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# STATES OF JERSEY



## **GOVERNMENT PLAN 2022-2025 SCRUTINY REVIEW (HEALTH AND SOCIAL SECURITY SCRUTINY PANEL) (S.R.19/2021): JOINT RESPONSE OF THE MINISTER FOR HEALTH AND SOCIAL SERVICES AND THE MINISTER FOR SOCIAL SECURITY**

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**Presented to the States on 11th February 2022  
by the Minister for Health and Social Services**

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**STATES GREFFE**

**GOVERNMENT PLAN 2022-2025 SCRUTINY REVIEW (HEALTH AND SOCIAL SECURITY SCRUTINY PANEL) (S.R.19/2021): JOINT RESPONSE MINISTER FOR HEALTH AND SOCIAL SERVICES AND THE MINISTER FOR SOCIAL SECURITY**

<b>Ministerial Response to:</b>	S.R.19/2021
<b>Ministerial Response required by:</b>	28th January 2022
<b>Review title:</b>	Government Plan 2022-2025 Scrutiny Review
<b>Scrutiny Panel:</b>	Health and Social Security Scrutiny Panel

## INTRODUCTION

The Minister for Health & Social Services and the Minister for Social Security welcome the HSS Scrutiny Panel's review of the Government Plan 2022-2025. They thank members of the Panel for the opportunity to comment and respond to the Review's findings and recommendations.

## FINDINGS

	<b>Findings</b>	<b>Comments</b>
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.	It was agreed during 2021 that the States Grant would be reinstated at its formula value from 2024. Together with increases in investment value, this ensures that the Social Security Fund has a healthy long-term position.  An actuarial review of the Fund will take place in 2022.
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.	Noted
3	If the Government Plan is adopted as proposed, and the draft Regulations are subsequently approved by the States Assembly, the estimated balance of	Note that Page 171 of the Government Plan identifies that the balance across both funds will be £2.497 billion at the end of 2025.

	<b>Findings</b>	<b>Comments</b>
	both the Social Security Fund and the Social Security (Reserve) Fund at the end of 2024 would total £2.497 million.	
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.	See KF 1.
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.	Noted
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.	Due to competing demands on limited resources, it was not possible to make significant progress on this project in 2021. This project has been prioritised for 2022 and resources and funding have been ring fenced for this work.
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.	Noted
8	The Minister for Health and Social Services has been asked to make a total of £6.25 million of efficiencies in 2022.	Noted
9	The Minister for Social Security has been asked to make a total of £575,000 worth of efficiency savings in 2022.	Noted
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.	The HCS underspend relates predominantly to delays in recruitment. Outstanding posts are scheduled to commence in early 2022. Non-staff costs associated with the posts will also increase as we progress through 2022.

	<b>Findings</b>	<b>Comments</b>
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.	The Chair of the Independent Oversight Board has been appointed. The interviews for the member posts will be scheduled for February 2022. The first board meeting is expected in March 2022.
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.	Accepted and correct for 2022
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.	Mental health funding recurrently is circa £4M annually, which includes Mental Health Legislation.
14	The 'Mental Health Legislation' has forecast an underspend of approximately £52,000 in 2021.	Correct at the point in year reported. Actual annual underspend was £84k. This primarily relates to slippage non-recurrently for the recruitment to a Capacity & Liberty Assessor/Trainer.
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.	The costs of the health-related digital projects funded from the HIF are accounted for separately. The transfer of monies out of the HIF is only made when the planned work has been completed.
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	Agreed along with other initiatives where required and inflationary increases recurrently.

	<b>Findings</b>	<b>Comments</b>
	training, and establishing pathways for diabetes care and end-of life care.	
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.	As per analysis GP2022
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.	Noted
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.	Noted
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.	The Social Security Minister agreed with the HSS Panel at the end of last year that the independent global pensions experts D3P will finish and publish their report in January 2022, and that officers will brief the Scrutiny Panel on the report.
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.	Noted
22	Customer and Local Services has confirmed that the forecast spend for the Community Costs Bonus in 2022 is £308,000, which is lower than the budgeted £340,000.	Noted

	<b>Findings</b>	<b>Comments</b>
23	There were 1,190 total claims of the Single Parent Component benefit in 2021.	Noted
24	The value of the Single Parent Component would not increase in 2022 and would remain at £40.39 per week.	Noted
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.	Noted
26	The Disability Social Inclusion Project is making progress, and a Disability Strategy survey was undertaken in August 2021.	Noted
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.	Noted
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.	If the Our Hospital Project remains on programme, the budget can be reduced due to the existing site having only 12 months operational life remaining. The reduction in budget came from central cost efficiencies to meet budget setting. If delay in the OHP exceeds 12 months, additional monies will be required.
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.	Remaining £500k is to complete the detailed design of a replacement Aviemore House facility and convert Klondyke, a bespoke facility for learning disabilities service. The 2022 budget is for the construction of the new 'Aviemore'.

	<b>Findings</b>	<b>Comments</b>
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.	The 2022 Digital Health portfolio of projects consists of two Programmes that are identified separately in the Government Plan. The first is the "Digital Care Strategy", which includes projects primarily focused on services within the hospital, such as Electronic Patient Records which is the replacement of the TrakCare system, and implementation of a Vendor Neutral Archive to support the storage and sharing of medical images. The second is the "Jersey Care Model – Digital Systems" which includes projects outside of the hospital including the Jersey Care Record and Teleguidance.
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.	Reprioritisation of the Jersey Care Model – Digital Systems project in 2021 was agreed with HCS and as part of a cross-government request to defer some projects / costs from 2021 to 2022.
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.	<p>The States Assembly approved P.102/2021 in December 2021. This creates legislation to allow the Social Security Minister to make a transfer of up to £13 million in 2022 and separately to make transfers during 2022 in respect of monies previously agreed to be transferred in 2021.</p> <p>At the end of 2021, Ministers agreed to finalise the costings for the 2021 projects for the whole of 2021 and to make a transfer to this exact figure in early 2022. This process is underway and will also meet the requirements of Amend 15 of the Government Plan, as lodged by the Panel:</p> <p>"The Minister for Health and Social Services will annually publish a report, which will also be presented in advance to the Health and Social Security Scrutiny Panel, to detail the</p>

	<b>Findings</b>	<b>Comments</b>
		<p>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 HIF;</p> <p>The Minister for Social Security will publish a report, within 2 weeks of any transfer, to detail how any funds transferred out of the HIF for the purposes of the JCM or its related digital strategies costs have been verified;”</p> <p>HCS – The majority of the spend at this stage of the Digital Care Strategy is in the Electronic Patient Records project. This was in the selection and procurement stage in 2021 so the implementation costs that were originally forecast in 2019 were not incurred. The supplier of the new system has been onboarded and we are now working towards contractual payment milestones in 2022. We are waiting confirmation of the carry forward request for unspent 2021 budget.</p>
33	The mid-year review has stated that there has been progress on the ‘InPatient / Support Services’ project, however, the update provided to the Panel conversely advises that there has been no spend or commitment in 2021.	Due to the pandemic impacting on improvement work to inpatient areas, a transfer request has been lodged to move the required funding into 2022. The Estates teams are working on a hospital-wide improvement plan which would see this bid utilised in-year. Awaiting confirmation from finance that the transfer of funds has been approved.
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.	Noted
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	£646,000 per annum will support the delivery of consultant-led care following a medical model review. The funding includes provision for 2 new



	<b>Findings</b>	<b>Comments</b>
	the labour ward 24/7 and will ensure that the best practice guidance in relation to safety is met.	consultant posts, and additional programmed activities for existing consultants, in addition to an increase in medical secretaries to support this establishment. The medical complement as a result will include in totality 7 consultant obstetrician gynaecologists and 6 middle-grade doctors.  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.
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.	On 17 November 2021 a forecast of project finances concluded that a supplementary business case for boosters is not required and the Government plan budget of £5.4 million was sufficient to fund primary doses and boosters during the year. This decision was approved by Head of Finance Business Partnering HCS.
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.	The business case of £6.688 million for COVID vaccination in 2022 was submitted and approved in the Government Plan passed by the States Assembly in December 2021. Due to numerous assumptions in the business case, it was agreed with Treasury to divide the application into 'certain' costs (£4.1 million) and 'potential' costs (£2.585 million).
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	Minister for Social Security: Cervical screening is provided through GPs and HCS. A publicity campaign has run in January 2022.  Minister for Health and Social Services: Diabetic retinal screening and cervical screening are both up to date. Currently, there is a large health promotion campaign running to increase the uptake of cervical screening. We are working with

	<b>Findings</b>	<b>Comments</b>
	2022 cohorts would be seen during 2022. Breast screening was reported to be one year behind schedule.	Diabetes Jersey to decrease the DNA rate within diabetic retinal screening programme.  Breast screening remains 12 months behind schedule, but new timetables and additional clinics are being planned to increase clinical capacity.  Faecal Immunochemical Testing (FIT) for bowel screening started in November 2021 and tests are sent out daily. Modernisation & Digital has started a significant project to automate the FIT testing process which, when operational, will allow more patients to be screened with less risk.
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.	Correct. The 45-day stock is under review to ensure it is effective for the needs of 2022 and beyond. Withdrawal of free provision of PPE to non-Government of Jersey organisations will begin in Q2 2022. The use and size of pandemic stocks will be reviewed quarterly to ensure appropriate contingency and cost effectiveness.
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.	Correct. This will reduce as the 45-day stock is reviewed and unusable items and equipment are disposed of. Work is ongoing to reduce the quantity of Nightingale equipment to an appropriate level so that storage costs can be rationalised in line with current and future demand.
41	A Political Oversight Group for the Health and Social Recovery Fund was established in September 2021.	Correct
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.	A Long Covid clinic was established in December 2021. HCS has contracted a suitably qualified GP to support this work.  A planned and co-ordinated programme that will support children and families in the early years will address:

	<b>Findings</b>	<b>Comments</b>
		<ul style="list-style-type: none"> <li>• The impact of Covid on children's lost learning and development</li> <li>• Parents' anxiety and social isolation</li> <li>• Support for the workforce through joint initiatives</li> </ul> <p>This brings together core services for families in an accessible and integrated way.</p> <p>Recruitment is underway to appoint a Best Start co-ordinator, purchase an app called '50 things to do before you are 5' and the implementation of the CPD programme is underway with Highlands College and other stakeholders.</p> <p>The Oral Health Strategy is nearing its final draft. Included are recommendations to improve children's oral care provision and reduce inequalities in accessing dental care.</p>
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.	Governance arrangements are currently being agreed to ensure fluidity between the CYPES CAMHS business case and the associated changes required under the HCS Children's Health Recovery Plan. Year 1 of this plan 2022 will result in a new perinatal mental health team, signed off arrangements for the neurodevelopmental service and some increased therapy capacity, increased medical support and a new model of crisis/outreach care.
44	£500,000 has been set aside as provisional funding for the Covid-19 Helpline in 2022.	Correct
45	A provisional £20 million has been provided for in respect of the Covid-19 Test and Trace Programme and Technology in 2022.	Correct
46	The Proposed Government Plan 2022-2025 details a broadly consistent expenditure on replacement assets	A review will be conducted into the lifespan of current capital assets across HCS to balance the end of

	<b>Findings</b>	<b>Comments</b>
	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.	life/replacement windows where possible. This work will be done in conjunction with the equipment purchase planning for the Our Hospital Project, with cross-over efficiencies capitalised on wherever possible.
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.	MH&SS. Initial scoping work has commenced with GoJ procurement for a possible design and build option for what is a specialist technical build. A new site will need to be identified for a new Crematorium, but it is not planned to build on or move the existing facility, including the Rose Garden which will be maintained.

### RECOMMENDATIONS

	<b>Recommendations</b>	<b>To</b>	<b>Accept/ Reject</b>	<b>Comments</b>	<b>Target date of action/ completion</b>
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.	MSS	Accept	The Panel will be kept informed of progress	Q4 2022
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.	MSS	Accept	The Minister will publish a report in line with Amendment 15 to the GP as approved by the States Assembly in December 2021, which included the following commitment:  “The Minister for Social Security will publish a report, within 2 weeks of any transfer, to detail how any funds transferred out of the HIF for the purposes of the JCM or its related digital strategies costs have been verified”	Q1 2022
3	The Minister for Health and Social Services should annually publish a	MH SS	Accept	An annual report will be provided annually. The first report was presented	Q1 each year

	<b>Recommendations</b>	<b>To</b>	<b>Accept/ Reject</b>	<b>Comments</b>	<b>Target date of action/ completion</b>
	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.			to the Minister for Social Security in Q1 2022.	2022-2025
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.	MSS	Accept	<p>The Minister will undertake an actuarial review of the HIF in 2022. This will include the impact of all planned withdrawals from the Fund and consider the future of the HIF over a 25-year period.</p> <p>It is beyond the scope of an actuarial review to consider the way in which funds transferred to support the development of the JCM are utilised within the JCM programme</p>	Q4 2022
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	COM	Accept	<p>In December 2021, the States Assembly agreed amendment 15 of the GP which states:</p> <p>“As part of the wider review of sustainable healthcare funding to be undertaken in 2022, there will be a specific consideration to 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.”</p>	Q1 2025

	<b>Recommendations</b>	<b>To</b>	<b>Accept/ Reject</b>	<b>Comments</b>	<b>Target date of action/ completion</b>
	funding is operational by 2025.			The Council of Ministers will honour this commitment.	
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.	MH SS	Accept	The portfolio of projects for 2022 is due to be agreed with HCS by the end of January 2022.	Q1 2022
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.	MH SS	Accept	The MHSS will provide further details on 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.	Q4 2023
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.	MH SS	Accept	The MHSS will 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.	Q4 2022
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	MH SS	Accept	M&D has put in place a separately resourced team to focus on the Digital Health portfolio across both Government Plan projects. A Portfolio Board has been established and regular reporting is being put in place to both the independent JCS Programme Board and	Q1 2022

	<b>Recommendations</b>	<b>To</b>	<b>Accept/ Reject</b>	<b>Comments</b>	<b>Target date of action/ completion</b>
	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.			the Health and Social Security Scrutiny Panel. M&D will work with HCS to understand the timing of these bodies and agree the schedule of the reports.	
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.	MH SS	Accept	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 will be provided.  Budget transfer has been requested.	Q4 2022
11	The Minister for Health and Social Services must update the Panel on the Maternity Workforce Strategy when this is available in 2022.	MH SS	Accept	The workforce strategy is in progress and on target for completion for April 2022.	Q2 2022
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.	MH SS	Accept	Weekly financial forecast from the programme will continue to be distributed. COVID Vaccination Team join monthly reconciliation meetings with their Finance Business Partner.	Q1 2022

	<b>Recommendations</b>	<b>To</b>	<b>Accept/ Reject</b>	<b>Comments</b>	<b>Target date of action/ completion</b>
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.	MH SS	Accept	Updates are provided through weekly PTL reports and care group performance reviews held on a monthly basis. As a standing agenda item, updates on the Covid recovery schemes will be reported on a monthly basis at the HCS Operating Committee meeting.	Q4 2022
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.	CM	Accept	Progress reporting for Health and Social Recovery programmes will be through existing Department and CPMO process. The Political Oversight Group will review progress, successes and, where necessary, review and support solutions to any challenges. However, coordination of Scrutiny briefings will be through the POG and the lead officer in SPPP will liaise with scrutiny officers.	
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.	MH SS	Accept	Further detail will be provided.	Q4 2022

## CONCLUSION

The Ministers thank the Panel for its detailed examination of the Government Plan projects under their control. The Ministers are pleased to accept all of the Panel's recommendations.

The Minister for Health and Social Services acknowledges the work that HCS needs to undertake to implement the Covid recovery programmes and realise healthcare improvements. He supports the need for robust and regular reporting on key health projects.