513

Funding allocation approved in Government Plan 2021-2024 (£000):

2021	2022	2023	2024
10,000	12,250	16,300	11,840

Funding allocation requests in Government Plan 2022-2025 (£000):

2022	2023	2024	2025
12,250	16,300	11,840	11,840

Mid-Year Report Update

Detailed that this funding was for business-as-usual activities and that it was not a separately funded programme.

Panel analysis

Last year, the Panel noted that the 2021 budget had been reduced from its original figure of £11,464,000 in the Government Plan 2020-2023, to £10,000,000 in the Government Plan for 2021-2024. The 2022 budget had been £15,907,000 (in GP 20-23) and had subsequently been reduced to £12,250,000. The Panel was advised that the reduction in funding was due to financial pressures from the Covid-19 pandemic.

In a hearing with the Minister for Health and Social Services the Panel queried the ways that the transformation projects had been affected by the changes:

Deputy M.R. Le Hegarat:

Basically we are asking about maintaining health and community care standards. Obviously, it was reduced in last year's Government Plan due to the pressures created by the pandemic. What we are asking now is can you advise how the transformation projects have been affected by the change in funding?

Head of Finance, Health and Community Services:

The first point in order that is for 2022, if you look at the overall maintaining health and community standards for business as usual, we have had an increase within that area of £1.7 million for 2022. There has been an increase there.

Deputy M.R. Le Hegarat:

That is not what I was presented in front of me.

Head of Finance, Health and Community Services:

I can take that away and have a look at that for you. But there has been a net increase year on year from 2019, 2020 and 2021. Overall funding obviously has decreased because of the efficiencies targets and the rebalancing programmes. But if you take that area in isolation there has been an increase.⁶²

In a follow up letter the Panel was advised that:

The increase referenced below [£1,750,000] has been based on a movement from an adjusted 2020 allocation provided therefore further information is required to establish reinstated movement. A full analysis will be provided once all financial movements have been confirmed.⁶³

The Panel would like further detail to be provided to clarify the figures queried above, together with some further information about the impacts on the transformation projects, before it can make an informed decision on findings and recommendations.

Based on the information above, the Panel has changed its RAG rating of the project from green to amber for 2022.



FINDING 17

Further clarity is required on the changes to the funding and impact on the transformation projects for the ‘Maintaining Health and Community Care standards’ programme.

GP20-CSP2-3-04 --- Regulation of Care – income deferred			
CSP		Minister(s)	
We will improve islanders’ wellbeing and mental and physical health		Minister for Health and Social Services	
2021 Mid-year review status	2022 Scrutiny RAG status	2021 Scrutiny RAG status	2020 Scrutiny RAG status
Ongoing			

R.91/2020 provided limited explanation for the request of £200,000 per year for 2020-2023. However, from the information we were provided during our review of the Government Plan 2020-2023, we know that this funding relates to an MTFP addition (2017-2019) and that £200,000 user pays income was included from 2018 for regulation of carers under the Regulation of Care Law. The funding with the MTFP did not allow for the increased costs of

⁶² Transcript, Hearing with the Minister for Health and Social Services, 28th October 2021, p. 39

⁶³ Letter. Minister for Health and Social Services, 23rd November 2021

regulation and, subsequently, the funds requested in the Government Plan are to cover the shortfall.

The below tables provide an overview of the funding allocations that were proposed in the 2020-2023 plan and the 2021-2024 plan against what is now being proposed in 2022-2025 plan:

Funding allocations approved in Government Plan 2020-2023 (£000):

2020	2021	2022	2023
200	200	200	200

Funding allocation approved in Government Plan 2021-2024 (£000):

2021	2022	2023	2024
200	200	200	200

Funding allocation requests in Government Plan 2022-2025 (£000):

2022	2023	2024	2025
200	200	200	200

Mid-Year Report Update

Detailed that this funding was for ongoing business-as-usual activities to provide additional base budget to address the shortfall in income that leaves a structural deficit in the Office of the Chief Executive budget.

Panel analysis

The Panel understands that the £200,000 per annum relates to additional income that was expected to generate on introduction of the Regulation of Care Law, and was originally proposed in the final Medium Term Financial Plan. As this income has not been realised, this provides additional base budget to address the shortfall in income that leaves a structural deficit in the Office of the Chief Executive budget and was originally included in the 2020 Government Plan.

The Panel has maintained its green RAG status of this programme as there have been no significant changes to report.



FINDING 18

The funding requested for the ‘Regulation of Care’ project in 2022-2025 is intended to fund a shortfall from the non-receipt of income that was budgeted to be received through the regulation of care legislation in 2018. It is a continuation of what was approved in last year’s Government Plan.

GP20-CSP4-1-01 --- Compensation for Mesothelioma			
CSP		Minister(s)	
We will improve islanders' wellbeing and mental and physical health		Minister for Social Security	
2021 Mid-year review status	2022 Scrutiny RAG status	2021 Scrutiny RAG status	2020 Scrutiny RAG status
On track			

In 2018, the States Assembly agreed ([P.124/2018](#)) to provide one-off payments to individuals (or their dependents) with diffuse mesothelioma, a disease associated with historic exposure to asbestos fibres. The scheme was introduced in 2019 and required permanent funding from 2020 onwards. Funding was approved in the Government Plan 2020-2023 to meet the obligations to provide permanent financial support to asbestos victims and their families.

The below tables provide an overview of the funding allocations that were proposed in the 2020-2023 plan and the 2021-2024 plan against what is now being proposed in 2022-2025 plan:

Funding allocations approved in Government Plan 2020-2023 (£000):

2020	2021	2022	2023
150	155	159	164

Funding allocation approved in Government Plan 2021-2024 (£000):

2021	2022	2023	2024
100	100	100	100

Funding allocation requests in Government Plan 2022-2025 (£000):

2022	2023	2024	2025
100	100	100	100

Mid-Year Report Update

It was confirmed that no new Mesothelioma claims have been paid in 2021.

Panel analysis

The Panel was mindful that Customer and Local Services had identified a saving of £60,000 in 2022 from the compensation for mesothelioma scheme. It was advised that the original forecast had been to budget for approximately five claims a year, however, the actual activity was much lower. This had been reflected in a budget adjustment in the funding allocation for the 2021-2024 Government Plan and a further £60,000 had been identified from the 2022 budget due to the low number of claims.

The Panel was provided with confirmation that there was a contingency in place within Treasury, should claimants for the benefit come forward.⁶⁴



FINDING 19

An efficiency saving of £60,000 has been identified from the ‘Compensation for Mesothelioma’ scheme due to a current low demand for the scheme, however, assurance has been given that there is sufficient funding to support this benefit, should claimants come forward in 2022.

GP20-CSP1-1-02 --- Financial Independence in Old Age			
CSP		Minister(s)	
We will improve islanders’ wellbeing and mental and physical health		Minister for Social Security	
2021 Mid-year review status	2022 Scrutiny RAG status	2021 Scrutiny RAG status	2020 Scrutiny RAG status
N/A			

The original business case (in the Annex to the Government Plan 2020-2023), detailed that during 2020, the Social Security Minister and her Officers were due to investigate ways in which the Government could help people maintain their financial independence as they get older, as one of the elements of the wider Social Security Review. It was advised that the work would include investigating a workplace pension scheme which would give every worker access to a second pension on top of their Social Security pension. They would also be looking at other ways to encourage savings and make the best use of the increasing numbers of older workers in our economy.

In the review of last year’s Government Plan the panel found that the ‘Financial Independence in Old Age’ project was deferred in order to re-prioritise officer time to other urgent pandemic related policy work. A new timeframe for this project has yet to be agreed and was expected as part of the next Government Plan submission. There had also been a revised – and reduced – budget for this project moving forwards. The Panel found that it could not support the request for any further funding for the ‘Financial Independence in Old Age’ project until the outcome of the investigation is known, and proposals of a way forward are brought to the States Assembly.

It was also recommended that the Minister for Social Security provide the Panel with a report detailing the outcome of the scoping work that was undertaken at the end of 2019 in respect of the ‘Financial Independence in Old Age’ project. This recommendation was accepted by the Minister.

The below tables provide an overview of the funding allocations that were proposed in the 2020-2023 plan and the 2021-2024 plan against what is now being proposed in 2022-2025 plan:

⁶⁴ Transcript, Hearing with the Minister for Social Security, 13th October 2021, p.5

Funding allocations approved in Government Plan 2020-2023 (£000):

2020	2021	2022	2023
150	200	200	200

Funding allocation approved in Government Plan 2021-2024 (£000):

2021	2022	2023	2024
50	0	100	100

Funding allocation requests in Government Plan 2022-2025 (£000):

2022	2023	2024	2025
0	100	100	100

Panel analysis

No update was provided on this matter in the Government’s mid-year report.

The Panel has not received the report detailing the outcome of the scoping work that was undertaken at the end of 2019 in respect of the ‘Financial Independence in Old Age’ project during 2021. In a public hearing with the Minister for Social Security the Panel was advised that work on this project would resume in 2021.

During the Panel’s review hearing on 13th October 2021 the following detail was provided about the scoping work undertaken in 2019:

So they [D3P] did do a kind of a draft scoping report, a good quality draft scoping report before COVID, but they will need to finalise that and make some small updates, given what has happened in the last year around international experiences. But I would hope they would be able to do that and then we will be able to obviously publish that, as the Minister was saying, hopefully by the end of the year, but that is doable. I think what is also important, as the Minister has also said, is that we are picking the work up again. Most of the report is mainly looking at what they did already before COVID but we will be moving forward and looking at ... you know, considering the work, looking at the options in Jersey, how Jersey is working, and making sure with the Minister that we can all hand over that to the next Government and make sure we continue the progress on the project at that point.⁶⁵

The Panel will consider the scoping report on the ‘Financial Independence in Old Age’ in due course.

As per the findings last year, the Panel cannot support the request for any further funding for the ‘Financial Independence in Old Age’ project until the outcome of the investigation is known, and proposals of a way forward are brought to the States Assembly. We therefore maintain the amber RAG status of this expenditure programme.



FINDING 20

Work on the ‘Financial Independence in Old Age’ project will resume in 2021 and the outcome of the scoping work would be published by the end of the year.

⁶⁵ Transcript, Hearing with the Minister for Social Security, 13th October 2021, p. 21

GP20-CSP4-1-04 --- Food Costs Bonus			
CSP		Minister(s)	
We will improve islanders' wellbeing and mental and physical health		Minister for Social Security	
2021 Mid-year review status	2022 Scrutiny RAG status	2021 Scrutiny RAG status	2020 Scrutiny RAG status
On track			

The Food Costs Bonus (FCB) was an annual benefit provided to households with 5 years Jersey residence, where the household did not receive income support and did not pay income tax. It appeared in the 2020-2023 Government Plan as a renewal of an existing scheme (originally the GST (Bonus) Regulations that were first established in 2008). However, the FCB was replaced following the approval of P.95/2020: 'Draft Community Costs Bonus (Jersey) Regulations 202-' (the 'Regulations').

The name of the legislation was changed in order to recognise that the Bonus (having been increased by 13.8% in line with overall RPI for a 5-year period) now assists low income households with more than just food costs. Also, the value of the bonus was increased to £258.25 following the Assembly's adoption of an amendment to the Government Plan proposed by the Corporate Services Panel.

The below tables provide an overview of the funding allocations that were proposed in the 2020-2023 plan and the 2021-2024 plan against what is now being proposed in 2022-2025 plan:

Funding allocations approved in Government Plan 2020-2023 (£000):

2020	2021	2022	2023
299	308	317	327

Funding allocation approved in Government Plan 2021-2024 (£000):

2021	2022	2023	2024
340	340	340	340

Funding allocation requests in Government Plan 2022-2025 (£000):

2022	2023	2024	2025
340	340	340	340

Mid-Year Report Update

Confirmed that the Community Cost Bonus had paid 1,087 household claims in 2020, at a total value of approximately £280,000. Customer and Local Services was planning to publicise the scheme again in Q3/4 to ensure that eligible people also benefit from the scheme in 2021.

Panel analysis

The Panel noted that [P.95/2020: Draft Community Costs Bonus \(Jersey\) Regulations 202-](#)' detailed that the estimated expenditure for the Regulations would be:

- 2020: £340,000;
- 2021: £351,000; and
- 2022: £361,000.

The Panel noted that the increases for 2021 and 2022 had not been reflected in the proposed Government Plan. This was queried with Customer and Local services, which confirmed that the budget for the Food Cost/Community Cost Bonus was maintained at £340,000 in the proposed Government 2022-2025 and did not increase as per the proposition P95/2020.

It is noted that the Government Plan in 2020-23 correctly reflected P95/2020, but in error, both the 2021-24 and 2022-25 Government Plans repeated the 2020 budget into future years – i.e. £340,000 per annum.

The Director of Customer and Local Services confirmed by email that:

The proposed budget of £340k is enough to cover the current forecast expenditure for 2022 (which is £308k), however, either the budgets in P95/2020 should have been used or an explanation included why they weren't. I can confirm that the reduction in budget has not been included in any rebalancing or savings.⁶⁶

On querying the error, the Panel was further advised that:

Whilst it is disappointing that the P.95/2020 budgets were not replicated in the Government Plan 2021-23 [sic] there has been no impact on the public in the provision of the underlying benefit. This was repeated in the preparation for the 2022-24 [sic] Government Plan. Again there is no impact on the public in the provision of the underlying benefit.⁶⁷

The Panel notes that the estimated £308,000 was calculated based on the number of people who were forecast to receive the benefit (advised as 1,192 people) multiplied by the benefit amount of £258.25.

The Panel is content that the forecast expenditure is lower than the budget, however, would like to ensure that the Minister provides the Panel with updates on the numbers of people applying for the benefit and also details about the publication of the scheme at the end of 2021 / in 2022.

The Panel notes that the Community Costs Bonus is set per Triennial Regulations, therefore the next Social Security Minister will consider the next three-year period in 2023. Any decision will be subject to a debate in the States Assembly.



FINDING 21

The Community Costs Bonus (formerly the Food Costs Bonus) has been budgeted as £340,000 per year in the Proposed Government Plan 2022-2025, this has been confirmed as an error, as the budget anticipated for 2022 in P95/2020 was £361,000.

⁶⁶ Email, from the Director of Customer and Local Services to the Panel's Committee and Panel Officer, 23rd November 2021

⁶⁷ Email, from the Director of Customer and Local Services to the Panel's Committee and Panel Officer, 30th November 2021

**FINDING 22**

Customer and Local Services has confirmed that the forecast spend for the Community Costs Bonus in 2022 in £308,000, which is lower than the budgeted £340,000.

GP20-CSP4-1-04 --- Single Parent Component P.113/2017			
CSP		Minister(s)	
We will improve islanders' wellbeing and mental and physical health		Minister for Social Security	
2021 Mid-year review status	2022 Scrutiny RAG status	2021 Scrutiny RAG status	2020 Scrutiny RAG status
On track			

The previous States Assembly (via approval of P.113/2017 and P.28/2018) agreed to provide a single-parent component as part of the income support system and identified funding for 2018 and 2019. The component provides an additional £40.39 per week to a single parent receiving income support.

The below tables provide an overview of the funding allocations that were proposed in the 2020-2023 plan and the 2021-2024 plan against what is now being proposed in 2022-2025 plan:

Funding allocations approved in Government Plan 2020-2023 (£000):

2020	2021	2022	2023
2,531	2,539	2,530	2,524

Funding allocation approved in Government Plan 2021-2024 (£000):

2021	2022	2023	2024
2,539	2,530	2,524	2,524

Funding allocation requests in Government Plan 2022-2025 (£000):

2022	2023	2024	2025
2,530	2,524	2,524	2,524

Mid-Year Report Update

Advised that the Income Support Single Parent component supported 1,209 households. The cost during the first 6 months of 2021 was £1,269,764.

Panel analysis

The Panel was advised that there were 1,190 total claims for this benefit in 2021. Benefiting from this, there were, 1,417 adults and 1,587 children. It was noted that of these children, 333 were under 5 years old⁶⁸.

The Panel noted that the funding for 2022 was higher than for future years 2023-2025. This was queried and the Panel was advised that the adjustments would have been made in conjunction with forecasts from the Fiscal Policy Panel.

The Panel noted that the Minister for Social Security had increased the majority of the income support components for 2022 (as per [P.46/2021](#)) but that the Single Parent Component had not been included in this and was to remain at £40.39 per week.



FINDING 23

There were 1,190 total claims of the Single Parent Component benefit in 2021.



FINDING 24

The value of the Single Parent Component would not increase in 2022 and would remain at £40.39 per week.

GP20-CSP4-3-01 --- Care Needs at Home			
CSP		Minister(s)	
We will improve islanders' wellbeing and mental and physical health		Minister for Social Security	
2021 Mid-year review status	2022 Scrutiny RAG status	2021 Scrutiny RAG status	2020 Scrutiny RAG status
Delayed			

During its review of the Government Plan 2020-2023, the Panel was told that the funding for this project would be used to develop proposals to support disabled adults living at home and their informal carers. Specifically, the funds in 2020 had been identified to support a pilot project to provide additional financial support to a small number of lower income families, effecting between 100 and 200 families. The experience gained in 2020 would then be used to inform a wider scheme available from 2021. The 2021 budget also included a budget allocated to providing additional support for carers.

In 2020 the Panel found that following initial planning of the 'Care Needs at Home' project, investigations with individual families had to be postponed due to the pandemic, and the project was deferred.

⁶⁸ Transcript, Hearing with the Minister for Social Security, 13th October 2021, p. 23

The below tables provide an overview of the funding allocations that were proposed in the 2020-2023 plan and the 2021-2024 plan against what is now being proposed in 2022-2025 plan:

Funding allocations approved in Government Plan 2020-2023 (£000):

2020	2021	2022	2023
150	620	620	620

Funding allocation approved in Government Plan 2021-2024 (£000):

2021	2022	2023	2024
620	620	620	620

Funding allocation requests in Government Plan 2022-2025 (£000):

2022	2023	2024	2025
620	620	620	620

Mid-Year Report Update

The project had been delayed as a direct result of the pandemic.

Panel analysis

In the Government Plan Review hearing with the Social Security Minister on 13th October 2021, the Panel was advised that there had been some progress in 2021, however, this was then subject to further delays:

We are dealing with a small cohort of incredibly vulnerable shielding families. So the work was picked up early in 2021 when you start beginning the meetings in the first people's households again. That work was progressed. We started writing to the families. However, with the increase in case numbers around May/June time we decided to pause the work again. It is vitally important that these meetings take place with the person. So we did discuss the option of doing them remotely, but we need to be ... it is going to involve one, possibly 2, more likely 2, officers visiting these people in their own homes, seeing them in their own environment, and it is very important that we do not put any pressure on them or worry them, particularly in these times. So I think the intention now is to pick up those meetings again. We are in the process of working with colleagues in health and community services to write to those families and pick up those meetings. Once the meetings have taken place, which we are hoping will be complete by Q1 or Q2 of next year, that will be when we will have the data to launch the pilot scheme.⁶⁹

The Panel queried the continued delays to the project and were satisfied that this was due to complex needs around certain individual cases, and within the context of rising numbers of Covid-19 cases in June 2021.

As the Panel reported in 2020, until there is further detail provided on the outcome of the pilot scheme, now expected for 2022, it is unable to conclude whether the resources allocated for 2022- 2024 are appropriate. The amber RAG status is maintained.

⁶⁹ Transcript, Hearing with the Minister for Social Security, 13th October 2021, p. 25



FINDING 25

The ‘Care Needs at Home’ project has been delayed. This is due to the pandemic and the complex needs of the individuals involved in the scheme.

GP20-CSP4-3-02 --- Disability Social Inclusion			
CSP		Minister(s)	
We will improve islanders’ wellbeing and mental and physical health		Minister for Social Security	
2021 Mid-year review status	2022 Scrutiny RAG status	2021 Scrutiny RAG status	2020 Scrutiny RAG status
On track			

The funding identified for this project was intended to build on the existing Closer to Home project in 2020 and support the roll out of a wide range of projects from 2020 onwards. The original Disability Strategy for Jersey was published in May 2017, with an update produced in February 2020, however newer updates and changes had been required to take account for contextual changes such as Covid-19 and the Jersey Care Model. The Government launched a Disability Strategy survey in August 2021, which would help Islanders influence the next phase of the strategy.

The below tables provide an overview of the funding allocations that were proposed in the 2020-2023 plan and the 2021-2024 plan against what is now being proposed in 2022-2025 plan:

Funding allocations approved in Government Plan 2020-2023 (£000):

2020	2021	2022	2023
351	571	575	431

Funding allocation approved in Government Plan 2021-2024 (£000):

2021	2022	2023	2024
481	426	491	491

Funding allocation requests in Government Plan 2022-2025 (£000):

2022	2023	2024	2025
426	491	491	491

Mid-Year Report Update

This was reported to be on track, following the recruitment of three staff to deliver the strategy. Costs had been reported as £53,000.

Panel analysis

In a hearing with the Minister for Social Security on 13th October 2021, the Panel learned that a further piece of work was being undertaken to account for this and review completed actions, which would see an updated report produced by the end of the year.⁷⁰

The Director of Local Services advised the Panel that:

Just to confirm, that is not just about strategy, that is looking at, as a community, how do we feel about disability, where can we improve, how accessible is government and the private sector, et cetera. It is a snapshot of where we are as an Island.⁷¹

and

Just to conclude, in terms of this year's actions, we are on track. Like anybody, it has been a stop and start year but the infrastructure is there, we have the groups, we have more volunteers, we have a wide group of experts by experience and we will work with them as we have done to deliver the strategy, but we also need to look further and aim a bit higher. What the strategy sets out is fairly helpful but it is a baseline and I think if we are really going to be an inclusive society we need to work, listen and co-produce future services for Islanders to access.⁷²

The Panel was content with the progress that had been made and was satisfied to maintain the RAG status as green for this programme.



FINDING 26

The Disability Social Inclusion Project is making progress, and a Disability Strategy survey was undertaken in August 2021.

GP21-CSP4-C-02 --- Covid-19 Income Support Costs			
CSP		Minister(s)	
We will improve islanders' wellbeing and mental and physical health		Minister for Social Security	
2021 Mid-year review status	2022 Scrutiny RAG status	2021 Scrutiny RAG status	2020 Scrutiny RAG status
On track			N/A

The Income Support scheme is a single, means-tested benefit that provides support towards the costs of housing, living, health needs and child care. It supports people who have a low household income; pass the Income Support residence test; and, are working, looking for work, or are exempt from looking for work.

The original business case for this programme sought additional funding to cover excess income support costs, arising as a result of the Covid-19 pandemic. The pandemic and

⁷⁰ Transcript, Hearing with the Minister for Social Security, 13th October 2021, p. 33

⁷¹ Transcript, Hearing with the Minister for Social Security, 13th October 2021, p. 33

⁷² Ibid

subsequent lockdown in 2020 had a significant impact on trade and business which resulted in an increase in Income Support claims and costs. As stated in the original business case, the increase in claims began in late March 2020 and was a result of individuals losing their jobs or suffering reduced hours/pay and income. The number of income support claimants increased from 5,636 in February 2020 to a peak of 6,559 in May 2020. In 2020 the numbers slowly declined but, as at the Panel's previous review in November 2020, remained well above the previous pre-Covid-19 baseline level.

The below tables provide an overview of the funding allocations that were proposed in the 2021-2024 plan against what is now being proposed in 2022-2025 plan:

Funding allocation approved in Government Plan 2021-2024 (£000):

2021	2022	2023	2024
7,498	5,249	3,692	4,549

Funding allocation requests in Government Plan 2022-2025 (£000):

2022	2023	2024	2025
672	164	164	-

Mid-Year Report Update

The mid-year review identified that over 1,000 additional claims for income support were made from March 2020. This was in the sum of £829,000 in the year to date above the core department budget for income support.

Panel analysis

The funding for this matter has significantly reduced since the previous Government Plan. The Panel understands that this is because, at the time the additional funding was sought in 2020, it was anticipated that the impact of Covid-19 on employment would be greater and longer lasting than it has been, therefore the additional funding for income support costs is not anticipated to be required. The Minister advised that:

We asked for £7.5 million [in 2021] because people turned up, that 600 or 700 people unemployed, all in the first 6 weeks, I think. It was manic, absolutely manic. Now we have gone back to practically pre-COVID in the actively seeking work numbers and we do not need the money, so it is held in the centre. But if we did need it again, as I said earlier, it is statutory that it must be paid and we will get the money from the centre.⁷³

The Minister has advised that there will be additional Income Support provided, if this is required, however, unlike a number of other Covid related contingency provisions, the Panel notes that there is no specific additional provision for income support within the Covid-19 Reserve (as detailed in Table 9, page 122).

⁷³ Transcript, Hearing with the Minister for Social Security, 13th October 2021, p. 20

**FINDING 27**

The budget for Covid-19 Income Support Costs for 2022 is £672,000 (reduced from £5,249 million in the previous Government Plan). There is no specific provision in the Covid-19 Reserve for Income Support costs, should this be required.

Capital Projects

Health Service Improvements			
Minister(s)			
Minister for Health and Social Services			
2021 Mid-year review status	2022 Scrutiny RAG status	2021 Scrutiny RAG status	2020 Scrutiny RAG status

The business case for this capital project in the Government Plan 2020-2023 stated that the funding allocation of £5m per annum for 4 years would enable a programme of priorities upgrade works that are necessary to keep the current hospital operating in a compliant manner that ensured patient safety and protected service delivery until a new hospital is delivered.⁷⁴

As part of its review of last year's Government Plan, the 'Health Service Improvements' project was revised due to the impact of the pandemic and, as a result, 39 projects were identified for the year. All of the 39 projects are due to be completed by the end of the year to the value of £5 million.

The below tables provide an overview of the funding allocations that were proposed in the previous plans against what is now being proposed in 2022-2025 plan:

Funding allocation approved in Government Plan 2020-2023 (£000):

2020	2021	2022	2023
5,000	5,000	5,000	5,000

Funding allocation approved in Government Plan 2021-2024 (£000):

2021	2022	2023	2024
5,000	5,000	5,000	5,000

Funding allocation requests in Government Plan 2022-2025 (£000):

2022	2023	2024	2025
5,000	5,000	2,000	5,000

⁷⁴ R.91/2019, p.156

Panel analysis

In previous Government Plans there had been reference to this funding being used for the development of digital records. It has been confirmed that this funding would not be used for IT improvements.

However, following the publication of Government Plan 2022-2025 in September 2021, the Panel believe there are a number of outstanding questions relating to the allocation of Health Services Improvement funding and a substantial reduction in funding in 2024.

During a review hearing with the Minister for Health and Social Services on the 28th October 2021, the Panel asked about the areas under 'Health Services Improvements' that had been identified as a priority for the Government Plan 2022-2025 budget allocation:

Deputy Richard Renouf, Minister for Health and Social Services:

Finishing the work at Clinique Pinel is certainly a priority and we will be trying to work closely with the contractor to bring forward the date of completion. We know that some of it will be ready earlier on in the new year, before the completion of the final phase. That is certainly part of the improvements in the capital programme. There is digital care, which we have spoken of previously in this meeting. We continue to develop options around specialist accommodation for people with learning difficulties. Also in that area are the replacement assets, which is a rolling budget as and when equipment in health services need to be replaced.⁷⁵

Following its review hearing, the Panel asked again about the areas allocated funding under the 2022-25 budget for Health Services Improvements, in a letter to the Minister for Health and Social Services. In response, the Panel was advised that:

Please can you advise what areas have been identified as a priority for this budget in 2022 – 2025?

The HCS Estates team has a RAG-rated long list of cr.75 infrastructure priority projects. This is a fluid schedule that can be adapted to suit the ever-changing health environment. As we did during the pandemic, 2022-2023 will focus on the in-patient areas (Maternity, Robin, Sorel, Bartlett & Rayner wards) to continue the installation of Pyxis pharmaceutical dispensing machines, fire and general compliance works. New air handling plant to Day Surgery and Pathology, and fire compartmentation across the campus.⁷⁶

The Panel notes that the budget priorities under Health Services Improvements, as described during its review hearing on 28th October, differ from those provided in the Minister's response on 22nd November.

In its letter to the Minister, the Panel also questioned a reduction in funding for this project in 2024:

Please advise why the proposed budget reduces to £2 million in 2024, but is £5 million per year in 2022-23 and again in 2025.

This is not HCS; £5m was requested. I believe the thought process from central finance was that if the Our Hospital Project (OHP) is on target, funding could be reduced and

⁷⁵ Transcript, Hearing with the Minister for Health and Social Services, 28th October 2021, p.39

⁷⁶ Letter, Minister for Health and Social Services, 22nd November 2021

risk managed. The allocation for 2025 is the safety net in case of delays with the OHP.⁷⁷

The Panel notes that the reduction in funding is a central finance request, rather than a HCS led proposal, however, the Panel would like further reassurance and details of the mitigating measures that will be put in place to ensure that a reduction in funding would not compromise the safety of the hospital for patients or staff, if cuts are made to the maintenance budget.

Following its review of Government Plan 2021-2024, the Panel provided the Health Services Improvements project with a green classification, however, following the review of this year’s Proposed Government Plan, the Panel would like further detail to be provided to clarify the proposed reduction in 2024 funding, before it can make an informed decision on findings and recommendations. The Panel has therefore decided to change the RAG status of this programme to amber.



FINDING 28

Health Services Improvements is the capital programme of upgrade works that are necessary to keep the current hospital operating in a compliant manner that ensures patient safety and protects service delivery until a new hospital is delivered. Previous Government Plans have allocated £5 million per year to the rolling programme of works, however, in this proposed Government Plan the 2024 budget has been reduced to £2 million, in anticipation that the Our Hospital Project is on track.



RECOMMENDATION 7

The Minister for Health and Social Services should provide the Panel with further details about the impact of a proposed reduction in funding to ‘Health Service Improvements’ in 2024, including the mitigating measures that will be put in place to ensure patient and staff safety is maintained despite the reduction in budget.

Learning Difficulties – Specialist Accommodation			
Minister(s)			
Minister for Health and Social Services			
2021 Mid-year review status	2022 Scrutiny RAG status	2021 Scrutiny RAG status	2020 Scrutiny RAG status
On track			

In 2019 the Health and Community Services Department requested £250,000 to fund a feasibility study for a long-term solution to providing accommodation for people with learning

⁷⁷ Letter, Minister for Health and Social Services, 22nd November 2021

difficulties. The Department also requested additional funds for the years 2021-2023 (as stated below).

The business case submission addressed accommodation needs for persons with severe learning difficulties who could not be accommodated in adapted mainstream housing and who required specialist placement. According to the business case, there was a pressing priority to relocate four individuals from Aviemore as the establishment was unsafe and non-compliant with fire regulations, causing significant risk to both service users and staff.

The below tables provide an overview of the funding allocations that were proposed in the previous plans against what is now being proposed in 2022-2025 plan:

Funding allocation approved in Government Plan 2020-2023 (£000):

2020	2021	2022	2023
-	2,300	2,195	2,350

Funding allocation approved in Government Plan 2021-2024 (£000):

2021	2022	2023	2024
2,000	3,300	4,050	-

Funding allocation requests in Government Plan 2022-2025 (£000):

Under ‘Major Projects’:

2022	2023	2024	2025
3,300	4,050	-	-

Under ‘Central Planning Reserves’:

2022	2023	2024	2025
50		-	-

Mid-Year Review

The Mid-Year Review noted that there was one remaining client at Aviemore. A suitable alternative property had been found to relocate them, and a purchase was expected to complete in July 2021. This would enable the closure of Aviemore. Phase two of the project would see conversion of existing HCS estate into suitable accommodation for five service users. Both phases were reported to be on programme and on budget.

Panel analysis

In its review of the Government Plan 2021-2024, the Panel found that £150,000 of the £250,000 that was allocated for 2020 to undertake a feasibility study would be deferred to 2021, but it was confirmed that the pre-feasibility work could be completed by the end of 2020 and within the £100,000.

The Panel asked for an update on the pre-feasibility work in 2020, including whether this was delivered within the £100,000 budget. It was advised that:

The pre-feasibility study was delivered well within the allocated budget in December 2020. This piece of work was to identify a preferred site for the “Phase 2” element of the capital allocation, the closure of Aviemore and the re-provision/location of the service.⁷⁸

The Panel asked for further details about how the pre-feasibility study would differ from the feasibility study and was advised:

The 2020 pre-feasibility was a piece of work to find which site would be best suited to re-provide/locate Aviemore. The 2021 detailed feasibility work has developed the preferred site into a more robust ‘detailed designed’ package that is currently sitting with HCS Senior Leadership Team (SLT). Once approved by SLT, a planning application can be submitted.⁷⁹

The Panel was advised that £1.05 million had been spent to date in 2021 (out of a budget of £2 million) and there was £450,000 further forecast spend for the remainder of 2021. It was also advised that £500,000 of 2021’s budget allocation has been requested to be transferred to 2022 (this was still subject to approval from the Treasury Minister).⁸⁰

The Panel also noted that (on page 136 of the Proposed Government Plan 2022-2025) there were two separate lines relating to this project, namely: one under ‘Central Planning Reserves’ for £50,000, and one under ‘Major Projects’ for £3.3 million. It asked why and was provided with the following details:

The original pre-feasibility funding requested totalled £150k and was made up of £100k 2021 and £50k 2022 (page 143 of GP 2021-24). Subsequently, the pre-feasibility was required earlier than planned, therefore £100k was allocated in 2020 (spend being £21k) with the remaining balance transferred into 2021. The update to the Government Plan 2022-25 was completed during the early part of this year and at the time it was not understood that the £50k would not be required; therefore, it was included in page 136 of the Government Plan 2022-25, as you state. As pre-feasibility has been completed, the £50k is no longer required and can be retained within reserves.⁸¹

The Panel would like to review the outcomes of the feasibility work in respect of the ‘Learning Difficulties’ project.



FINDING 29

£1.5 million of the £2 million budget for the ‘Learning Difficulties’ project was forecast to be spent in 2021, and there would be a request for £500,000 to be transferred to 2022.



RECOMMENDATION 8

The Minister for Health and Social Services must provide the Panel with the outcome of the feasibility work in respect of the ‘Learning Difficulties project, as soon as it is complete, and detailed plans for alternative accommodation.

⁷⁸ Letter, Minister for Health and Social Services, 22nd November 2021

⁷⁹ Letter, Minister for Health and Social Services, 22nd November 2021

⁸⁰ Ibid

⁸¹ Ibid

Jersey Care Model – Digital Systems			
Minister(s)			
Minister for Health and Social Services			
2021 Mid-year review status	2022 Scrutiny RAG status	2021 Scrutiny RAG status	2020 Scrutiny RAG status
On track			N/A

Digital systems have been identified as a key enabler to achieving the ambitions set out in both the Jersey Care Model and the Our Hospital Programme. According to the business case for ‘Jersey Care Model – Digital Systems’:

HCS will use digital advances to improve the way in which services are designed, delivered, and managed in an integrated way – digital is a key enabler to the Jersey Care Model. The JCM will leverage digital capability to improve the way in which services are designed, delivered, and managed in an integrated way, with a clear focus on the Health and Social Security Scrutiny Panel Government Plan 2021 – 2024 Review individual and their experiences, and where health and care professionals can make the best decisions they can because they have the information they need at the point of care.⁸²

One of the ambitions of the JCM is to shift to an integrated model of health and social care and population health management. The business case proposes that this will be achieved by enabling interoperability between health and care systems supported by the inclusion of a robust data and security management framework. Furthermore, the effective use of digital technologies, including both technologies currently in use within Jersey’s health system and introducing new and innovative forms of technology, can support the delivery of sustainable services, improving value through operational efficiencies and driving reductions in avoidable costs.

The below tables provide an overview of the funding allocations that were proposed in the previous plans against what is now being proposed in 2022-25 plan:

Funding allocation approved in Government Plan 2021-2024 (£000):

2021	2022	2023	2024
1,300	800	500	400

Funding allocation requests in Government Plan 2022-2025 (£000):

2022	2023	2024	2025
800	500	400	-

Panel analysis

In 2020 the Panel found that a number of projects in the Government Plan appear to request funding for similar areas of work; namely the ‘Digital Health and Care Strategy’, the ‘Digital

⁸² Annex to the Government Plan 2021-2024, p.100

Care Strategy (Major Project)’ and the ‘Jersey Care Model – Digital Systems’. It was advised that whilst the funding is split for Government Plan purposes, operationally the HCS digital strategy project will be delivered as one programme.

The Panel asked for a breakdown of the £1.3 million ‘Jersey Care Model – Digital Systems’ budget for 2021 and was provided with the following table and advised that it was the breakdown as per the original plan, set at the beginning of 2021:

Original BC Plan	2021
Full Gov Plan Budget	1,300,000
Jersey Demographic Service	-
Health Integration layer (+info repositories)	200,000
Jersey Care Record	90,000
Jersey Care Hub	160,000
Core Record Systems (EMIS)	600,000
Telecare and Teleguidance	150,000
Telemedicine & Patient facing App	100,000

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However, it was further advised that:

in April 2021, a deferral of £1m was agreed with Health and Community Services given the detail and priority of the activities in the Jersey Care Model (Digital) project were not yet agreed.⁸⁴

The deferral of £1 million had been referenced in a public hearing with the Minister for Health and Social Services. The Panel had been concerned about the source of the funding:

Deputy M.R. Le Hegarat:

.... Just for my own clarification, the £1 million that was deferred, where do those funds come from?

Head of Corporate Change Delivery, Modernisation and Digital:

In terms of the funding source?

Deputy M.R. Le Hegarat:

Correct.

Head of Corporate Change Delivery, Modernisation and Digital:

My understanding, in terms of that funding source, is that all of this comes from the H.I.F.

Deputy M.R. Le Hegarat:

⁸³ Letter, Minister for Health and Social Services, 25th November 2021

⁸⁴ Ibid

I have a question here then. I do not know whether it is for yourself or for the Minister or someone else. But the Assembly agreed the funding from the H.I.F. in relation to the Jersey Care Model. The £1 million that you talk about that has been deferred is for the Future Hospital Project, so this is what I would like to clarify because the money that was given from the H.I.F. is only for the Jersey Care Model and not for the Future Hospital Project; can we clarify please?

The Minister for Health and Social Services:

It seems to me it was not expenditure on the hospital, it was when the hospital funding is topped up that deferred money will be repaid to help to continue with these digital strategies. It is a temporary loan, in laymen's terms.⁸⁵

However, in a hearing with the Minister for Social Security on 13th October 2021 the Panel was provided with the assurance that the funding from the Health Insurance Fund (in the sum of approximately £11.3 million for various Jersey Care Model costs in 2021) would not be paid until the end of the year, and that the amount paid across would be based on activity.

The Panel is concerned that the work on the Jersey Care Model – digital systems (together with the Digital Care Strategy under the management of Modernisation and Digital) is not receiving a high enough priority. The JCM digital workstreams have not progressed as planned and other workstreams have been prioritised. In a letter dated 25th November 2021, the Minister for Health and Social Services outlined the 2021 underspend on the JCM - digital systems and the Digital Care Strategy. The letter states that:

The discovery of the replanning has shown that there are greater levels of dependencies on other projects such as demographic, EDMS & Our Hospital. So far, circa 20 workstreams have been discovered hence the need of re-prioritising.⁸⁶

The Panel has lodged an amendment to P.90/201 which will, *inter alia*, propose that the digital health team within Modernisation and Digital establishes a protected, separately resourced sub-team (that includes a Manager grade role), to focus solely on the delivery of the Jersey Care Model digital systems, and the Digital Care Strategy. Regular updates on these workstreams should be regularly reported on to the JCM programme board, the independent oversight board, and the Health and Social Security Scrutiny Panel



FINDING 30

The project for 'JCM – digital systems' is being managed centrally by Modernisation and Digital and, operationally, it is being managed with the 'Digital Care Strategy' and 'Digital Health and Care Strategy' projects.



FINDING 31

Work to progress the 'JCM – Digital Systems' project has been delayed in 2021, due to prioritisation of resources for other projects in the digital health team.

⁸⁵ Transcript, Hearing with the Minister for Health and Social Services, 28th October 2021, p.15

⁸⁶ Letter to the Health and Social Security Panel from the Minister for Health and Social Services, dated 25th November 2021

RECOMMENDATION 9



As per the Panel's amendment to P.90/2021 (Amd 15), the digital health team within Modernisation and Digital should establish a protected, separately resourced sub-team (that includes a Manager grade role), to focus solely on the delivery of the Jersey Care Model digital systems, and the Digital Care Strategy. Regular updates on these workstreams should be reported on to the independent JCM Programme board and the Health and Social Security Scrutiny Panel.

Digital Care Strategy			
Minister(s)			
Minister for Health and Social Services			
2021 Mid-year review status	2022 Scrutiny RAG status	2021 Scrutiny RAG status	2020 Scrutiny RAG status
On track			N/A

In 2020 the Panel found that a number of projects in the Government Plan appeared to request funding for similar areas of work; namely the 'Digital Health and Care Strategy', the 'Digital Care Strategy (Major Project)' and the 'Jersey Care Model – Digital Systems'. It was advised that whilst the funding is split for Government Plan purposes, operationally the HCS digital strategy project will be delivered as one programme.

According to the business case contained in the Annex to the Government Plan 2021-2024, the Digital Health and Care Strategy aims to develop a digitally enabled and co-ordinated health and care solution across the Island, operating at different levels across our services. The Strategy is a modernisation programme designed to promote and enable digital health and care services for the benefits of all citizens, visitors, clinicians and other health and care professionals in the Island.

Furthermore, the programme will be implemented over a number of years with iterative service improvements and a maturing of digital services replacing the incumbent manual and paper processes. The new system will be built on existing systems and those products which support our strategy. Those that do not support an integrated care model will be replaced and modernised.

It is intended that digitalising health and care services will benefit citizens by giving them easy online access to their health data, care plans, medications, clinical results and scheduling management. We are told that it will also assist clinicians and health professionals by allowing them quick and easy access to patient data, which will help support effective decision making. It is also envisaged that this programme will deliver additional economic benefits through improved cost management of repeat prescriptions, reduction in non-attenders, effective running of preventative screening programmes and early diagnosis of illness.

In 2017, the Government launched the Digital Health and Care Strategy. The strategy endorsed the vision to drive the digital maturity of health and care services into the modern era by:

- Replacing paper with digital pathways;
- Replacing manual process with digital workflow;
- Enabling Islanders to choose and book their appointments online to fit in with their needs;
- Enabling Islanders and patients to use digital conferencing tools available as Apps to speak and consult with their care workers, physiotherapist, GPs and clinicians; and
- Giving Islanders the ability to manage their own health and wellbeing by providing access to their data via online digital Apps.

The below tables provide an overview of the funding allocations that were proposed in the previous plans against what is now being proposed in 2022-2025 plan:

Funding allocation approved in Government Plan 2021-2024 (£000):

2021	2022	2023	2024
3,400	3,900	5,560	3,325

Funding allocation requests in Government Plan 2022-2025 (£000):

2022	2023	2024	2025
3,900	5,560	3,325	-

Mid-Year Review

As per the update in the Digital Health and Care Strategy programme (see relevant section above), the progress update provided in the Government’s 6-month progress review explains that the programme has progressed with a competitive tender to source a new Patient Administration and Electronic Patient Records system which will replace the current TrakCare solution. A shortlist has been produced and a decision is expected early in the second half of 2022, and implementation will start later in the year. Some projects have been deferred to 2022, such as the Electronic Data Management System project. However, there had been progress on the continued roll out of Electronic Prescribing and Medicine Administration and sourcing a replacement for the end-of-life Picture Archiving and Communication system.

Panel analysis

The Panel noted that the Digital Care Strategy is under the management of Modernisation and Digital, rather than Health and Community Services. This is being managed together with the other digital projects.

The Panel asked for an update on the delivery of the digital projects and we were advised:

Head of Corporate Change Delivery, Modernisation and Digital:

In terms of the digital delivery and you mentioned there the numbers of the £1.3 million and the £3.4 million in terms of how the funding is split across the digital care strategy and the digital aspects of the Jersey Care Model. In terms of managing that, the first thing to say around the total of that money, which is £4.7 million, is that we were asked around quarter 1, moving to quarter 2, this year to defer £1 million of that spend into 2022 to support some additional funding requirements around the hospital programme.

That has been taken into account. The number that we have been managing to is £3.7 million, to take into account that deferment. In terms of forecasted spend against that £3.7 million then at the moment for the end of the year we are looking at £3.1 million, £3.2 million spend by the end of the year.⁸⁷

The Panel notes that this total £4.7 million budget for 2021 does not appear to include the £700,000 from the Digital Health and Care project budget.

The deferral of the £1 million, for reasons including re-prioritisation, is discussed in the section on 'Jersey Care Model – digital systems' (above).

The Panel asked for further details about the work that had been undertaken in 2021 and was advised:

Head of Corporate Change Delivery, Modernisation and Digital:

... If I look at some of the bigger areas of spend for 2021 then there has been a lot of work undertaken on the replacement of the electronic patient record system, so the replacement of the track care system, which has reached end of life. That programme has been progressing through procurement this year and the contract award has now been made for that system replacement and is moving into implementation. We further continued with the rollout of the electronic prescribing and medicine administration platform. That has been rolled out to additional wards and services. We have been continuing on with what is referred to as G.P. (general practitioner) order comms, which is the ability for G.P.s to electronically place orders. Initially that has been into radiology and that project is now extending out into pathology. Other projects that are initiated is around the replacement of systems in radiology and the implementation of what is referred to as a bend and neutral archive platform, which allows images from various services to be centrally collated for review from a central archive, irrespective of where they have come from, which is something that will support wider distribution under the Jersey Care Model. Those are some of the things that we have been working on in terms of the larger projects. There are pieces of work that have been initiated in quarter 4 as well around demographics, which is the central golden patient 11 record and the document management system, so the transfer of paper records across into digital records.⁸⁸

We also received the following breakdown of the 2021 costs for the Digital Care Strategy:

	Full Gov Plan Budget	2021 Spend	Underspent
	3,400,000	988,092	2,411,908
EPR	2,710,000	600,411	2,109,589
VNA/PACS	596,000	184,561	411,439
Diabetes Centre EPR		14,032	(14,032)
Electronic Prescribing and Medicine Administration (EPMA)		137,181	(137,181)
GP Ordercomms		49,229	(49,229)
Sexual Health Clinic EPR (GUM Clinic EPR)		2,678	(2,678)
Unallocated funding	94,000		94,000

⁸⁷ Transcript, Public Hearing with the Minister for Health and Social Services, 28th October 2021, p.10

⁸⁸ Ibid

As detailed above, the majority of the budget (£2.71 million out of £3.4 million) was allocated to the Electronic Patient Record (EPR) programme.

In a letter to the Panel on 25th December 2021, the Minister for Health and Social Services has explained that:

The EPR contract award was made in October 2021 and the implementation phase has now started and has incurred a milestone payment of £0.3m against original estimate of £2.0m in 2021. These costs will now be incurred in 2022 in addition to the forecast 2022 supplier payments. Also, due to the delayed start of implementation, other associated implementation costs of £0.6m have not been incurred this year but will be incurred next year.⁸⁹

Regarding the underspend, the Panel understands that an end-of-year flexibility cost has been put forward to the Strategic Finance Team to move the underspent budget to 2022.

Regarding the delays to the programme, the Minister also advised that:

The digital Care strategy started with a business case back in 2018 which was an outline view of a proposed cost profile. Unfortunately, Covid has significantly disrupted the programme and constrained the opportunity to initiate this programme as dependent resources were diverted to address Covid priorities.

In 2020, another refined business case was created with funding allocated from 2021 onward (the restart of the programme and associated cost profile reflected in the new business case was disrupted again due to ongoing Covid priorities & resources constraints).⁹⁰

The Panel would like some further clarity on the overlap between the 'Digital Care Strategy', the 'Jersey Care Model – Digital Systems' and 'Digital Health and Care Strategy'. As per Finding 15 above, the overlap and centralised management of the digital programmes makes it difficult to analyse progress against the separately funded schemes.

In a written submission to the Panel, the Primary Care Body have advised that:

Despite requests to see budgeted plans for the sums being drawn from the Health Insurance Fund towards centralised projects, information has not been forthcoming and therefore we are unable to comment as to whether this provides good value and as to how this might improve wider healthcare. This is highlighted by the lack of consultation and information with regards to the Digital Health Project and to how this integrates with community resources both at present and looming forwards.⁹¹

As per Recommendation 9 above (and the Panel's amendment (No. 15) to P.90/2021), the Panel believes that the digital health team within Modernisation and Digital should establish a protected, separately resourced sub-team (that includes a Manager grade role), to focus solely on the delivery of the Jersey Care Model digital systems, and the Digital Care Strategy, with regular updates being provided to the Panel and the relevant oversight boards.



FINDING 32

The Digital Care Strategy was delayed in 2020 and 2021 due to Covid and other workstream priorities. Of the £3.4 million budget in 2021, £988,092 has

⁸⁹ Letter, Minister for Health and Social Services, 25th November 2021

⁹⁰ Ibid

⁹¹ Written Submission, Primary Care Body

been spent. A request has been submitted to move the underspent budget to 2022.

In-Patient / Support Services Refurbishments			
Minister(s)			
Minister for Health and Social Services			
2021 Mid-year review status	2022 Scrutiny RAG status	2021 Scrutiny RAG status	2020 Scrutiny RAG status
On track			N/A

The In-Patient / Support Services Refurbishments project was first identified in the Government Plan 2021-2024. The areas identified as in need of immediate attention were (but not limited to):

- Urgent refurbishment of all In-Patient adult & paediatric wards and critical care departments
- Continued installation of the PYXYS Medicines Management System & Medicine rooms
- Generalised Mechanical and Engineering infrastructure projects that will impact clinical services including nursing workstations.
- Where possible, improve patient facing services and access to disabled facilities.

The below tables provide an overview of the funding allocations that were proposed in the previous plans against what is now being proposed in 2022-2025 plan:

Funding allocation approved in Government Plan 2021-2024 (£000):

2021	2022	2023	2024
1,044	999	-	-

Funding allocation requests in Government Plan 2022-2025 (£000):

2022	2023	2024	2025
989	-	-	-

Mid-Year Review

Following the publication of the Government Plan 2021-2024 mid-year review, the Panel was informed that:

The maternity roof project completes in July and the maternity refurbishment project is planned to start at the end of July. Procurement and Tenders have been agreed for the Plant replacement projects for Day Surgery and Pathology. The retinal screening clinic refurbishment is completed and the clinic is open. The revised planning application for the hospital granite block pointing was approved and the work is progressing well. Fire improvement works to multiple fire doors has been agreed and this work is ongoing. Electrical Safety Testing and Inspection tasks have been

*completed across the hospital campus. Works programme and budget are on track. Planning for 2022 projects has started with feasibility works commencing around inpatient ward areas.*⁹²

Panel analysis

The Panel notes that £989,000 is allocated to In-Patient / Support Services Refurbishment in 2022 by Government Plan 2022-2024. In the previous Government Plan 2021-2024, the Panel found that funding for this project was limited to two years expenditure:

Finding 46. Government Plan 2021-2024 Review:

*The funding allocation for the “In Patients/Support Services Refurbishments” project has been limited to two years at this time. Whilst the Minister for Health and Social Services wants to ensure best standards within the current hospital, he does not want to spend money unnecessarily if a new hospital is to be in place by 2026.*⁹³

The Panel also notes a small reduction in the funding for this project of £10,000 in 2022. The Government Plan 2022-2025 provided the following update on the rationale for this project:

*In-Patient Support services refurbishments are programmes of work to deliver on the ongoing maintenance of the existing Jersey General Hospital at the Parade. The current hospital site continues to face challenges in maintaining delivery of services due to its age, maintaining various different structures built to varying standards and each in varying states of disrepair. There is a need to continue updating and renovating wards for the delivery of effective services whilst triaging important repairs until the delivery of the Our Hospital Major Project later in the decade.*⁹⁴

The Panel asked for details about how much of the £1.044 million budget for 2021 had been spent. We were advised that:

There has been no spend or commitment for this project and this has been requested to be transferred to 2022. Progress has been hindered by the pandemic restrictions on clinical environment/project delivery.

*It should be noted that “request for funds to be transferred to future years” is still subject to review and approval as part of the year end process under the Treasury Minister’s powers; it is not guaranteed.*⁹⁵

Furthermore, the Panel asked the following:

No further budget for maintenance work has been requested after 2022. Do you expect that further capital expenditure will be required between 2023-2025, to keep the Jersey General Hospital well maintained until the new hospital is operation?

⁹² [Progress by Ministerial Lead \(gov.je\)](https://www.gov.je/Progress-by-Ministerial-Lead)

⁹³ S.R.10/2020, p. 78

⁹⁴ Government Plan 2022-2025, p. 135

⁹⁵ Letter, Minister for Health and Social Services, 22nd November 2021

2021 & 2022 funding allocation has been requested for transfer to 2022 & 2023. Clinical model/strategy required prior to requesting additional funding.⁹⁶

The Panel accepts that funding for this project was originally limited to 2 years due to the estimated completion of the new hospital by 2026, however, we note the disparity between the update provided in the mid-year review and the update provided by the Minister on 22nd November.

The Panel has decided to alter the RAG status for this project to amber, until clarity can be provided on the 2021 work and potential deferral of the budget.



FINDING 33

The mid-year review has stated that there has been progress on the In-Patient / Support Services project, however, the update provided to the Panel conversely advises that there has been no spend or commitment in 2021.



RECOMMENDATION 10

The Minister for Health and Social Services must provide the Panel with an update on the status of the ‘In-Patient / Support Services Refurbishments’ project, including clarity on whether the budget of £1.044 million from 2021 will be transferred to 2022 and / or 2023.

Benefits and Payments – System			
Minister(s)			
Minister for Health and Social Services			
2021 Mid-year review status	2022 Scrutiny RAG status	2021 Scrutiny RAG status	2020 Scrutiny RAG status
On track			N/A

The Panel notes from Government Plan 2021-2024, that the changes to the Benefits and Payments Systems (NESSIE) would enable Customer and Local Services to:

- *Deliver customer-centric and organisational change*
- *Take advantage of significantly faster software enhancement development cycle times*
- *Mitigate issues associated with the current system programming languages*
- *Act before the above become significant business risks⁹⁷*

The below tables provide an overview of the funding allocations that were proposed in the previous plans against what is now being proposed in 2022-2025 plan:

⁹⁶ Ibid

⁹⁷ Government Plan 2021-2024, p. 90

Funding allocation approved in Government Plan 2021-2024 (£000):

2021	2022	2023	2024
250	5,000	10,000	7,750

Funding allocation requests in Government Plan 2022-2025 (£000):

2022	2023	2024	2025
5,000	10,000	6,750	-

Mid-Year Review

No update was provided on this matter in the Government’s mid-year report.

Panel analysis

The Benefits and Payments systems replacement (NESSIE) is a Major Project allocated £23 million in the Government Plan 2022-2025:

The Customer and Local Services team will continue work on a project to replace the Social Security Benefits and Payments system, and it is proposed that it will be funded through the Social Security Fund. to replace the Social Security Benefits and Payments system, which it is proposed will be funded through the Social Security Fund.⁹⁸

The total funding of £23 million for this major project is delivered in tranches over the period defined by the Government Plan 2022-2025. The Panel noted that expenditure on the new Benefits and Payments System is £1 million lower in the Government Plan 2022-2025 for 2024.

During its review hearing with the Minister for Social Security on 13th October 2021, the Panel questioned the revised funding allocation for this project in 2024, and was informed that the forecast was revised based on the progress made on the project to date, and that the funding could be restored in 2024 if it was required:

Director General, Customer and Local Services:

We started work this year and I have we have a budget for this of about £250,000. We have been looking to ... based on that work we started we have pulled forward the budget slightly and have just slightly refined our forecast really in terms of the progress we might be able to make. That is the simple reason for this change in budgets. We may find we need it back next year depending on progress in the 12 months.⁹⁹

The Panel was advised during the review hearing, in response to its question about forecast costs over 2022-2025, that costing the project over the 2022-2025 period was based on estimates involving the cost of buying a new software system, implementation, testing and hardware expenditure:

Director General, Customer and Local Services:

We only have estimates in terms of the work. Some of it will be around buying a system. It will be around implementing and testing that system, there may be hardware, maybe

⁹⁸ Proposed Government Plan 2022-2025, p. 129

⁹⁹ Transcript, Hearing with the Minister for Social Security, 13th October 2021, p. 37

not hardware that may be required and so on. At the moment we are working on what will look like. I sincerely hope it does not end up to be £25 million but we are working on what it looks like at the moment. We have not spent £250,000 yet, we have just been working out what we would like at this stage. There is not much more of a breakdown than that at that stage. That is an estimate we have worked through with modernisation and digital.¹⁰⁰

It was noted by the Panel that in the Government Plan 2021-2024, the Benefits and Payments system was listed as a capital project, whereas the Government Plan 2022-2025 makes provision for this project from the Social Security Fund.

Based on the information provided, the Panel maintains its green RAG rating for this project. The Panel observed that whilst the funding allocation for this project has been subject to variation and the £250,000 allocated in 2021 has not yet been spent, progress has been made on this project in 2021.



FINDING 34

The replacement to the Benefits and Payments system is being funded by the Social Security Fund. The proposed budget for 2024 has been reduced by £1 million.

8 New programmes and capital projects in GP 2022-25: reports

See chapter 6 for summary table of ‘RAG’ ratings assigned by the Panel.

Programmes

The following section provides the Panel’s analysis of each new additional revenue expenditure programme:

Obstetric and Gynaecological (O&G) Services		
CSP	Minister(s)	Scrutiny RAG Status
CSP 2 – Improve Islander’s wellbeing, mental and physical health	Minister for Health and Social Services	

Business Case: Overview

The Government Plan 2022-2025 states:

We will enhance the standard of patient care by implementing changes to the O&G services provided at the General Hospital.

¹⁰⁰ Ibid

This funding will address the gap between the increasing demand on O&G services and the current capacity to deliver high-quality, effective care at the point of need. Increasing consultant presence on the labour ward, and for acute obstetrics and gynaecology services, is a major step in achieving these objectives, by ensuring the senior level medical staffing resource is available.¹⁰¹

Funding allocation requests in Government Plan 2022-2025 (£000):

2022	2023	2024	2025
646	646	646	646

Panel analysis

In a hearing on 28th October 2021 the Panel identified that this investment was a staff cost that would bring the number of O&G consultants up to seven. The Panel requested some more detail about the roles this allocation would fund. Further detail was provided to the Panel by letter:

2 additional consultants to take consultant establishment to 7 to ensure we are able to provide a range of services across O&G and provide consultant cover on labour ward 24/7 along with meeting best practice guidance in relation to safety.

The investment is in moving from 5 to 7 Consultants in O&G. The medics will cover the following services:

- *General Gynaecology*
- *Hysteroscopy (Outpatient with procedure)*
- *Colposcopy (Outpatient with procedure)*
- *EPAU (Early Pregnancy Assessment Unit)*
- *Uro-gynaecology*
- *Gynaecology Oncology (Including Gynaecology Oncology Colposcopy)*
- *Termination of pregnancy (ToP)*
- *Assisted Reproduction*
- *Menopause*
- *Labour ward*
- *Medical Disorders Clinic*
- *High Risk ANC Care/Multi Pregnancy*
- *Fetal Medicine*
- *Psychosexual*
- *Gynaecology Theatre*
- *O&G Governance¹⁰²*

From its review of Maternity Services, the Panel had provided a recommendation relating to the leadership team, namely, that an associate medical director, who was also a lead obstetrician, be appointed as part of the leadership team for maternity services. That part of our recommendation was not accepted, and we were advised that there would be an appointment of a clinical lead for obstetrics instead, who would be in post by the end of 2021.

¹⁰¹ Government Plan 2022-2025, p.47

¹⁰² Letter, Minister for Health and Social Services, 22nd November 2021

In the public hearing on 28th October 2021, it was confirmed that the clinical lead for obstetrics had commenced the role at the end of September 2021.

In specific reference to the O&G programme, a written submission to the Panel from the Maternity Voices Partnership stated that:

- The following aims we agree with

- Always put the patient first*
- Zero harm and patient safety*
- Creating outstanding leadership and working together as teams of professionals*
- Regulation inspection and accountability*
- Metrics and outcome*

- the method to achieving them seems to ignore the patient/user feedback which regularly cites too many consultants and not enough midwives.

- Most users feedback that they needed better support in terms of shared decision making, help on the maternity ward and help with their baby. Most feedback on consultants focussed on lack of communication skills, inconsistency of approach and advice, no shared decision making and never seeing the same one twice.

- most of the evidence in this space suggests that more consultant-led care leads to more interventions and no decrease in risk. In fact in our hospital we have now moved to having 2/5 labour rooms being midwife-led which means no consultants will be supervising those births unless called upon in an emergency.

- The document also references “strong clinical leadership” and “increased consultant presence” neither of which are backed by evidence that they create better outcomes for birthing people or are in response to feedback from users on what they need.

- The focus on diagnosing conditions and more on-island treatment is welcome, especially where this relates to service on Rayner Ward. We especially see negative feedback on the treatments/support from the Early Pregnancy Assessment Unit.¹⁰³

The increase in consultant roles to meet best practice is welcomed by the Panel, however, it queries how this will impact on the Maternity Workforce Strategy. In the response to the Panel’s Review of Maternity Services, the Minister for Health and Social Services confirmed that a Maternity Workforce Strategy is being developed which will be aligned with the Maternity Strategy and will be published in 2022.

In a submission to its Government Plan Review, the Maternity Voices Partnership have stated the following in relation to the Government Plan overall:

It would surely have been sensible to have the full outcomes of the scrutiny panel review of maternity services before making decisions about the improvements needed over the next 4 years?

During the launch of Maternity Voices we have done 8 staff/service provider presentations and have reached out numerous times to the consultants and doctors to

¹⁰³ Written Submission, Maternity Voices Partnership

explain how we will be operating. We have had zero response from hospital doctors in attending a launch or finding out more which seems to fly in the face of a patient centred approach to care. GP's have also failed to engage so again ignoring the requirements of their customers. The culture around putting patients first will need to change in order for these plans to be effective.¹⁰⁴

The Panel is concerned to learn that there has been a lack of engagement with the Maternity Voices Partnership.

The Panel has provided a green RAG status rating to this programme, but will take an interest in the forthcoming Maternity Workforce Strategy and how the O&G consultant roles impact that.



FINDING 35

£646,000 per annum will be used to fund 2 additional consultant posts in Obstetric and Gynaecological Services. This will provide consultant cover on the labour ward 24/7 and will ensure that the best practice guidance in relation to safety is met.



RECOMMENDATION 11

The Minister for Health and Social Services must update the Panel on the Maternity Workforce Strategy when this is available in 2022.

Covid-19 Vaccine		
CSP	Minister(s)	Scrutiny RAG Status
CSP 2 – Improve Islander’s wellbeing, mental and physical health	Minister for Health and Social Services	

Business Case: Overview

The Government Plan 2022-2025 states:

We will fund the anticipated costs of a Covid-19 booster vaccination programme.

The pandemic continues to be a global health emergency and a danger to the health and wellbeing of Islanders. A booster programme is expected to be required for September 2021 and to continue into Q1 2022.

A largely vaccinated population will increase the level of safety the public has from the virus and allow the return to social and economic activities.¹⁰⁵

¹⁰⁴ Ibid – MVP submission

¹⁰⁵ Government Plan 2022-2025, p. 46

This is classified as a ‘new programme’ as there was not a budget for 2022 included in the 2021-2024 Government Plan, however, for reference, there was a Covid-19 Vaccine budget in 2021 of £5,474,000.

The Annex further explains that:

This investment will enable the provision of a booster dose to Islanders aged over 18 year of age during quarter one 2022 and a second booster, if one is needed, during quarter four 2022. While the first booster vaccines are being delivered to Islanders over the age of 18, funding is also provided to complete the initial two-dose vaccination of young people between the ages of 12 and 17. In case vaccine boosters become necessary on an annual basis, funding is provided in reserves to enable a similar booster programme to be delivered for the remaining years of the Government Plan 2022-25.¹⁰⁶

In addition to the funding allocation request for 2022, there is a further sum to be held in the General Reserve to provide for a degree of cost uncertainty on this project (see below).

Funding allocation requests in Government Plan 2022-2025 (£000):

2022	2023	2024	2025
4,103	-	-	-

Fund as Required – Estimated amounts held in the General Reserve 2022-2025 (£000):

2022	2023	2024	2025
2,585	-	-	-

Panel analysis

The Panel noted that the proposed funding for the COVID-19 vaccine programme is £4.1 million in 2022. The Covid-19 vaccination programme was initially funded in the 2021-2024 Government Plan in the sum of £5.474 million. The initial Covid-19 vaccination programme has been undertaken throughout 2021, however, as detailed in the Annex to the 2022-2025 Government Plan, the funding requested in 2022 would fund the booster programme.

In 2020, the Panel was provided with the following breakdown of costs for the Covid-19 vaccine programme in 2020:

¹⁰⁶ Annex to the Government Plan 2022-2025, p. 63

Project Roze COVID - 19 Vaccine	
Estimated Costs (based on population of 106,340)	£000's
Vaccine and administering costs £5 million	5,000
Injectable consumables and additional PPE	111
Communication campaigns	15
Digital Support	40
Laptops for mobile centres	3
Infrastructure Facilities and Vaccine delivery	10
Storage and consumables	5
Workforce Demand	
Two practice nurses @ three months for 5 day rosters	200
Administration support	30
Additional project lead support	30
Pharmacy support cost £30,000	30
Additional Training	1
Total	5,475

107

The Panel has not received a comparable table for 2021, however, it would highlight that the budget for 2022 is lower than that identified in 2021 and that it has queried whether there would be an overlap in the 2021 / 2022 funding. In a hearing with the Minister for Health and Social Services on 28th October 2021, the Panel noted that the Covid-19 booster programme had already started in 2021. It queried how much had been spent on the booster programme to date in 2021 and whether any of the 2022 budget would be allocated to the costs incurred for the booster programme this year. The Panel was advised:

Head of Finance, Health and Community Services:

*... The funding that has been provided has been over the 2-year period for 2021 and 2022. There was a split and the £4.1 million relates solely to 2022. Expenditure to date for the booster programme is forecast to be circa £2 million, which we will receive the funding for in 2021, so that will not impact on the £4.1 million ringfenced for 2022.*¹⁰⁸

It was also confirmed that:

Head of Finance, Health and Community Services:

*... Because of the success of the rollout of vaccine one and 2, the original £5.4 million, there was an underspend there that will be offset for the £2 million spend in 2021.*¹⁰⁹

The Panel asked for further details about the 2021 spend on the Covid-19 booster vaccine and were provided with the following explanation:

It should be noted that due to the administering of the Covid Vaccine Programme which includes Vaccine 1, Vaccine 2 and Booster as ongoing programmes, it is not possible separately to identify or record expenditure for the booster programme in isolation as administering teams will work across all programmes, including flu. Infrastructure costs are also attributable to all vaccines. The following estimate is based on year to date expenditure for all Covid programmes, apportioned to number of vaccines delivered to date.

*Estimated expenditure @ 31 October: £3.7 million
Total number of vaccines: 176,025*

¹⁰⁷ S.R.10/2020, Scrutiny Review of the Government Plan: 2021-2024

¹⁰⁸ Transcript, Hearing with the Minister for Health and Social Services, 28th October 2021, p. 27

¹⁰⁹ Ibid

*Average unit cost: £21.02
Booster Vaccines: 22,212
Estimated YTD expenditure: £466,890¹¹⁰*

The Panel also asked about the £2.585 million provision in the General Reserve that had been identified for the Covid-19 vaccine in 2022:

Director, Public Health:

We are in a position where there is yet to be issued formal guidance on the vaccination programme in 2022. But we are making some reasonable assumptions, which are that we continue to follow the U.K. advice from the Joint Committee of Vaccinations and Immunisations that the vaccination would be free of charge for Islanders. That there would be central procurement of the vaccine since this seems to have been a cost-effective option. Also that we will continue to provide boosters for people who need them at least for the most vulnerable people on the Island to keep them safe. So the reason why this figure has been arrived at is we are also assuming that there may be a slight change in the operating model around vaccinations, so we are making provision for the possibility of more community-based vaccination. So there will be a potential cost of venue hire. In addition to that, we need to make provision for the need for a surge capacity should it be required and that may incur agency fees. So, when we put all those things together, there is a considerable amount of uncertainty, but we are just advising a prudent budget to make sure that we can cover all eventualities.

Deputy C.S. Alves:

Thank you. If this reserve fund is to fund the booster programme in 2023 to 2025, why is this proportionally lower than the £4.1 million budgeted for 2022 alone?

Director, Public Health:

So a separate business case has been now developed, which will have a higher figure. So I am just trying to work out the comparative costs, maybe [Head of Finance, Health and Community Services] can help me here, but we are fairly confident that the business that has been submitted is going to be able to cover the need for flu and COVID and also the potential changes to the operating model in 2022.¹¹¹

The Panel notes the uncertainty around the funding requirements for the Covid-19 vaccination costs, as these will be dependent on changing factors and advice as the pandemic develops. As per the information provided in the Annex, we understand that the total population offered the first booster is 85,779 people and, with the inclusion of 12–17-year-olds within the vaccination programme, the target population for any second booster will increase to 92,765 people.

The Panel is satisfied that the funding for the Covid-19 vaccine programme is an essential cost and public health measure during the pandemic. The Panel notes the uncertainty of funding that is related to this item but has provided a green RAG status as it has reviewed the background information and is satisfied with the business case.

¹¹⁰ Letter, The Minister for Health and Social Services, 23rd November 2021

¹¹¹ Transcript, Hearing with the Minister for Health and Social Services, 28th October 2021, p. 28



FINDING 36

£2 million has been spent on the Covid-19 vaccine booster programme in 2021. This has been funded by an underspend of the £5.4 million budget that was approved last year for the Covid-19 vaccine programme in 2021.



FINDING 37

In 2022, £4.1 million funding is ringfenced for the Covid-19 vaccination programme and a further £2.585 million has been provided for in the General Reserve.

RECOMMENDATION 12



The Minister for Health and Social Services must keep the Panel informed of any significant changes to the Covid-19 vaccination programme, particularly any developments that will have a significant impact on, or add pressure to, the project's budget.

Covid-19 Health Service Recovery		
CSP	Minister(s)	Scrutiny RAG Status
CSP 2 – Improve Islander’s wellbeing, mental and physical health	Minister for Health and Social Services	

Business Case: Overview

The Government Plan 2022-2025 states:

We will:

- *Improve health outcomes for groups at risk of cancer by addressing a backlog of preventative screening*
- *Improve health outcomes for patients who have been referred into therapy services (e.g., Physiotherapy, Children’s Speech & Language Therapy, etc.)*
- *Improve health and care outcomes for clients of social care service that have been hard to reach during Covid-19*
- *Improve health and care outcome for patients requiring diagnosis and assessment of dementia*
- *Improve health and care outcome for clients of the Autism assessment¹¹²*

The proposed £1.296 million investment for the COVID-19 health service recovery will be used to address backlogs of referrals, assessments and preventative screenings created as a result of the 2020 lockdowns and pandemic measures. Page 62 of the Annex to the Proposed

¹¹² Government Plan 2022-2025, p. 46

Government Plan 2022-2025 says that the investment will substantially expand capacity at the affected services on a temporary basis and temporarily increase the volume of preventative services.

A review of the business case details that the majority of the funding would be spent on ‘therapies’, as outlined in the bullet points above.

Funding allocation requests in Government Plan 2022-2025 (£000):

2022	2023	2024	2025
1,296	-	-	-

Panel analysis

At a hearing on 28th October 2021, the Panel queried which services the Health Services Recovery would target in 2022:

The Minister for Health and Social Services:

... The services that we want to bring back to pre-COVID levels relate to cervical screening, bowel screening and breast screening. Our plan is, by the end of next year, 2022, to return those to pre-COVID levels because of course it is a concern in the longer term if people are not getting timely scans. That can ultimately lead to disease, which is too far advanced to give any preventative care. Numbers: I am told that for cervical screening at the moment there is no backlog, extra clinics are running to ensure it will be up to date by the end of this year. But we are concerned that not enough people come for cervical screening, so we are working with health promotion and public health to try to increase that uptake, which is hugely important, and we plan an awareness campaign also. Bowel screening is interesting because the way we do it I understand is going to change and can be done in the comfort of people’s own homes. That will increase the uptake because previously it has been complex and painful to come into hospital to do that. There is a delay, but we plan to take the patients that should have been seen in 2020 by early-November this year and the 2021 and 2022 cohorts will be seen in the whole of next year. Breast screening is currently about one year behind. Extra clinics are scheduled all day Saturday and 2 evenings a week. We have brought in additional staff to ease some of the pressures and increase the number of patients that we see. We are looking at bringing in resources from the U.K. to try to get through that backlog in an even shorter period of time.¹¹³

The Panel understands from the business case that the intention is to use a mixture of internal and external resources to catch up on services. When the Panel asked for some further information about how the funding would be used to increase the capacity and volume of services, it was advised:

Director General, Health and Community Services:

Some of the challenges we have had around COVID is around outpatient activity and activity through our theatres. Quite rightly, because patients were not able to access primary care, so they were not getting referred in. So the additional money is being

¹¹³ Transcript, Hearing with The Minister for Health and Social Services, 28th October 2021, p. 24

spent on these initiatives, so putting on additional clinics, putting on additional theatre lists, so that we can get through our waiting list backlogs and start to address some of the need that we have in there.

Deputy C.S. Alves:

So basically getting extra staff in.

Director General, Health and Community Services:

No, just utilising our time differently, using our capacity differently, so do Saturday lists, weekend lists, Saturday clinics, weekend clinics. But obviously it will be tied into how we can be more flexible, 6-day-a-week service, which is our ultimate aspiration. But this money is specifically to allow us to tackle that backlog around waiting lists and screenings.¹¹⁴

The Panel asked about the impacts on waiting lists and queried whether the funding requested was sufficient:

Deputy K.G. Pamplin:

... My rounding point is, is £1.296 million enough?

Director General, Health and Community Services:

Please be assured for the public that we do safety impact assessments around our waiting lists. Our clinicians are very connected to their patients and are very conscientious about ensuring that patients waiting are not coming to harm. But of course there are patients out there that have not been screened and this money is absolutely to ensure that we can put on additional activity, additional capacity, to reach those patients. We are utilising the money as effectively as we can. Of course, if we need more money, we will come back and ask for that. But at the moment we think it is sufficient.¹¹⁵

The Panel also queried how General Practitioners (GPs) were being incorporated as part of the system to feed in referrals for screening:

Deputy K.G. Pamplin:

Can you break it down? I know you were doing a bit of that. Because part of the process is referrals from G.P.s. So if patients are not going to their G.P.s to get the referral, how do you use that money to work with the G.P.s? Is there a problem at that end, is what I am trying to get at? Is the backlog there the G.P.s referring across, or is it simply still people just are not coming forward enough?

Director General, Health and Community Services:

Our G.P. colleagues have been working tremendously hard throughout the pandemic. Since the pandemic, I know they have seen a significant increase in their activity and they are having to see so many more patients who have been holding back that need.

¹¹⁴ Ibid, p. 25

¹¹⁵ Ibid, p. 26

So we are working closely with G.P. colleagues around how we can support them with that, both from a financial perspective but also from an organisational perspective. Because sometimes primary care feels very much on their own to deal with the problem. Of course, as you have rightly identified, Deputy Pamplin, going forward for an integrated care system, primary care do most of the healthcare on this Island, not H.C.S., so we need to support them. So we are meeting regularly with them to try to do that. But we cannot underestimate the pressure that G.P.s are under currently and the significant hours that they are having to put in to meet need and whether that is sustainable.¹¹⁶

The Panel notes that this programme only has funding requested for 2022 and is aware that the intention to recover from the backlog positions by the end of 2022. The Panel will request that the Minister for Health and Social services provides an update on the Covid-19 Health Service Recovery Project in 2022, including updates on waiting lists and work undertaken with GPs.

Based on the information provided, the Panel is content to assign this programme a green RAG status, subject to further updates being provided to the Panel throughout 2022.

FINDING 38



Screening programmes have been impacted by the pandemic and there is now a backlog of patients on waiting lists. No backlog is reported for Cervical screening, but there is concern that insufficient people have come forward. There is a delay for bowel screening, patients who should have been seen in 2020 would be screened by November 2021 and then the 2021 and 2022 cohorts would be seen during 2022. Breast screening was reported to be one year behind schedule.

RECOMMENDATION 13



The Panel requests regular updates on the 'Covid-19 Health Service Recovery' project, particularly in line of waiting list updates, work with GPs and staff / overtime updates.

PPE Provision and Supply		
CSP	Minister(s)	Scrutiny RAG Status
CSP 2 – Improve Islander’s wellbeing, mental and physical health	Minister for Health and Social Services	

Business Case: Overview

The Government Plan 2022-25 states:

¹¹⁶ Transcript, Hearing with The Minister for Health and Social Services, 28th October 2021, p.26

‘We will continue to support public health and operational responses to Covid-19 for the foreseeable future, by providing the appropriate PPE and ensuring that there is a sufficient stock to meet the challenges.’¹¹⁷

From reviewing the business case the Panel understand that this funding will specifically facilitate an adequate supply of personal protective equipment, including; disposable aprons, FFP3 masks, glasses and goggles, gloves, gowns, sanitiser, surgical masks, surgical shields and visors, swabs and wipes. This will support health care workers do their job safely and deliver effective and safe healthcare to Islanders.

Funding allocation requests in Government Plan 2022-2025 (£000):

2022	2023	2024	2025
3,300	2,500	1,900	1,400

Panel analysis

In a hearing on 28th October 2021 the Minister for Health and Social Services advised the Panel that:

So thus far we have been supplying all healthcare venues, including care homes and doctor surgeries, with their necessary P.P.E. That is an exceptional measure due to the emergency we were facing. But we must now move into a situation where we plan for COVID to be with us, perhaps it is just with us. So it would be necessary for those other providers of healthcare services to fund their own P.P.E. in time. We have given them notice that this will happen because it is too much of a draw on taxpayer funds, outside of an emergency stage, to continue to fund that.’¹¹⁸

The Panel was also advised that the Island has a 45-day pandemic stock of PPE¹¹⁹.

It is understood by the Panel that costs for 2022 have been calculated based on average quantities and costings required of all the items in February, April and May 2021, which was intended to give a likely central scenario for requirements. It is further understood that the years 2023-2025 have been calculated to assume a 25% fall in PPE consumption / costs.



FINDING 39

The Island has a 45-day pandemic stock of Personal Protective Equipment (PPE). The Government will not continue to provide PPE to all healthcare venues in the long-term, however, notice has been given to providers that this will change.

¹¹⁷ Government Plan 2022-2025, p. 47

¹¹⁸ Transcript, Hearing with The Minister for Health and Social Services, 28th October 2021, p. 30

¹¹⁹ Ibid

PPE Warehousing		
CSP	Minister(s)	Scrutiny RAG Status
CSP 2 – Improve Islander’s wellbeing, mental and physical health	Minister for Health and Social Services	

Business Case: Overview

The Government Plan 2022-25 states:

‘We will continue the implementation of a warehousing and logistics solution for both the Government’s Personal Protective Equipment (PPE) stock and for the decant and storage of the medical equipment. This funding provides the means to continue to store and distribute PPE needed to support public health measures and the operation of government services through 2022. Warehousing PPE is essential to provide the Government with the ability to respond rapidly and flexibly to public health needs.’¹²⁰

The Annex to the Government Plan details that additional warehousing and logistics arrangements were put in place to accommodate PPE stock required as part of the Government’s Covid-19 response. The Government Plan 2021-24 funding was provided for one year only, pending a long-term solution.

Specifically this funding will:

‘enable a longer-term warehousing and logistics solution to be implemented under contract that will run until the end of March 2025 the commercial approach for which was determined following the completion of a competitive tender process in the March 2021. The intended solution will ensure that the Island has secure storage and suitable distribution arrangements for essential PPE stocks for the foreseeable future.’¹²¹

The Panel has noted that the warehousing is also required to store medical equipment from the decommissioned Nightingale Hospital.

Funding allocation requests in Government Plan 2022-2025 (£000):

2022	2023	2024	2025
407	414	421	105

Panel analysis

At a hearing with the Minister for Health and Social Services the Panel was advised that:

The Five Oaks facility is a store for all sorts of things that H.C.S. uses. But in terms of P.P.E. I understand it is the immediate stock that is required within, say, the next 2 weeks - so they run 2 or 3 weeks - is kept there. This warehouse referred to in the Government Plan is for bulk stocks, which we will draw from to put in the warehouse

¹²⁰ Government Plan 2022-2025, p. 46

¹²¹ Annex to the Proposed Government Plan 2022-2025, p. 65

at Five Oaks and then to distribute. But we are keeping a stock as a reserve in case we should have further surges in COVID or indeed any other infectious disease, but let us hope not. Of course there is far greater use of P.P.E. now throughout Health and all that has to be provided for. The Five Oaks building itself was insufficient to do this.¹²²

The panel asked for further details of the storage space, including the proportion of warehouse space that was used for storing the Nightingale equipment. In a letter to the Panel, the Minister for Health and Social Services confirmed:

The warehousing storage space is split as below:

- *8,000 sq ft used to house the Jersey Nightingale contents and the bulk storage of Lateral Flow test kits and PCR swabs;*
- *8,000 sq ft used for PPE (45 day worst case on Island), split over 3 locations for resilience.*

The breakdown of the PPE storage is as below:

1st location: Woodside farm 4,000 sq ft - PPE storage (temporary overflow whilst holding stock is evaluated/rationalized). Currently 100% full.

2nd location: Willow Farm 4,000 sq ft - PPE picking shed (used as a picking/packing & distribution hub for PPE and Testing kits). 70% full (this area cannot be at full capacity; space is required for daily stock rotation and inbound replenishment).

*3rd location: Hospital Supplies Five Oaks is the central hub for all inbound PPE. We receive the majority of deliveries into this warehouse and hold a resilience PPE stock (**remaining 30% of Willow Farm capacity**) at this location. We then supply Willow Farm with replenishment stock as required.*

If we were to take all the PPE and put it into one location, it would take up roughly 8,000 sq ft.¹²³

The Panel is mindful that this expenditure is cover the cost of a commercial contract to outsource the warehousing up to March 2025. The Panel has asked to visit the PPE warehouses and arrangements are being made for this to take place later in 2021.



FINDING 40

The Island's PPE stocks are split across 3 storage sites, and use 8,000 sq ft of storage space. There is a further 8,000 sq ft used to store equipment from the decommissioned Nightingale Hospital.

¹²² Transcript, Hearing with The Minister for Health and Social Services, 28th October 2021, p. 29

¹²³ Letter, Minister for Health and Social Services, 23rd November 2021

Health and Social Recovery		
CSP	Minister(s)	Scrutiny RAG Status
CSP 2 – Improve Islander’s wellbeing, mental and physical health	Chief Minister	

Overview

The Government Plan 2022-2025 states:

A Health and Social Recovery Fund with political oversight will ensure we can continue to develop investment projects to support Islanders Covid-19 recovery such as:

- *Children’s Dental Health: by providing preventative learning, assessment and treatments improving outcomes, particularly in low-income families in response to the closure of dental services due to Covid-19 which has increased the risk of childhood disease.*
- *Long COVID: by developing supported multidisciplinary pathways for improved recovery and productivity.*
- *Early Years: by providing additional free nursery places and building workforce capability to support language development in response to the impact of isolation has had on the normal development and language skills for vulnerable groups.*
- *Children and Young People’s Education and Health: by closing attainment gaps caused by Covid-19 disruption.*
- *ConnectMe - Local Area Coordination: by building on existing Island strengths and community assets and supporting development of reciprocal relationships for sustainable resilience.¹²⁴*

There is no business case available for our review in regard to this programme.

Funding allocation requests in Government Plan 2022-2025 (£000):

2022	2023	2024	2025
5,000	3,000	-	-

Panel analysis

The Panel wrote to the Chief Minister on 1st November 2021 with queries about this programme. A response was received on 24th November.

The Panel asked about the funding allocations, of £5 million in 2022 and £3 million in 2023 relating to this fund. We were advised:

The COM [Council of Ministers] approved the 2022 and 2023 allocation of monies in the Government Plan because at the time there was not sufficient development and detail on the required projects to support COVID Health and Social Recovery. The

¹²⁴ Government Plan 2022-2025, p. 43

Political Oversight Group was therefore proposed to oversee and direct the use of this allocation to set criteria for recovery. The Political Oversight Group has since been convened by the Chief Minister meeting on October 20. The group are scheduled to meet again on the 1 and 2 December. The following table gives an overview of the current situation, but it is obviously subject to approval of the Government Plan by the States Assembly. Reference to any early measures (i.e. before the end of the year) will require the relevant department to fund that part of the initiative from existing resources.¹²⁵

The Panel have been provided with a copy of the Terms of Reference for the Political Oversight Group ('POG') (established in MD-C-2021-0082). This advises that the core purpose of the POG is:

to champion and drive health and social recovery of those Islanders most impacted by the COVID-19 pandemic, to consider proposals for projects with the purpose of supporting recovery and determine which projects will be allocated funding.¹²⁶

The Terms of Reference detail that the POG will have the ability to assign funding from the Health and Social Recovery allocation to relevant Ministers and government departments. The membership of the POG is listed below and the quorum is 3 Ministers, including the Chair (or his designate):

- Chair: Chief Minister
- Minister for Health and Social Services
- Minister for Treasury and Resources
- Minister for Education/Children
- Minister for Social Security
- Minister for Home Affairs
- Minister for Housing and Communities
- Minister for International Development
- Non-Executives as agreed by the Chair or Chief Minister.

The Panel notes that the Health and Social Recovery Fund programme sits under the Strategic Policy, Planning and Performance (SPPP) Department. We have been advised that projects will be developed, and project managed under the Project Management Office of the Government of Jersey and progress monitored on Perform. The Public Health Directorate in SPPP will provide further support and advice on setting up robust measurement tools for monitoring and evaluation.

The Panel has not been provided with any further details about the structure or location of the money within the Fund. It queries the suitability of setting up a fund for recovery projects with only a 2 year life projection and would like to receive further details about how the projects will achieve their outcomes and wind down, or develop and integrate into other services.

The Panel has asked for more detail about the five investment projects listed under this project in the Government Plan.

Long COVID Response

¹²⁵ Letter, Chief Minister, 24th November 2021

¹²⁶ Terms of Reference for the Health and Social Recovery POG, provided as an annex to the Letter, Chief Minister, 24th November 2021

- Funding allocation of £420,000 between January 2022 and December 2023 (£210,000 in each year).
- *'Early Delivery funded by Public Health will lay the foundations for early delivery in 2022. This includes the purchase of a self-help portal and fixed term contracted team to process currently coded patients. Recruitment campaign for MDT in 2022 pending Assembly vote in early December. 2022 delivery will proceed from there with additional funding for extending already established schemes Jersey Sports/MIND Jersey.'*¹²⁷

Early Years

- Funding allocation of £690,000 between January 2022 and December 2023 (£330,000 in 2022 and £360,000 in 2023).
- Will be coordinated and delivered through the Best Start Partnership (already established).
- *'Much of the funding is adding capacity to current evidence-based programmes that are ready to deploy funding in Jan 2022, this includes Making it REAL and Wellcomm training to support children's communication and language development, Best Start Nursery Plus scheme that provides funded hours of childcare for 2-3 year olds identified as at risk of disadvantage. Additional delivery will be through resourcing a Family Information Hub and a Best Start Co-ordinator to ensure the effective implementation of the planned elements of the project and to co-ordinate the integration of services to support family access to core services. Professional development courses will be made available to the children's workforce which includes coaching and mentoring, higher level childcare qualifications, health and education joint training and leadership support for SEN in private nurseries. There will also be a launch of the app '50 things to do before you are 5' in Jan 2022 that will support parents in accessing low cost/no cost activities locally that will support their child's development.'*¹²⁸

Children and Young People's Education and Health

- Funding allocation of £2.942 million (we query the split noted in the letter, £1.766 million in both years, as this increases the total funding allocation from that advised).
- Programmes aim to close attainment gaps caused by Covid-19 disruption, the projects include: Jersey Tutoring Programme, Summer Schools, La Passerelle, Art Project, Mathematics. There will also be recruitment of a Project Officer who will work across CYPES.

The Panel notes that £2.306 million (tbc) of the £5 million funding in 2022 and £2.336 million (tbc) of the £3 million for 2023 has already been allocated by the POG and (subject to approval of the Government Plan 2022-2025).

The Panel notes that additional projects 'in the pipeline' in the areas of children's dental health, occupational health and community in the environment. The Panel queried:

Will the POG have discretion to allocate funding to any additional projects not already outlined in Government Plan 2022- 25?

¹²⁷ Letter, Chief Minister, 24th November 2021

¹²⁸ Letter, Chief Minister, 24th November 2021

*The POG agreed in the initial meeting that they would want to have oversight and review of the projects that have funding approval while considering new issues as they emerge – so they can prioritise and reallocate as appropriate and based on best evidenced information.*¹²⁹

With this in mind, the Panel notes a recent comment from Jersey’s Fiscal Policy Panel Annual Report, published in November 2021, which states:

*Creation of funds can be problematic as they reduce transparency of public finances and the flexibility the government has to spend money in the way in which it will best deliver value for money for Jersey.*¹³⁰

The Panel would like to see further detail of how Reporting from the POG will work in practice. The Terms of Reference note that ‘Progress reports will be provided as required to the Council of Ministers; and the States Assembly, Scrutiny and PAC where appropriate’. The Panel recommends that there should be regular reporting on each project to each of the relevant scrutiny panels during 2022 and 2023.

On reviewing the Proposed Government Plan 2022-2025, the Panel had sought a written submission from local charity, Super Smiles, in relation to proposals about children’s dental health. The Panel received a detailed submission (available in full [here](#)). It was advised that:

*Oral Health inequalities are now far greater than before the pandemic. The impact of Covid-19 on Oral health is more severely felt by those who were already likely to have poorer health outcomes raising concerns about the creation and exacerbation of Oral health Inequalities. However, it would be a mistake to only target the low-income families. Risk of disease is not a fixed outcome but is subject to change. Covid-19 has been a catalyst for this change in Dental Health risk for many children from all social economic backgrounds.*¹³¹

Therefore, the Panel will welcome further information about the additional plans and projects that will be funded through the Health and Social Recovery Fund in due course.

Until the Panel can review further detail on the health and Social Recovery Fund, we have assigned it an amber RAG status.



FINDING 41

A Political Oversight Group for the Health and Social Recovery Fund was established in September 2021.



FINDING 42

The initial projects of the Health and Social Recovery Fund will include a Long-Covid response, Early Years project, and funding for Children and Young People’s Education and Health. There are further projects in the pipeline, including for Children’s Dental Health.

¹²⁹ Letter, Chief Minister, 24th November 2021

¹³⁰ [Fiscal Policy Panel 2021 Annual Report \(gov.je\)](#), p. 42

¹³¹ Written Submission, Super Smiles

RECOMMENDATION 14



There should be regular reporting on each project within the Health and Social Recovery Fund, to each of the relevant scrutiny panels during 2022 and 2023.

Children's Health Recovery Plan		
CSP	Minister(s)	Scrutiny RAG Status
CSP 2 – Improve Islander’s wellbeing, mental and physical health	Minister for Health and Social Services	

Business Case: Overview

The Government Plan 2022-2025 states:

We will increase the access of children, young people and families to assessment, treatment, and support. This needs to include the capacity to manage the backlog of assessments, tests and support for our most vulnerable children and young people.

There has been a significant increase in caseload for more complex multi-agency support and statutory care services, as well as an increase in complexity following the start of the pandemic.¹³²

The Annex of the Government Plan provides further detail and explains that the funding in the Children’s Health Recovery Plan will extend current service models to create a comprehensive, integrated offer that reaches across health, social care, education and the voluntary sector consisting of:

- A Home Treatment and Liaison Team;
- Perinatal mental health;
- Neurodevelopmental service;
- Child to Adult Mental Health transition pathway; and
- Specialist medical capacity.

Funding allocation requests in Government Plan 2022-2025 (£000):

2022	2023	2024	2025
2,000	3,800	3,800	3,800

Panel analysis

In a public hearing on 28th October 2021, the Panel was provided with an overview of the project:

Assistant Minister for Health and Social Services:

¹³² Government Plan 2022-2025, p. 45

...The panel will know that the inpatient services for children are woefully insufficient. The panel will also know that the ability of C.A.M.H.S. (Child and Adolescent Mental Health Service) and Adult Mental Health Services to work together is very limited. There have been occasions when children have been, for example, admitted to Robin Ward and it has been very difficult to find specialist staff to be with those children in Robin Ward or in Orchard House for that matter. Both situations we know are not ideal and we hope to remedy part of that in the new hospital. But what we are doing here with the children's health recovery plan is increasing joint working towards transformation of mental health services for children and young people through the development of a child health recovery plan. We will be setting up an emergency specialist C.A.M.H.S. home treatment liaison team that can in-reach into Robin and into Orchard House. Also outreach into the community and into young people's homes. This service will operate 7 days a week from 12.00 p.m. to 12.00 a.m. The service may operationally sit under health and well-being in C.Y.P.E.S. (Children, Young People, Education and Skills). But it will definitely be a co-operation service with H.C.S. The service is going to be delivered by increasing medical staffing capacity to support new pathways. There is going to be additional capacity to run an integrated perinatal mental health service. Also additional capacity to run neurodevelopmental clinics and an integrated therapy offer, including a paediatric health psychology offer. We will also be expanding capacity to support adolescents transitioning from C.A.M.H.S. into Adult Mental Health.¹³³

The Panel noted that there was £2 million budgeted in 2021 and £3.8 million in each year for 2023 – 2025. The Panel queried why further funding was not going to be made available in 2022:

Deputy K.G. Pamplin:

...But is £2 million realistically enough for 2022 after everything that young people have been through and all the things you are outlining, is that realistically enough? Why is it not £3.8 million to get everything up and running? Do you need more money?

Assistant Minister for Health and Social Services:

As you heard previously, the costs of providing services do rise and those people that we employ are going to have pay rises, are going to have increases in their pensions, a lot of these people are nursing staff, health visitors, and these people each year, for a number of years, get an automatic rise in their pay because of their experience, their time served. So that £3.8 million is to build in those allowances.¹³⁴

The Panel was latterly provided with a further breakdown of staff and projected costs for the five detailed workstreams:¹³⁵

- Home Treatment and Liaison Team – 13 Full Time Equivalent (FTE) staff - £845,000;
- Perinatal Mental Health – 6.5 FTE staff - £384,000;
- Neurodevelopmental and Therapy Team – 16 FTE staff- £1.2 million;
- Child to Adult Mental Health Transition Pathway – 4.5 FTE staff - £334,000; and

¹³³ Transcript, Hearing with the Minister for Health and Social Services, 28th October 2021, p. 31

¹³⁴ Transcript, Hearing with the Minister for Health and Social Services, 28th October 2021, p. 32

¹³⁵ Letter, Minister for Health and Social Services, 23rd November 2021

- Specialist medical capacity – 6.2 FTE - £1 million

The costs in the bulleted points above total approximately £3.763 million.

We have summarised the information collected and analysed under each of the headings below.

Home Treatment and Liaison Team (HTLT)

The Panel understands that the HTLT will operate daily and also provide an out of hours service. The aim of the HTLT is to support those with complex needs and avoid hospital admission unless there is a medical need for treatment. We have been advised that the team will be flexible in terms of supporting the young person in the environment that is best suited for their needs. There will also be support and a liaison service for those who become in-patients. This service is expected to deliver improved outcomes for children and young people, whilst simultaneously reducing the demand on hospital and other acute care capacity.¹³⁶

In a submission from Focus on Mental Illness, the Panel was advised:

*Investing in a home treatment and liaison team in CAMHS services alone will not fix the demand and capacity issues which exist between child and adult mental health services. Early intervention for adults is as equally important and needs to reflect a family-based model of support (as per NICE recommended guidance) rather than a model of care that perpetuates silo working between CAMHS and Adult Mental Health Services.*¹³⁷

Perinatal Mental Health (PMH):

PMH problems are those which occur during pregnancy or in the first few years following the birth of a child and it is estimated that 20% of new and expectant parents are affected by perinatal mental illness. When untreated, this can have a wider impact on the child and family including the statistic that 'Maternal depression for example is associated with a fivefold increase in mental illness for the child.'¹³⁸

The PMH service will provide support for parents and advice to people with mental health needs who are planning a pregnancy. The Minister has also provided the following information to the Panel:

*An integrated perinatal mental health service will reduce the longer-term impact of perinatal mental health on the child and their parent, including the future potential for high-cost children's social care and/or adult statutory services. The service will be evidence-based and multi-agency, building on the network of providers that already exist in Jersey.*¹³⁹

In a written submission, Focus on Mental Illness stated:

We welcome additional investment for improving access and support to mothers during the pre and ante natal period and reiterate the need for this model of care and support

¹³⁶ Ibid

¹³⁷ Written submission, Focus on Mental Illness

¹³⁸ Letter, Minister for Health and Social Services, 23rd November 2021

¹³⁹ Letter, Minister for Health and Social Services, 23rd November 2021

to be funded on a multiagency and multidisciplinary basis rather than through the domain of a single service. Adopting this approach to remodeling and funding services will serve to strengthen integrated care and support across the system.¹⁴⁰

In a written submission, the Maternity Voices Partnership stated:

Perinatal mental health (PMH):

- *The funding should be itemised separately or there is a risk that it isn't prioritised.*
- *The funding is listed under the Children's Health Recovery Plan - this is about adult mental health, these people's mental health is not only important because of the potential impact on their children. We should be addressing this issue independently of its potential impact on children.*
- *The PMH service proposed appears to focus mainly on adults who are already experiencing mental health difficulties or who have complex needs - not the bulk of those needing support who are otherwise not in the "system".*
- *"An integrated perinatal mental health service will be established that will reduce the longer-term impact of perinatal mental health on the child and their parent including the future potential for high-cost children's social care and/or adult statutory services"*
- *Most people struggling with their mental health are nowhere near needing statutory services or their children being taken into care and this statement is frankly offensive. Our feedback from users shows that it is more than 20% who struggle with their mental health and need support. A fact supported by the over-subscription to Mind's Peer Support Service and JTT. Most require support for a relatively short period of time in the same way they need physical health support post-birth for a short period of time.*
- *Building on the network of existing providers is insufficient to meet the needs of families on the island. We need a dedicated and experienced specialist perinatal team. We used to have a dedicated perinatal mental health nurse who provided this service.¹⁴¹*

The Panel is pleased to note the funding of 6.5 FTE staff for this team, however, it queries the placement of PMH in a programme that is intended to focus on Children's Health Recovery.

Neurodevelopmental service

This new support service does not currently exist in Jersey. It will be established to manage the increase in cases to therapy services (SLT, OT and Physio) and neurodevelopmental type services (for assessment, treatment and support) that has developed partly as a consequence of Covid-19. The service will manage future assessments and treatments in a more integrated way. It will also include a health psychology offer, which is for children who have long term conditions such as diabetes and associated psychological needs.¹⁴²

In a written submission to the Panel, Focus on Mental Illness have stated that:

If this proposal is a waiting list initiative we support the need to provide timely access to assessment and care for those in need of a neurodevelopment service which we

¹⁴⁰ Written submission, Focus on Mental Illness

¹⁴¹ Written Submission, Maternity Voices Partnership

¹⁴² Letter, Minister for Health and Social Services, 23rd November 2021

*assume has been a problem caused by the restrictions to services during Covid and not that Covid has increased the number of neurodevelopment cases. There is a lack of recognition in the Government Plan as to the impact these delays have had on families and carer's particularly the socio-economic impact of delays to care and support.*¹⁴³

The Panel notes that this service is the largest proportion of the annual project budget (£1.2 million) and will require 16 FTE staff.

Child to Adult Mental Health Transition Pathway

The Department has advised the Panel that this new pathway will be implemented to provide a consistent point of contact and service offer for young people (aged 16-25) that require continued support into adulthood, and that this will be well targeted to their needs.

Focus on Mental Illness provided the following comment in their written submission:

*We welcome the additional investment in pathway development but would like to see more about what resources the Government is committing to the role the charitable sector can play in supporting transition for children to adult services and their part in other care pathways.*¹⁴⁴

Specialist medical capacity

To support the introduction of each of the new services within this programme of work, additional medical leadership and oversight is required. The Panel understands that this will include Community Paediatricians and Child Psychiatrists. Associate Specialists will also support the new pathways and provide out-of-hours cover (also working with colleagues in adult services) to ensure a 24/7 response is available where required.

The Panel asked about the long-term commitment to the new services, the Assistant Minister for Health and Social Services advised:

*It is going to be absolutely vital to ensure that we are not simply playing a game. We do not introduce a service and then remove a service. We cannot possibly do that. We have seen how the service has been over recent years and now finally we have a plan for C.A.M.H.S. and we have a plan for children within the H.C.S. system. We are not going to backtrack on that because we will have wasted our time and we will be disrupting the treatment process or the support process for children and adolescents. So the answer to your question is, no, we will not be removing the services as soon as we put them into place.*¹⁴⁵

The Panel has provided a green RAG status to this project as it has reviewed the background information and is satisfied with the business case.



FINDING 43

The Children's Health Recovery Plan will provide investment to establish services including: a Home Treatment and Liaison Team, Perinatal mental health, Neurodevelopmental service, Child to Adult Mental Health transition

¹⁴³ Written Submission, Focus on Mental Illness

¹⁴⁴ Written Submission, Focus on Mental Illness

¹⁴⁵ Transcript, Hearing with the Minister for Health and Social Services, 28th October 2021, p. 32

pathway, and specialist medical capacity. Funding is proposed in the sum of £2 million in 2022 and increases to £3.8 million for the remaining years of the Government Plan.

Fund as required programmes

Fund as required - Covid-19 Helpline		
CSP	Minister(s)	Scrutiny RAG Status
-	Minister for Social Security	

Business Case: Overview

The Government Plan 2022-2025 states that the Government will continue to fund, as required, the ongoing operations of the Covid-19 Helpline. The Covid-19 Helpline deals with queries about the vaccination programme, PCR test booking, changes to travel and isolation requirements, and it provides a key point of contact for Islanders requiring up to date information on public health restrictions.

The funding has been identified as 'fund as required' for 2022. The Government Plan explains that the funding for various projects where there is uncertainty will be held in the General Reserve¹⁴⁶.

Fund as Required – Estimated amounts held in the General Reserve 2022-2025 (£000):

2022	2023	2024	2025
500	-	-	-

Panel analysis

In a public hearing with the Minister for Social Security the Panel asked about the 'fund as required' element of the Covid-19 helpline and were advised:

Director General, Customer and Local Services:

We have estimated that to run a helpline for the full year next year we are expecting it to be ... fingers crossed, if we had to run one it would be a lower level of resource that will be needed. We have estimated it will be about £500,000. Obviously, that will be different if we only ran it for 6 months or if we ran it for 3, et cetera. So it is good to know from our perspective that that ... that is a good service to the public. The resources are there if needed.¹⁴⁷

¹⁴⁶ Government Plan 2022-2025, p.122

¹⁴⁷ Transcript, Hearing with the Minister for Social Security, 13th October 2021, p.18

Regarding the staffing and the long-term forecast for the existence of the Covid-19 helpline, the Panel was advised that:

Director General, Customer and Local Services:

Well, the helpline was initially resourced from colleagues in Customer and Local Services. It needed to be done at short notice, so we moved people across, for example, from back to work and the library as well as from colleagues across government, so we had people in support centres and Skills Jersey all helping out. As time progressed we were able to secure resource specifically for that so that people could go back and help out in other priority areas around government, and the whole helpline is now 100 per cent funded, 100 per cent staffed and funded by colleagues who have been brought in just for that purpose. The leadership is still seconded people but all the support team working hard to cover the phones all throughout the week are all there for that purpose. So they are doing a great job and as and when the helpline at some point will no longer be needed I am very confident that those individuals will be assets to work across government and we will do everything possible to help them if there were vacancies they could fill.¹⁴⁸

The Panel noted the uncertainty around this programme and that the funding would be held in the General Reserve.



FINDING 44

£500,000 has been set aside as provisional funding for the Covid-19 Helpline in 2022.

Fund as required: Covid-19 Test and Trace Programme and Technology		
CSP	Minister(s)	Scrutiny RAG Status
-	Minister for Health and Social Services	

Business Case: Overview

The Government Plan 2022-2025 states:

We will continue to fund, as required, the costs of the Test and Trace Programme into 2022.

Reducing the incidence of Covid-19 is achieved through testing, fast contact tracing and isolation, and supporting businesses to remain Covid safe. This will in turn minimise the pressure on Health and Community Services and support the removal of public health restrictions.

¹⁴⁸ Transcript, Hearing with the Minister for Social Security, 13th October 2021, p. 20

The Test and Trace Programme has developed several technology solutions that are bespoke to Government. This has enabled services to be tailored to meet local requirements, ensuring policy decisions are not constrained by technology.

We will continue to:

- *fund and maintain existing systems, including the Covid-19 Alert App*
- *ensure that further development needs can continue to be met as the programme evolves*
- *support the team that provides business analytics to help informed decision making*
- *give on-going consideration to the future funding of the Test and Trace Programme, including the future potential for proportionate charges to be introduced.*¹⁴⁹

Fund as Required – Estimated amounts held in the General Reserve 2022-2025 (£000):

2022	2023	2024	2025
20,000	-	-	-

Panel analysis

The Panel asked about this programme at a public hearing on 28th October 2021, and queried the funding requested of £20 million which was noted to be ‘fund as required’. The Panel was advised that:

The Minister for Health and Social Services:

... I was just going to say it is difficult to predict exactly what we will need next year. These are large, rounded figures to make sure that we do not run into difficulty. I remember discussing them with the Chief Minister but we had to choose a figure, which was thought appropriate and safe. I do not know if [Head of Finance, Health and Community Services] or [Director, Public Health] can add anything to that?

Director, Public Health:

Just to say that is entirely the case. We are not sure how the pandemic is going to unfold over the coming months and this was seen to be a prudent figure. I also would like everyone to know [the Director of Test and Trace], is on the call and she may also wish to comment if the Minister would like her to do so.

Director, COVID Testing and Tracing:

I agree with everything that was said. This is a prudent rounded figure estimated for 2022. We will continue to work closely with policy colleagues as the pandemic continues to develop and as we 24 experience the impacts of COVID-19 in Jersey, particularly in response to the winter strategy, which was produced last week, and then subsequent strategies as we move forward. We keep costs under review. We are constantly working to reduce our costs wherever we can do to make sure that the

¹⁴⁹ Government Plan 2022-2025, p. 44

spend is appropriate but is also targeted in the right way to continue to keep Islanders and the Island safe.

Deputy C.S. Alves:

Thank you. The £20 million estimate is detailed as “Fund as required”. That is on page 122. Please could you provide some further information about how that will be approached, particularly from a governance and control perspective, for the approvals required, for spending the budget as required?

Director, COVID Testing and Tracing:

We have a draft business case, which was produced a number of months ago based on the assumptions that we had at that time. Now that we have the winter strategy approved and in the public domain, over the coming weeks we will refresh that business case based on what we know about the pandemic right now and based on the winter strategy and the operational responses that we need to put in place. We need to continue to make sure that we can meet the objectives of that winter strategy. As we go forward into next year, we keep that under review, and our operational response is adjusted and amended based on subsequent strategies or subsequent policies around COVID. The business cases go through the normal business case approvals mechanisms with oversight from Treasury colleagues and the Minister for Treasury and Resources and from the relevant Ministers, including the Chief Minister and the Minister for Health and Social Services.¹⁵⁰

The Panel has not had the opportunity to review the business case and will request that this is shared with scrutiny.

The Panel has designated this programme with an amber RAG status due to the uncertainty involved and as it has been unable to review the business case at the time of the publication of this report.



FINDING 45

A provisional £20 million has been provided for in respect of the Covid-19 Test and Trace Programme and Technology in 2022.

¹⁵⁰ Transcript, Hearing with the Minister for Health and Social Services, 28th October 2021, p. 23

Capital projects

The following section provides the Panel’s analysis of each new capital project:

Replacement Assets (Various)	
Minister(s)	Scrutiny RAG Status
Minister for Health and Social Services	

Business Case: Overview

The Government Plan 2022-2025 states:

Replacement assets focuses on the replacement of current equipment that is due to reach the end of its safe useful life and require replacing for newer equipment.

Funding allocation requests in Government Plan 2022-2025 (£000):

2022	2023	2024	2025
2,600	2,750	2,750	3,200

Panel analysis

The Health and Community Services (HCS) budget allocation for Replacement Assets (Various) in the Government Plan 2022-2025, represents an £11.3 million spend between 2022 and 2025.

The Panel note that this project encompasses 72 items that have been identified by HCS as requiring replacement in the years 2022-2025. In addition, the Panel have been made aware that replacement of HCS assets has also been included in the Health Services Improvements project, as was noted by the Minister for Health and Social Services during the Panel’s review hearing on 28th October:

Deputy Richard Renouf, Minister for Health and Social Services:

Also in that area are the replacement assets, which is a rolling budget as and when equipment in health services need to be replaced. ¹⁵¹

Following the review hearing, the Panel received further information about the capital programme for HCS replacement assets from 2022-2025, in a follow-up letter on 22nd November 2021:

Please can you provide us with some further detail about the capital programme for Health and Community Services replacement assets for the period 2022-2025?

Health and Community Services requires a significant number of assets (both revenue and capital) to maintain the range of services it provides. The timely replacement of these assets is essential to the provision of safe patient / client care as well as the effective operation of the hospital and other HCS services. Many pieces of medical equipment have ‘fixed’ lives where suppliers recommend / require replacement / upgrade in order to manage risk / litigation and ensure safe operation.

¹⁵¹ Transcript, Hearing with the Minister for Health and Social Services, 28th October 2021, p. 39

The impact of not replacing this range of equipment is directly on the service provision, be it a support service or front-line service. If the equipment is not safe or appropriately up to date so that it can be maintained, the service delivered via that equipment would be directly impacted.

*The replacement programme is based on the Department's Fixed Asset Register and is overseen by clinicians and service leads responsible for providing the services supported by this equipment.*¹⁵²

In the Minister's response, the full list of planned equipment replacement schedule for 2022 was provided (see below):

Planned equipment replacement schedule for 2022:

Planned Equipment replacement	2022
Bronchoscopes, K006627	25,800.00
Dental Chair System	116,689.00
Electroconvulsive Therapy Equipment	25,000.00
Endoscopic Ultrasound Scope	80,000.00
Eye laser Carlton Oculight,	15,000.00
Garment Tunnel Finisher PARENT	81,190.00
Giraffe Omnibed	32,000.00
Incubator	50,000.00
Interventional Radiology Room 4 - New Technologies	320,000.00
Radiology Room 4	680,000.00
Ventilators	103,550.00
Compact Air Drives	75,000.00
Endoscopic Camera Stack	58,871.00
Flexible Cystoscope	16,900.00
Laser - ENT & Urology	103,000.00
Radiology - Room 2	400,000.00
Microscope (Eyes)	97,000.00
Portable Ultrasounds	320,000.00
Total Planned	2,602,022.00

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A list of the equipment that is identified as requiring replacement in the years 2023 – 2025 is also provided in a table on the next page. With reference to that table, the Panel note that the planned expenditure differs from the details of expenditure in the Government Plan 2022-2025.

In particular, the Panel note that planned expenditure for replacement of HCS assets is substantially higher in 2024 at £4.65 million, than the £2.75 million provided for in Government Plan 2022-2025.

In addition, there are substantial reductions in the years 2023 which is reduced by £450,000 and 2025 which has been reduced by £1.77 million. Overall expenditure on the HCS replacement assets project, totals just under £11 million, which is £300,000 less than the amount proposed in Government Plan 2022-2025.

¹⁵² Letter, Minister for Health and Social Services, 22nd November 2021

¹⁵³ Letter, Minister for Health and Social Services, 22nd November 2021

Equipment that is identified as requiring replacement in the years 2023 – 2025 (subject to review and prioritisation):

Description	Sum of 2023	Sum of 2024	Sum of 2025
Autoclave Microbiology LTE	49,500		
Bath Beech Arjohuntleigh	11,200		
Bronchoscope Olympus Keymed		23,710	
Call system General Hospital	298,200		
Capillars - Blood	38,000		
Cardiac Clinical Investigations	10,000		
Colonoscope Olympus Medical	13,000		
Cryomatic Unit Keeler		15,600	
Cryostat Histology Leica	14,000		
Defibrillator Zoll Medical		38,820	
Dental equipment	90,175		
Dialysis Renal Unit	72,000	48,000	
ECP Day Surgery		29,075	
Edge System Emergency		26,200	
Electroencephalograph Optima Medical	24,950		
Electromyography Optima Medical	31,995		
Exercise Investigations Cosmed		30,907	
Field Dept	27,000		
Gastroscope	130,920	101,824	
Hi-Lo Care Packages	16,000		
Hi-Lo Ward Arjo	11,500		
IN Inflight Co-ordinator		10,162	
Intensive care equipment	175,975	19,050	112,000
Isolette Care Baby	13,000		
KNS800 Power Tool			13,000
Major Major Incident		95,550	
Microdebrider Console Day		10,500	
Microscope	64,000	69,500	
Microtome - Histology	20,200		
Minor Day Surgery		208,000	
Navigation ENT Medtronic		80,000	
OCT Dept	48,000	43,072	
Ortho Olympus Operating			25,330
Orthoconnect - General	10,500		
Paed Aubin Ward	224,828		
Paed Ward Olympus	114,800		
Pathology equipment	36,195	55,860	
Portable Investigations Philips	40,892		
Progressa Care Hill-Rom	16,000		
PSA Mgmt &			380,000
Radiology equipment	58,105	2,999,237	576,973
Rhinolaryngo Olympus Medical	26,000		
Robotic Becton Dickinson		398,700	
Televideo Investigations VideoSouth	18,773		
Theatre Equipment	193,974	109,367	114,350
Tracking Ward Hill-Rom			22,300
Transport Care Baby	139,998		
Ultrasound		126,700	130,500
Urology Olympus Operating		22,293	
UV Estates Mgmt			54,000
Video Ward Keymed		37,848	
Video Xion Gmbit		32,955	
Visual Analyser Eye		11,640	
Washer Ward Cantel	254,000		
Grand Total	2,293,679	4,644,571	1,428,453

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¹⁵⁴ Letter, Minister for Health and Social Services, 22nd November 2021

The Panel acknowledge from the Minister that HCS assets will be replaced ‘as and when equipment in health services need to be replaced’¹⁵⁵. However, the Panel would like further clarification about the redistribution of funding for replacement of HCS assets across 2022, 2023, 2024 and 2025 and the £300,000 overall reduction in spend for this project. Based on the information above, the Panel has classified this project with an amber RAG status.



FINDING 46

The Proposed Government Plan 2022-2025 details a broadly consistent expenditure on replacement assets across the 4-year term of the plan, however, the information provided by the Department (of the value of equipment requiring replacement) details a higher funding requirement in 2024 than is currently provided for.

RECOMMENDATION 15



The Minister for Health and Social Services must provide the Panel with further detail about the proposed budget for the capital expenditure on replacement assets.

Crematorium	
Minister(s)	Scrutiny RAG Status
Minister for Social Security	

The Government Plan 2022-25 states:

...the Government maintains structures and assets across a wide variety of departments with single or joint uses.

These estates require continued renovation, or new construction to ensure that Government assets are fit for purpose for the benefit of islanders.

Funding allocation requests in Government Plan 2022-2025 (£000):

2022	2023	2024	2025
-	-	500	4,500

Panel analysis

The relocation and replacement of the Crematorium is a new project that is due to commence in 2024, and the Panel notes that the project will cost a total of £5 million between 2024 and 2025.

During its review hearing with the Minister for Social Security on 13th October 2021, the Panel was informed, by the Director General for Customer and Local Services, that the £5 million allocation for the project represented an estimate of the cost of relocating and replacing the Crematorium:

¹⁵⁵ Transcript, Hearing with the Minister for Health and Social Services, 28th October 2021, p. 39

Director General, Customer and Local Services:

We have also, therefore, been able to pick up them fresh to say, irrespective of the hospital, this building is dated, the plant is dated, it is obviously at the end of its useful life, we need to start thinking ahead to see how we can change that situation. That is what that capital is for. It is an estimate, a very early estimate, at this stage, and we have not looked at any options at all in terms of if the crematorium changed the site where it currently is or whether it is somewhere else, but we have put some new funding in place to help do that project and business case and fund it if needed.¹⁵⁶

The Panel was also provided with additional context in relation to the cost of the new Crematorium facility:

Director of Local Services:

The machine, from what I am told, the lead-in time is literally months as opposed to weeks and is very bespoke. It is really once in a generation.¹⁵⁷

During its review hearing, the Panel also questioned the project timescales:

Deputy Mary Le Hegarat, Chair, Health and Social Security Scrutiny Panel:

Are you confident that starting the work in 2024 will allow enough time for the crematorium to be moved before the new hospital is in operation [by 2026]?

Director of Local Services:

There is 2 parts to this, if I may. The identification of a site, if that is the direction we go down, the actual build itself will be in line with any other build. The lead-in time for the cremators is where you get a time lag. We worked closely with the firm or spoke to the firm that helped Guernsey with their facility and it could be anything from 18 to 24 months for new plant to be constructed and commissioned, et cetera. We would like to start this work very early. The point made, and is the position for myself, is we are seeing the logical intention in keeping with having the hospital and the crematorium next to each other but, again, maintaining the fact that we will maintain those existing rose gardens wherever the crematorium is.¹⁵⁸

The Panel believes that the funding allocated to this project represents proportionate and necessary expenditure to relocate and replace the existing Crematorium facilities, whilst maintaining the existing rose gardens. The Panel has assigned this project a green RAG status following responses provided by Government Officers during its review hearing and is satisfied with the business case to date, but expects that further detail will be provided in due course.



FINDING 47

The Crematorium facility in Jersey requires replacement, irrespective of the new hospital at Overdale. An estimate of £5 million across 2024 – 2025 has been budgeted to review and relocate this service for the Island.

¹⁵⁶ Transcript, Hearing with the Minister for Social Security, 13th October 2021, p. 35

¹⁵⁷ Ibid, p. 36

¹⁵⁸ Ibid, p. 36

9 Conclusion

The Government Plan 2022-25 was lodged on 21 September 2021 and notwithstanding a short and challenging timeframe, over the last 12 weeks, the Panel has endeavoured to undertake a thorough analysis of all the programmes allocated to it by the Government Plan Review Panel.

This review has focussed primarily on whether the funding sought is sufficient or excessive, as well as how the funding proposes to ensure value for money. In addition, we have also scrutinised the progress and spend to date for programmes agreed in previous Government Plans.

Overall, the Panel is satisfied with the majority of programmes and the rationale for the 2022 funding bids, however, red 'RAG' ratings have been assigned to the 'Jersey Care Model' and 'Mental Health' programmes. 13 programmes have been assigned an amber rating and 17 have been assigned a green rating.

In closing, the Panel has provided a summary of the various programmes where the Panel's main concerns lie:

Program / Capital Project	Reason	Scrutiny RAG Status
Jersey Care Model	The Panel has concerns about the progress of the establishment of the independent oversight board and the delays to the provision of information that is required to review the future of sustainable healthcare funding for Jersey.	
Mental Health	The budget for Mental Health services in GP20-CSP2-2-02 was a planned increase pre-pandemic, and the funding amount has not been changed despite the changed context of mental health services in 2021/22.	
Mental Health legislation	The Panel would like clarity on whether the budget for Mental Health Legislation (GP20-CSP2-2-03) is also being counted under GP20-CSP2-2-02 (Mental Health).	
Digital Health and Care Strategy	The overlap and combined management of the digital health programmes makes it difficult to analyse progress against the separately funded projects. The Panel would like further details on progress of the items specifically funded under the 'Digital Health and Care Strategy'.	
Maintaining health and community care standards	The Panel would like further information on the transformation projects, together with further clarity on the budget for this programme, as there appear to be a number of inconsistencies.	
Financial independence in old age	This project has been deferred, but work is expected to recommence in 2021. The Panel cannot support the request for any further funding for the project until the outcome of the investigation is known, and proposals of a way forward are brought to the States Assembly.	

Food costs bonus	Whilst the panel notes that the forecast spend (£308,000) for this project in 2022 is below budget, it is noted that the total budget is limited to £340,000 per year in the Proposed Government Plan 2022-2025, when per P.95/2020 the budget anticipated for should have been £361,000.	
Care Needs at Home	This project was postponed due to the pandemic. Until there is further detail provided on the outcome of the pilot scheme, now expected for 2022, the Panel is unable to conclude whether the resources allocated for 2022- 2024 are appropriate.	
Covid-19 Test and Trace Programme and Technology	The Panel has designated this programme with an amber RAG status due to the uncertainty involved and as it has been unable to review the business case at the time of the publication of this report.	
Health and Social Recovery	The Panel would like further information about the additional plans and projects that will be funded through the Health and Social Recovery Fund in due course.	
Replacement Assets (Various)	The Panel would like further clarification about the redistribution of funding for replacement of HCS assets across 2022, 2023, 2024 and 2025 and the £300,000 overall reduction in spend for this project.	
Health Services Improvements	The Panel would like further detail to be provided to clarify the proposed reduction in 2024 funding.	
Jersey Care Model – Digital Systems	Work to progress the ‘JCM – Digital Systems’ project has been delayed in 2021, due to other prioritisation of resources for other projects in the digital health team.	
Digital Care Strategy	The Panel would like some further clarity on the overlap between the ‘Digital Care Strategy’, the ‘Jersey Care Model – Digital Systems’ and ‘Digital Health and Care Strategy’.	
In-Patient / Support Services Refurbishments	This project has been designated as ‘amber’ until clarity can be provided on the 2021 work and potential deferral of the budget.	

During this review a common theme emerged which identified that reviews of funding had not been undertaken in 2021, despite commitments in last year’s Government Plan. This included reviews of the social security funds and also the sustainable primary healthcare funding review. The Panel has therefore recommended that the Minister for Social Security keeps the Panel informed on the progress of the actuarial reviews for the Social Security funds in 2022, and that this should include the Health Insurance Fund. Furthermore, the Panel found that further clarity was required regarding the digital health projects and recommended that increased priority was given to progressing the digital elements of the Jersey Care Model.

10 Witnesses and Evidence Gathered

Public hearings were held with the following Ministers:

- The Minister for Social Security – Review Hearing on 13th October
- The Minister for Health and Social Services – Quarterly Hearing on 17th November
- The Minister for Social Security – Quarterly Hearing on 21st October 2021
- The Minister for Health and Social Services – Review Hearing on 28th October

Responses to written questions were received from the following Ministers:

- The Minister for Health and Social Services
- The Chief Minister
- The Minister for Home Affairs

Requests for written submissions were sent to 6 stakeholders and responses were received from the following:

- Focus on Mental Illness
- Jersey Maternity Voices Partnership
- Primary Care Body
- Super Smiles
- The Listening Lounge

To view all the submissions, responses to written questions and public hearing transcripts, please visit [the review page](#) on the States Assembly website.

Appendix 1

Terms of Reference

Government Plan 2022 - 2025 Terms of Reference

1. To undertake a review of the sections/projects of the Government Plan 2022- 2025 which are most relevant to the remit of the Health and Social Security Scrutiny Panel, using the following criteria as a guide:
 - Where funding over £500,000 has been allocated
 - Where funding has been withdrawn or decreased significantly from the previous year
 - Where funding has been increased significantly from the previous year
 - Projects which the Panels consider are of most concern (as a result of, for instance, delays, deferrals, overspends or because they are not in keeping with Common Strategic Priorities)
 - Projects which have been identified as of concern by stakeholders
 - Projects which are contentious and/or in the public eye.
 - Projects where insufficient information has been provided and more information is sought
 - Concern is held on the project's alignment with Common Strategic Priorities, social impact and impact upon children.
2. To determine whether those projects align with Ongoing Initiatives, Common Themes and, ultimately, Common Strategic Priorities.
3. To consider whether the resources allocated to the projects is sufficient or excessive.
4. To review of the success or otherwise of projects agreed in the previous Government Plan for 2021.
5. To assess the expected impact on the ongoing delivery of public services, by Minister, through rebalancing of Government finances.

Panel membership

The Panel comprised of the following States Members:



Deputy Mary Le
Hegarat (Chair)



Deputy Kevin
Pamplin (Vice-Chair)



Deputy Carina Alves



Senator Sam Mézec



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