2022-2026 Legacy Report

Health and Social Security Panel

15th April 2026

S.R.11/2026

States of Jersey
States Assembly

États de Jersey
Assemblée des États

Contents

Chair's Foreword

It has been a privilege to serve as Chair of the Health & Social Security Scrutiny Panel over what has been an extremely busy 2 years. Since its establishment in February 2024, the Panel has worked conscientiously to undertake a significant programme of scrutiny, focusing on matters central to the wellbeing of Islanders and the effectiveness of the Island's health, social care and social security systems.

From the outset, the Panel benefitted from a dedicated and engaged membership whose collective expertise has shaped the depth and quality of our work. I am particularly proud of the Panel's successful amendments that ensured continued progress on the termination of pregnancy legislation and secured the commitment to publish a Women's Health Strategy later this year. These amendments were grounded in the extensive evidence and valuable insights gathered before and during the Panel's Women's Health Hearing in April 2025, and they represent an important step toward a more equitable and responsive health landscape for women in Jersey. There is much more to be done here, and the next Minister and Panel must continue driving this forward.

The Panel also undertook a substantial review of Family Friendly Legislation, supported by a Sub-Panel. This work involved a comprehensive examination of how families and employers are experiencing the current legislative framework. The candour and breadth of the feedback received from stakeholders was striking, and the findings and recommendations arising from this review reflect the seriousness with which the Panel has approached this important area. It is our hope that this work will contribute meaningfully to future policy development and to supporting family life in the Island.

The Panel's review into the prescription of medication for ADHD revealed a number of significant systemic challenges within Jersey's diagnostic and support pathways. The review identified concerns relating to diagnostic capacity, resourcing constraints, the effectiveness of joint working with primary care providers, and the growing number of individuals waiting for assessment and ongoing support. Solving the issues identified in our report is going to require continued and considerable political will from the next Government. Given the scale and importance of our findings, and the numbers of Islanders impacted, the Panel considers this an area that should remain a priority within the next Panel's work programme.

A thread that has run through the work of the Panel has been identifying and raising awareness of areas where health inequalities exist. This can be linked to gender, ethnicity, income level, sexuality, age, disability and other factors. Local public health data shows significant inequity amongst our population. The Panel received briefings and answers to questions at public hearings from the Public Health team, and were impressed by the work being done and the potential for even more positive impacts for our population. It is my hope that the successful amendment lodged by my Panel to produce a roadmap for delivering preventative health outcomes (through a phased, evidence-led, whole-system approach), will be of huge benefit

to our Island. In the long term, in order to save money within our health system, we must focus on preventing health problems and enabling Islanders to live healthier lives.

One of the key areas that needs future ongoing scrutiny work is around contaminants including PFAS in our water system. Although this is not under the remit of this Panel, the impact that it is potentially having on the health of Islanders leads me to feel strongly that it should be considered by the next SLC for the creation of a standalone Review Panel. My Panel agree that the cross-cutting nature of this issue warrants such an approach and accordingly I have made this recommendation to SLC.

During my time as Chair of this Panel, I have been extremely proud of the way my panel members (Vice Chair Deputy Jonathan Renouf, and members Deputies Lucy Stephenson, & Sir Philip Bailache, and Connétable Shenton-Stone) have worked in a variety of complimentary ways, but all with diligence and professionalism. I am grateful to have served alongside them and thank them for all of their hard work and for the diverse spectrum of perspectives they have brought to the Panel.

I am also grateful to both of the Ministers we have scrutinised, their Assistant Ministers, and their officers, for engaging with the Panel throughout. I believe we have shown it is possible to maintain good working relationships founded in mutual respect, a genuine willingness to listen and reflect, and a shared desire to achieve very high standards for our Island.

To all of the Islanders – individuals, charities, businesses, other groups – who have contributed to Scrutiny in any way, I thank you for the time you took to do so. It is not always easy to talk about personal experiences, and we have heard some very heartfelt contributions that have helped us understand Health and Social Security much better. Everything submitted to us makes a big difference, so please keep engaging and make your views known.

I wish to express my sincere thanks to the States Greffe for the consistently excellent quality of work that all of the officers working with the panel have demonstrated. We cannot do this work effectively without their support, which is often invisible to the public. Their advice, patience, subject knowledge, attention to detail and tireless dedication have been instrumental in enabling the Panel to conduct its scrutiny effectively.

Deputy Louise Doublet
Chair, Health and Social Security Scrutiny Panel

Introduction

The Health and Social Security Scrutiny Panel (the Panel) is one of five scrutiny panels working on behalf of the States Assembly to examine and investigate the work of the Government of Jersey. This is achieved through review of:

- Government policy,
- New laws and changes to existing laws,
- Work and expenditure of the Government,
- Issues of public importance.

This work is important in holding Ministers to account for their decisions and actions, helping to improve government policies, legislation and public services.

The Panel is tasked with policy and legislation arising from the work of the Minister for Health and Social Services and the Minister for Social Security. This remit covers a range of aspects which includes digital, employment and procurement to taxes and financial planning.

> ***"There shall be a scrutiny panel which is assigned the topics of health, social services and social security"***
> Standing Order 135(1)(e)

The Panel, and the previous Panel, has reviewed and collated the work it has undertaken since its establishment by the States in June 2022, in order to assist its successor Panel in the next session.

This report sets out:

- The work undertaken by the Panel during the session 2022 to 2026,
- Methods of working used by the Panel and,
- Suggestions for issues that a successor Panel may wish to consider in developing its work programme.

As detailed below the Panel has worked hard during this term to carry out sufficient scrutiny of items under its remit, we have:

Met over **83*** times

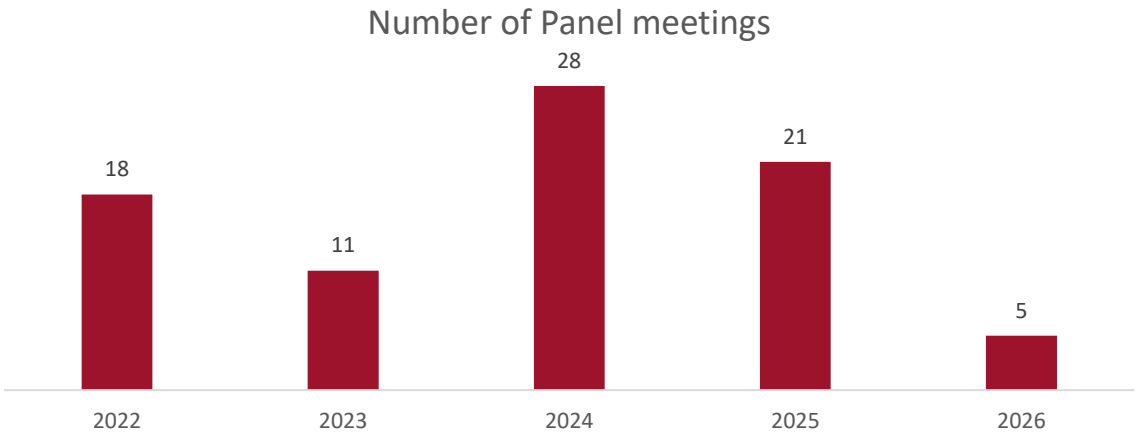
Lodged **18** comment papers

Produced **3** reports, made **148** findings and **58** recommendations

Lodged **7** amendments to propositions

Sent and received over **123** letters

Conducted **38** public hearings



*The Panel, particularly since February 2024, chose to schedule longer meetings, coinciding with Quarterly Public Hearings and briefings, thereby working efficiently and maximising the productivity of Panel and officer time.

Over the course of the term Panel membership has varied, a full list of members can be found in Appendix 1.

Review output / work undertaken

Reports

The Panel has produced 4 reports in the period of 2022 to 2026:

Scrutiny Report Number	Topic	Number of Findings	Recommendations			
			Total	Accepted	Neither/ partially accepted	Rejected
S.R.9/2026	Family Friendly Legislation Review Chair's Statement	55	22			
S.R.9/2024	Prescription of Medication for ADHD Chair's Statement	24	9	5	2	2
S.R.1/2023	Report – Review of Income Support Benefit Overpayments	45	26	3	12	11
S.R.8/2022	Follow-up Review of Mental Health Services (S.R.8/2022): response of the Minister for Health and Social Services	69	27	13	4	10
Totals	**4**	**198**	**84**	**21**	**18**	**23**

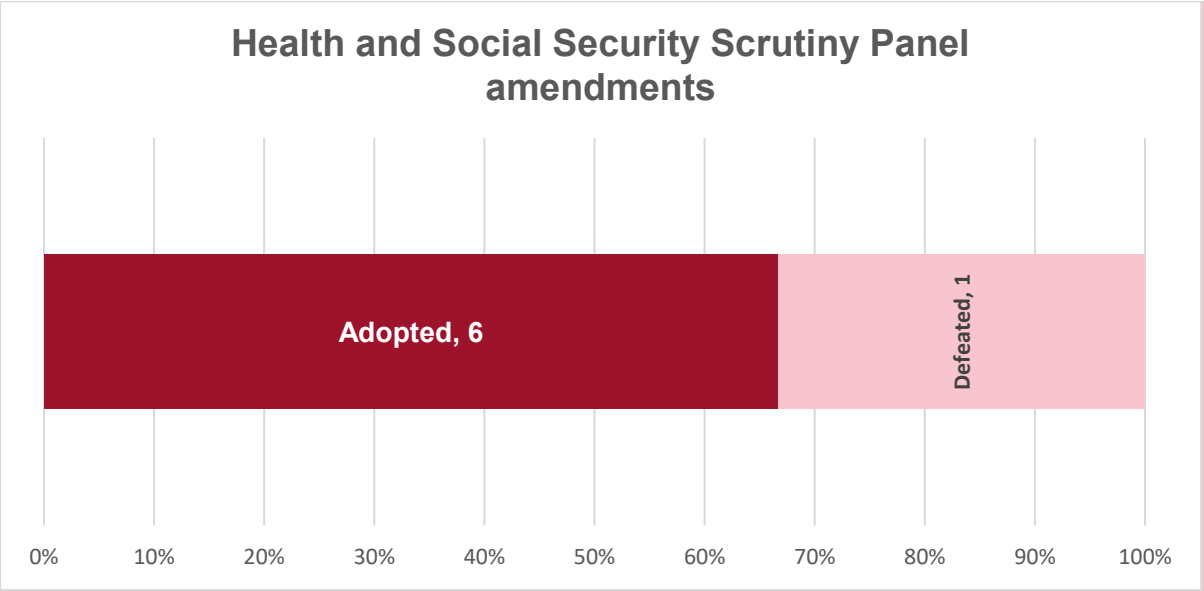
Comments papers

The Panel has lodged 18 comment papers in the period of 2022 to 2026:

- The Draft Cremation (Jersey) Amendment Regulations 202- (P.29/2026): Comments [P.29/2026]
- Draft Mental Health, Capacity and Self-determination (Jersey) Amendment Law 202- (P.42/2026): Comments [P.42/2026]
- Draft Termination of Pregnancy (Jersey) Law 202- (P.16/2026): Comments [P.16/2026]
- Draft Health and Social Care Professionals Register (Jersey) Law 202- (P.15/2026): Comments [P.15/2026]
- Draft Employment and Discrimination (Jersey) Amendment Law 202- (P.4/2026): Comments [P.4/2026]
- Draft Social Security (Health and Christmas Bonus) (Jersey) Amendment Regulations 202- (P.2/2026): Comments [P.2/2026]
- Draft Employment and Discrimination Tribunal (Jersey) Amendment Regulations 202- (P.1/2026): Comments [P.1/2026]
- Proposed Budget (Government Plan) 2026-2029 (P.70/2025): Comments [P.70/2026]
- Health and Care Jersey Advisory Board and Partnership Board (P.52/2025) – Comments [P.52/2026]
- Draft Income Support (Parents, Children and Housing) (Jersey) Amendment Regulations 202- (P.59/2025): Comments [P.59/2025]
- Draft Employment and Discrimination (Jersey) Amendment Law 202- (P.78/2024) :Comments [P.78/2024]
- Draft Termination of Pregnancy (Jersey) Amendment Law 202- (P.79/2024): Comments [P.79/2024]
- Draft Employment and Discrimination (Jersey) Amendment Law 202- (P.78/2024): Comments [P/78/2024]
- Proposed Budget (Government Plan) 2025-2028 (P.51/2024): Comments [P.51/2024]
- Proposed Government Plan 2024-2027 (P.72/2023): Comments [P.72/2023]
- Health And Community Services Interim Board (P.19/2023): Comments [P.19/2023]
- Draft Social Security (Amendment Of Law No.18) (Jersey) Regulations 202- (P.24/2023): Comments [P.24/2023]
- Proposed Government Plan 2023-2026 (P.97/2022): Comments [P.97/2022]

Amendments

The Panel has lodged 7 amendments, 6 of which were adopted and 1 rejected, in the period of 2022 to 2026:



Amendment number	Title	Assembly decision
P.70/2025 Amd. (16)	Proposed Budget (Government Plan) 2026-2029 (P.70/2025): sixteenth amendment. Emergency Department fee changes	Adopted
P.70/2025 Amd. (12)	Proposed Budget (Government Plan) 2026-2029 (P.70/2025): twelfth amendment. Women's Health Strategy	Adopted
P.70/2025 Amd. (11)	Proposed Budget (Government Plan) 2026-2029 (P.70/2025): eleventh amendment. Overpayments of Social Security Contributions	Adopted
P.70/2025 Amd. (10)	Proposed Budget (Government Plan) 2026-2029 (P.70/2025): tenth amendment. Preventative Health	Adopted
P.52/2025 Amd	Health and Care Jersey Advisory Board and Partnership Board. (P.52/2025): amendment	Defeated
P.51/2025 Amd. (10)	Proposed Budget (Government Plan) 2025-2028 (P.51/2024): tenth amendment. Termination of Pregnancy (Jersey) Law 1997 Amendments workstream	Adopted
P.97/2022 Amd.(4)	Proposed Government Plan 2023-2026 (P.97/2022): fourth amendment HIF Transfers	Adopted

Other methods of working

Hearings

The Panel conducted public hearings with the Minister for Health and Social Services and Minister for Social Security on a quarterly basis, this gave the Panel opportunity to ask questions in a public forum. Topics discussed cover all aspects of the Panels remit, ranging from ongoing policy to new legislation of the Ministers and Government of Jersey.

The Panel also conducted specific public hearings to gain evidence as part of its scrutiny reviews. These focused on the topics of the reviews as defined by its Terms of Reference.

The Panel has endeavoured to use public hearings as a means of putting queries raised by members of the public to Ministers. This has been achieved through incorporating any points raised in correspondence to the Panel by Islanders, as well as direct calls for questions via social media.

In total the Panel has held 38 public hearings.

Letters

The Panel has sent and received more than 120 letters over its term. These include correspondence with Ministers, public bodies and stakeholders, allowing the Panel to pose questions and gain evidence during the course of its work.

Briefings

During its term the Panel have received briefings from Ministers and Officers on matters relevant to our remit.

Briefings were often provided at the start of a review, to discuss ongoing policy and legislation development, or on one-off matters of importance.

Briefings received included: Primary Care, Jersey Care Model, Benefit Overpayments, Assisted Dying, Healthcare Funding, Long-term-care Scheme, Parental Bereavement, Dementia Strategy, Health Insurance Fund, Homebirth Services, Digital Health, Termination of Pregnancy, PFAS, Preventative Health, Minimum Income Standards, Prostate Cancer Treatment and Strategic Relationships.

Advisers

To support the Family Friendly Legislation Review, the Panel appointed Dr Merve Uzunalioğlu, a postdoctoral researcher at the University of Oxford specialising in family policy, leave and care systems, and social sustainability. Her expertise provided valuable international context, enabling the Sub-Panel to compare Jersey's provisions with best practice in other jurisdictions. This informed approach allowed the Panel to assess the adequacy of existing legislation and develop practical, evidence-based recommendations that take account of the experiences of both parents and employers.

Dr Uzunalioğlu's analysis, combined with the Sub-Panel's own research and stakeholder engagement, formed a robust foundation for the review and supported its aim of identifying workable improvements to enhance family life in Jersey.

Public engagement

The Panel has increased efforts to allow Islanders to engage with scrutiny.

This has been carried out through wider publication of calls for evidence during reviews, alongside public engagement events, social media posts, traditional media and news releases, as well as the use of qualitative social research, such as public surveys. The Panel encouraged greater promotion of public hearings and held a standalone hearing into Women's Health, which was widely promoted to interested groups and was well received and attended.

The Panel wishes to thank all those who have attended proceedings or tuned into sessions online, and those who have taken the opportunity to forward their views, comments and questions.

Suggestions for future work

Forthcoming legislation

Draft Protected Disclosure (Protection of Whistleblowers) (Jersey) Law 202-

In March 2026, the Minister for Social Security presented a report to the States Assembly that included a draft Protected Disclosure (Protection of Whistleblowers) (Jersey) Law[1]. The proposal introduces Jersey's first statutory framework for whistleblower protection, as no such legal safeguards currently exist. The draft Law defines what constitutes wrongdoing, who may make a disclosure, and the requirements for that disclosure to be protected. It allows concerns to be raised with employers, designated regulators, States Members, and, in limited circumstances, the media.

The incoming Panel may wish to monitor the implementation of the new whistleblowing framework closely, paying particular attention to any secondary legislation or guidance that shapes how disclosures are handled in practice. It will be important to ensure that reporting routes, especially those involving States Members and regulators, are clear and accessible, and that public bodies and employers are adequately prepared with robust investigation processes, staff training, and confidentiality safeguards. The Panel may also consider reviewing levels of awareness and understanding among potential whistleblowers to ensure the culture supports safe reporting. Finally, it would be prudent to track any Government proposals to broaden definitions or expand protections under the Law's enabling powers, ensuring that future changes remain coherent and evidence-based.

General Review topics

Health and Care Jersey

ADHD Medication Review

The Panel undertook a Review into ADHD Medication which launched on 8th July 2024 and took place over a 5 month period. The Report (S.R.9/2024) was published on 6th December 2024.

The Panel made 24 Findings and 9 Recommendations to the Minister for Health and Social Services. The Minister accepted 5, partially accepted 2 and rejected 2 of the recommendations made by the Panel. (Ministerial Response). The Panel believes it is worthy to note for the successor Panel that its 3 key recommendations regarded:

- the implementation of a training programme for nurses to allow them to issue repeat prescriptions, and the establishment of a support hub for ADHD patients
- providing those on the waiting list clear, consistent information on the status of the potential duration of their wait for diagnosis and treatment to support their wellbeing, and
- the urgent continuation of discussions with primary care providers, and the development of alternative prescribing pathways that will alleviate the pressure on the

[1] R-41-2026-(re-issue).pdf

current hospital team, and reduce the waiting list, allowing patients to access vital care and support more quickly.

Since publication of the Report, the Panel has continued to monitor progress on the accepted recommendations and ask questions on the diagnosis and treatment of ADHD beyond the scope of the Review, at successive Quarterly Public Hearings, aware this is an area of significant public interest. Most recently at a hearing on 10th February 2026, the Director of Mental Health and Adult Social Care confirmed that the waiting list for assessment had increased to approximately 1100 people from 778 in December 2024, and explained that there are ongoing resourcing issues in this service and little progress on the route for prescribing in primary care, however young people all waiting to transfer from Children's Services to Adult Services has decreased by 57%.

The Panel believe that its successive Panel should continue to further investigate this topic and ask follow up questions regarding the ongoing concerns in upcoming Quarterly Hearings in order to ascertain the intentions of the new Minister for Health and Social Services and wider Government.

Men's health issues

Throughout its tenure the Panel ensured it gave time and attention to men's health issues alongside it's focus on women's health, exploring issues during its Quarterly Public Hearing with the Minister for Health and Social Service on 20th May 2025, and taking note of concerns raised by members of the public.

In September 2025, the Chair met with a member of the public who raised a series of concerns about prostate cancer pathways in Jersey. The issues centred not only on their individual case, but on broader systemic questions about how prostate cancer risk is assessed, how clinical guidance is applied, and how treatment decisions are communicated. They highlighted worries about inconsistent adherence to NICE guidelines, limited local oncology capacity, unclear or variable referral pathways, and a perceived lack of transparency around how risks, surveillance decisions, and treatment options are explained to patients. They also expressed concern about the number of men in Jersey who may remain on long-term active surveillance without clear, standardised review processes. They suggested that an assessment be undertaken to understand how many patients are currently on active surveillance and how Jersey's protocols compare with recognised national standards.

The incoming Panel may wish to explore whether prostate cancer care pathways in Jersey are fully aligned with current clinical guidance and whether local service capacity supports timely assessment and treatment. It may also be beneficial to request data on the use of active surveillance, including volumes, review frequency, and outcomes, in order to understand whether decision-making is consistent and evidence-based. Finally, the Panel could consider assessing communication quality, especially given research indicating that men are less likely to engage in preventative health behaviours, and whether referral pathways are sufficiently clear and robust.

Health Waiting Lists and Elective Procedures Review

The Panel has considered the Minister's current approach to managing waiting lists and the wider review of elective procedures. The Minister has acknowledged that the health service is facing significant pressures, with over 3,400 patients awaiting elective admissions and nearly 500 waiting for more than a year. He has also stated that there is no clear short-term plan to

reduce waiting times, there have been suggestions that some elective procedures which had 'limited clinical value' will no longer be provided free of charge in order to address the issues.

An internal HCS review of elective procedures was carried out in September 2025 to determine which treatments offer the greatest clinical value and should be prioritised for public funding. The review intended to modernise the decision-making framework, replacing an outdated policy that currently governs access to publicly funded surgery. The subsequent report, presented to the Health Advisory Board in November 2025 concluded that despite challenges including theatre closures, equipment failures, and estate issues, the department has maintained strong elective and emergency activity, exceeding 2024 performance even with fewer theatre sessions. Theatre utilisation has increased from 70% to 77%, reflecting improved efficiency, better patient flow, and effective cross-team collaboration.

The review findings indicate that although elective capacity remains adequate for newly listed patients, an increase in clinically urgent and complex cases has displaced routine patients, resulting in longer waiting times. Existing efficiency measures are continuing, and further actions planned for 2026 focus on reducing routine waits by strengthening elective access policies, improving data monitoring, refining triage processes, securing targeted funding, and developing speciality-specific recovery plans. The review notes that additional capacity, whether through workforce, estates improvements, or external support, may still be required to achieve sustained reductions in routine waiting times.

During a States Assembly Sitting on 8th September 2025, concerns were raised that the review could lead to a "two-tier" system if some procedures become accessible only to those who can pay privately. The Minister has rejected this interpretation, stating that the aim is to improve fairness and ensure resources are directed to the most clinically effective treatments.

The Panel notes the scale of the challenge and the absence of a detailed plan for addressing waiting times. Close scrutiny of the upcoming prioritisation policy and the actions following the elective procedures review, will be essential to ensure that access to treatment remains equitable and that long-term service sustainability is protected.

Women's Health

Women's Health Strategy

The Panel undertook a Review into the Proposed Budget 2026-2029 which launched on the 7th October 2025. During the Review, the Panel held a Public Hearing with the Minister for Health and Social Services and asked questions regarding a women's health strategy. The Panel was informed that:

"*Whilst the previous Minister had made a commitment to produce a women's health strategy, a decision had also been taken by the previous Minister not to progress with the development of a women's health strategy however, this had not been communicated before the changes to Government*"[2]

The Panel further asked the Minister if he would develop a formal strategy and the Minister stated:

"*We will try and formalise that process so that it fits in with the framework of what we are trying to do. Very happy to do that; it makes perfect sense*."[3]

[2] Public Review Hearing - Minister for Health and Social Services - 15th October 2025 – Page 45
[3] Public Review Hearing - Minister for Health and Social Services - 15th October 2025 – Page 46

The Panel noted the Women's Health Advisory Group and the intention to publish a 'statement of intent', aimed to set out what key changes and interventions to women's health were required. However, following further scrutiny, believed a formal strategy was required. The Panel presented a Comments paper which recommended that the Minister begin initial implementation phases without delay, to produce a full women's health strategy.

Further, the Panel lodged an Amendment (P.70/2025.Amd(12)) which was adopted by the States Assembly, requiring the Minister for Health and Social Services to publish a Women's Health Strategy, informed by the Women's Health and Wellbeing Joint Strategic Needs Assessment 2024[4], during 2026.

The Panel believe that the successor Panel should ask the new Minister for Health and Social Services for a progress report on publication of the Strategy and consider further questions within its first Quarterly Hearings. Furthermore, the Panel may wish to examine whether funding for the Strategy is proposed in the upcoming Budget (Government Plan) 2027-2030 and consider an amendment if not.

In addition, the Panel noted that several areas within Women's Health had been identified as matters of significant public interest, many of which had already been examined to varying degrees by the current Panel. In some instances, Members had raised specific questions or concerns, while in others it had become apparent that further investigation, development or investment would be required in order to meet the needs and expectations of women accessing healthcare services in the Island.

Furthermore, the Panel recognised that these issues extended beyond routine service improvement and, in several cases, would necessitate additional funding, resource planning and cross-departmental coordination. Given the breadth and complexity of the matters involved—and the imminent publication of the forthcoming Women's Health Strategy—the Panel considered it essential that these areas be carried forward to ensure continuity of scrutiny and to enable sustained, long-term oversight. It is therefore recommended that the successive Panel undertake a detailed review of the following areas as part of its ongoing work programme:

- **Endometriosis treatment and services**, including the new clinic, pathways, diagnostic delays and specialist support provision.
- **Autoimmune conditions**, with particular regard to their disproportionate impact on women and the need for improved recognition and management within clinical services.
- **Assisted Reproduction**, including access, funding considerations and alignment with best practice standards.
- **The Breast Screening Service**, with emphasis on service capacity, technology, accessibility and public-health communication.
- **The Maternity Department and associated services**, including workforce, governance, safety measures and the broader patient experience. The Panel further notes that a Review into Maternity Services was undertaken in 2021 by the previous Panel and a report was published. The Panel notes that a follow-up review may be considered.

The Panel wishes to emphasise that these areas represent key components of women's healthcare that require sustained focus and that they should be reviewed comprehensively when the successive Panel considers the upcoming Women's Health Strategy once published.

[4] Women's Health and Wellbeing JSNA Main Report

Contraception Charges

During the term of Office, the Panel have continued to ask questions in a number of Quarterly Hearings regarding the policy development for funded contraception. During the Public Women's Health Hearing with the Minister for Social Services, the Panel learnt that the work around the Termination of Pregnancy Law was taking priority, as it was a States Assembly decision. The focus following this would be to develop a "*single, simple, coherent contraception offering for all Islanders… focus on good access to affordable contraception for the majority of women*[5]" The Panel understood that there were delays to the ongoing work due to staff resourcing challenges and therefore, was not progressed as intended. The Minister further noted during a Quarterly Hearing on 10th February 2026, that should he retain his position, he would, in principle be in favour of funded contraception within targeted areas which needed to be identified and considered. It was further noted that the Women's Health Strategy would need to address this matter and future policy decisions by the next Minister.

The Panel believes that the successive Panel might wish to consider the next Minister's direction regarding funded contraception for Islanders. The Panel note that progressing this work could be questioned during Quarterly Hearings or within targeted written correspondence. Further, the Panel note that this area may fall under the wider Women's Health Strategy that is due to be developed in 2026.

Termination of Pregnancy

Following the Panel's successful amendment (P.51/2024 Amd.(10)) to the Government Plan 2025-2028, has carefully monitor the progression of Draft Termination of Pregnancy (Jersey) Law 202– and was broadly supportive of the proposed reforms, recognising them as a necessary and progressive modernisation of Jersey's outdated 1997 framework. The Panel noted that the draft Law aligns Jersey with contemporary clinical practice and international standards, following extensive consultation in 2023 and 2025 that demonstrated strong public and professional support for change.

The Panel welcomed key provisions of the draft Law, including:

- enabling termination before 22 weeks without the need to justify grounds,
- removing the requirement for consultation with two doctors, replacing it with a single in-person clinician assessment,
- strengthening clarity around terminations from 22 weeks onward, and
- ensuring counselling is available and signposted without being mandatory.
- These reforms are viewed as improving access, supporting women's autonomy, and reducing stigma associated with termination services.

However, the Panel highlighted in its Comment Paper that service availability, particularly for later-stage terminations, remains constrained by workforce capacity, meaning that many women will continue to travel off-Island for care. The Panel stress the need for clear referral pathways, appropriate funding arrangements, and robust emotional support for women who must access services elsewhere.

The Panel emphasises the importance of effective implementation and urged the Minister to prioritise public communication, clinical guidance, counselling provision, post-termination care pathways, and capacity monitoring. It recommends that ongoing review and evaluation of the Law be explicitly included within the developing Women's Health Strategy, ensuring that the

[5] Women's Health Public Hearing - 30 April 2025 – Page 31

impact on service delivery and women's access is continuously assessed. Finally, the Panel wish to state that any future proposed changes to gestational limits or grounds for termination should be returned to the States Assembly for full debate.

The Panel wishes to reiterate its long-term position that termination services should ultimately be provided free of charge as part of an equitable reproductive health system and encourages the ongoing scrutiny of this legislation post implementation.

Homebirth Service

In October 2024, Jersey's homebirth service was temporarily withdrawn on the advice of the Director of Midwifery and Nursing, who concluded that the service could not be safely maintained. At the March 2025 Quarterly Public Hearing, the Panel was informed that all midwives would undergo enhanced training through a new annual training package, delivered in July 2025 with participation from both midwifery staff and the Ambulance Service. During the Women's Health Hearing in April 2025, the Director confirmed her intention to recommend reinstatement of the service once safe to do so, although she noted that, due to staffing levels and clinical acuity, it could never be available 100% of the time.

At the September 2025 Quarterly Public Hearing, the Panel heard that progress toward reinstatement included a second phase of work alongside the Ambulance Service following its integration into Health and Community Services. A comprehensive mapping exercise had identified the need for additional training for new ambulance staff, including training in obstetric emergencies. Work was also underway to review ambulance response time data and identify periods of limited availability, while aligning clinical pathways, policies, and procedures across maternity and ambulance services. Officers emphasised that women must be fully informed of any limitations in emergency response capability and that eligibility criteria for homebirths needed to be strengthened accordingly.

At that point, shared policies and governance arrangements were still being finalised, and the service had not been reinstated. No timeline was available, though work with the Ambulance Service was continuing. When asked whether he intended the service to be reinstated, the Minister confirmed that this remained the aim "to the extent that that is possible within the budget." Officers stressed that reinstatement would only be considered once all relevant staff, including midwives and paramedics, were fully trained and the service could demonstrate consistent availability of competent personnel and reliable emergency transfer support. Ensuring a uniformly high standard of training across both services was described as a prerequisite to reopening.

At the Quarterly Public Hearing on 10 February 2026, officers reiterated that the pause remained necessary due to concerns about staffing capacity, clinical competencies, and governance gaps. These concerns echoed key failings identified in a recent UK Prevention of Future Deaths report, and Jersey was awaiting updated UK national guidance before making further decisions. Both officers and the Minister emphasised that any reinstatement must be clinically led, with political decisions following only after the clinical and resource implications are fully understood.

The Panel recognises that the suspension of the homebirth service has generated considerable public interest and suggests that the successor Panel may wish to seek regular updates on progress toward reinstatement through Quarterly Hearings and written correspondence.

Health and Social Care Funding

Emergency Department Charges

During the Panel's Review into the Proposed Budget 2026-2029, it received in excess of 30 submissions from members of the public regarding the proposed Accident and Emergency (A&E) charges. Whilst most people were in favour of some charges, a number of submissions queried a number of matters such as how the charges would be implemented and how the system would be monitored to avoid misuse. Due to the queries, the Panel determined that it was important to consider this topic as one of the main themes of its Review.

The Panel presented a Comments Paper (P.70/2025 Com) which outlined what was discovered during the Review and recommended that the Minister for Health and Social Services undertake engagement with Key Stakeholders/workforce and ensure that any decisions made are communicated clearly whilst finer details are being worked on.

Furthermore, the Panel lodged an amendment (P.70/2025.Amd(16)), which was adopted by the States Assembly, regarding the introduction of the A&E fees, ensuring that prior to the introduction of any A&E fees, detailed, evidence-based proposals, including but not limited to ensuring that free access for genuine emergencies is not compromised and maintaining the safety and wellbeing of health care staff have been presented to and approved by the States Assembly. The amendment also seeks to ensure the necessary assurances and safeguards are identified prior to the fees being introduced.

The Panel believe that the successor Panel should ask the new Minister for Health and Social Services for a progress report on this work and consider what scrutiny may be appropriate when the States Assembly are requested to adopt the proposition proposing to introduce the fees.

Medicinal Cannabis and Future Approach to Cannabis in Jersey

Medicinal Cannabis

In 2018 a proposition was adopted by the States Assembly which ensures that all qualified medical professionals who are legally allowed to prescribe medication should be allowed to prescribe:

- Cannabis,
- Products made from cannabis,
- Individual cannabinoids,
- Pharmaceutical products derived from cannabis (such as Dronabinol, Epidiolex, Nabilone, and Sativex).

It also requested that the Minister for Health and Social Services bring forward any changes to the law needed to make this possible and that the changes be presented to the States Assembly by 28 February 2019, following appropriate consultation with the Misuse of Drugs Advisory Council. Following this proposition, the Misuse of Drugs (Miscellaneous Amendments) (No. 7) (Jersey) Order 2018, legalising Medicinal Cannabis came into force in January 2019.

During a Public Quarterly Hearing on 20th May 2025, the Minister for Health and Social Security stated that he had some concerns regarding the extent of cannabis consumption on the Island. At hearing, the Panel heard that the Health Advisory Board had previously reported a notable rise in the use of medicinal cannabis, particularly through private prescriptions, which

had affected the quality of care in other areas of the health system, most significantly mental health services. The Minister acknowledged that Jersey had legalised medicinal cannabis rapidly without establishing sufficient regulatory safeguards beforehand, and that the Island was now experiencing consequences of that decision. Officers explained that while they would not describe the situation as a "*mental health crisis*," they had seen a significant increase in acute admissions, including to Orchard Ward, involving individuals who had been using large quantities of prescribed cannabis. Concerns were raised about the prescribing of cannabis to people with serious mental illness, both in terms of the volume prescribed and the clinical appropriateness of some prescribing decisions.

The Panel also heard that work was under way to address the issues identified. Officers described ongoing engagement with counterparts in Guernsey, discussions with cannabis prescribers, and the development of mechanisms to allow medicinal cannabis prescribers access to primary care records. This was intended to prevent situations in which individuals with serious mental illness obtained cannabis prescriptions without disclosure of their clinical history. The absence of regulatory oversight for cannabis-prescribing clinics was highlighted as a major challenge, with the Jersey Care Commission expected to take on a regulatory role once the necessary legislation had been developed. Additional actions included the introduction of an advertising order that would prohibit the promotion of prescription-only medicines, including cannabis, such as advertisements displayed at the airport.

The Panel further heard that financial incentives, including profit motives, may have contributed to unsafe prescribing practices. Officers referenced audit findings suggesting that some patients might have accessed medicinal cannabis from multiple prescribers, though data limitations required caution in interpretation. Concerns were also raised about the onward sale of prescribed cannabis, contributing to a secondary market. Mental health officers described the impact on services, including the exacerbation of psychotic symptoms in vulnerable individuals and the heightened risks for young people. Public Health officials confirmed their involvement in ongoing work and emphasised the importance of educating practitioners about risks associated with prescribing to high-risk groups. The Minister reported that access to shared patient records was expected within weeks, and that efforts were being prioritised to accelerate this process to improve oversight and reduce harm.

The Panel recommends that the successor Panel seek information regarding medicinal cannabis, particularly around the regulations, prescribing, mental health impacts and whether the Minister intends to make any further changes to the law and/or regulations.

Future Approach to Cannabis in Jersey

In 2024, Deputy Coles lodged a proposition (P.31/2024) which was adopted as amended by the States Assembly, to request the Council of Ministers to bring forward the necessary legislation for consideration by the Assembly by November 2025 and to ensure provision of funding for the necessary legislative framework is incorporated within the Government Plan 2025-2028.

Following this debate, the Minister for Health and Social Services lodged a proposition (P.116/2025) on 19th December 2025, intended to be debated 3rd February 2026. Upon the lodging of the proposition, the Panel requested a private briefing with the Minister and his Officers to discuss the proposition. The briefing was held on 13th January 2026 and a private file note was taken.

Ahead of the scheduled debate, the Minister withdrew the proposition, noting that the volume of concerns raised regarding the project's timeline and progress, combined with ongoing discussions with Deputy Coles, indicated that it would be more appropriate to bring the proposition forward in the next term of office, when further development could be undertaken.

The Panel considers this workstream to be a priority for the successor Panel and recommends that it continues to monitor progress closely. In addition, the Panel highlights the importance of cross-Panel collaboration and recommends that the new Scrutiny Liaison Committee consider establishing a dedicated Review Panel to support this work, which could focus on policy related specifically to cannabis, or alternatively on drugs policy more broadly.

Governance

Health and Care Jersey Partnership Board

The successful proposition (P.52/2025) brought by the Minister in September 2025, sought to continue the Health and Care Jersey Advisory Board and to establish a new, non-statutory Partnership Board to support system-wide planning and integration across government and non-government health and care providers.

The Panel supported the principle of improved collaboration across the health and care system but did not believe the proposed Partnership Board was ready for implementation in a permanent form. The rationale for its creation was not supported by a robust evidence base, and key elements, such as its remit, membership, governance processes, resourcing and relationship with the Advisory Board, remained unclear. Consultation was limited and lacked transparency, and alternative governance options were not properly explored.

The Panel recommended a more measured approach and therefore lodged an amendment (P.52/2025.Amd), requiring that the Board should be introduced initially as an 18-month trial with clear objectives, defined roles and an independent evaluation - providing an opportunity to test and refine the model before any permanent structure is established.

The amendment was unsuccessful; however, the Panel maintains that stronger evidence and strategic planning are essential to ensure the governance of Health and Care Jersey is both effective and sustainable.

In April 2026, the Minister circulated a communication within the healthcare sector, supported by a social media campaign, encouraging applications to the Board and noting that expressions of interest had been lower than anticipated.

The lack of interest perhaps demonstrates that more robust planning would have supported the effective establishment of the Board, the Panel suggest that the establishment and implementation of the Board be included as part of the next Panel's work programme.

Preventative Health and Preventative Health Roadmap

During the Panel's Review into the Proposed Budget 2026-2029, the Panel received a private briefing and asked a number of questions at its Public Review Hearing with the Minister for Health and Social Services regarding preventative health. During the hearing, the Panel heard that the Minister and his officers had developed the Prevention First programme against the backdrop of a longstanding ambition to expand preventative health investment. Although the original bid for the proposed Budget had totalled £12 million, the negotiated outcome resulted in £4 million per year being included in the draft Budget. The Minister explained that this figure reflected both political compromise and practical considerations, noting that spending the full original amount in the first year would have been challenging. The Panel was informed that the funding would be focused on priority interventions selected from a wider programme of proposed initiatives.

The Panel further heard that the proposed investment would support three overarching themes:

- identifying those at highest risk of developing chronic conditions through health checks and data-driven methods,
- implementing evidence-based early-stage interventions, such as diabetes-prevention support,
- and expanding early diagnosis, particularly through enhanced cancer-screening programmes.

Officers outlined that these measures were intended to address the estimated twenty-year period of ill health experienced by Jersey residents on average, and to mitigate projected increases of around 30% in hospital bed-day demand in the coming decades. They confirmed that the proposed programme constituted a mix of primary and secondary prevention, with lifestyle-based interventions and community-level work forming part of the longer-term ambition.

The Panel also learned that Jersey's current preventative-health provision was considered fragmented and comparatively under-resourced, with only 2% of Combined Health Expenditure allocated to prevention, as opposed to 4% in the UK and almost 6% in Canada. Officers emphasised that the £4 million allocation represented a starting point that would bring Jersey closer to international standards, supported by the future introduction of digital health infrastructure, for example, the single patient record expected to become operational in 2027. The Minister highlighted the need for cross-government collaboration, including work through the forthcoming Determinants of Good Health Ministerial Group, to address wider drivers of health such as housing, income, and community environments.

The Panel presented Comments which noted the information considered for the proposed funding and lodged an Amendment, which was adopted by the States Assembly, requesting the Minister for Health and Social Services to produce a roadmap for delivering preventative health outcomes through a phased, evidence-led, whole system approach. Furthermore, the Amendment ensured that the Wider Determinants of Health Ministerial Group would be involved in the development of the roadmap to ensure ministerial accountability for the delivery and outcomes of the roadmap.

The Panel recommends the successor Panel to request a progress update on the development of the roadmap during its Quarterly Hearings or through written correspondence. The Panel would also note the importance of the upcoming Proposed Budget 2027-2030 and whether sufficient funding is included to further develop and implement the roadmap.

Health and Care Professional Register

The adoption of P.15/2026 in March 2026 established a single, Island-wide statutory register for all UK-regulated health and social care professionals practising in Jersey, consolidating five existing laws into one modernised framework. The intention is to strengthen public protection by ensuring only appropriately qualified and UK-regulated professionals may practise, standardising renewal, notifications, and compliance duties, and enabling initial regulation of specialist healthcare services such as Yellow Fever Vaccination Centres. The Jersey Care Commission becomes the sole Registrar, responsible for maintaining a unified digital register and administering the expanded system.

The Panel supported the policy intent, but highlighted several risks, including reliance on UK regulators, gaps around remote service providers, the breadth of the 72-hour exemption, and significant resource and IT pressures on the Jersey Care Commission. Stressing that

successful implementation depends on adequate funding, system readiness, and strong communication with the sector.

The Panel recommends ongoing scrutiny as the implementation of the Register continues and believes a post-implementation review would evaluate effectiveness, address emerging issues early, and ensure the new unified register operates reliably and sustainably.

Health System Digital Transformation Plan

In May 2025, the Panel were briefed on the Health System's Digital Transformation Plan. This highlighted significant challenges facing Jersey's health and care system due to fragmented, non-interoperable digital systems. Officers explained that although the hospital has seen considerable investment, the wider system remains digitally underdeveloped, with information held in isolated platforms and clinicians regularly forced to rely on patients for basic details. This has had real consequences, including delayed diagnoses, poorer patient experiences, and increasing frustration among staff tasked with navigating incompatible systems. A digital maturity assessment, carried out by the Healthcare Information and Management Systems Society placed Jersey's wider health system at zero out of seven, underscoring the scale of the task ahead.

To address these issues, a comprehensive digital transformation plan is under development, drawing on international best practice and emphasising better data quality, full system interoperability, robust information governance, and alignment with future health infrastructure. Officers outlined the clear benefits of this transformation, from improved clinical outcomes to greater efficiency and financial savings, but also noted that the proposed programme, with an estimated cost of £110 million, currently exceeds available resources and will require sustained investment and political commitment.

For the incoming Panel, this workstream will merit continued attention. Close scrutiny of the digital transformation programme, including its funding, timelines, and alignment with wider health reforms, will be essential to ensure progress is achievable and grounded in realistic planning. Given the central role of information governance and patient trust, the Panel may also wish to monitor how governance models evolve and how data-sharing safeguards are communicated to Islanders. Workforce readiness, particularly the development of local digital expertise, represents another area requiring ongoing oversight.

Finally, as digital infrastructure underpins the wider shift toward preventative, community-focused care, the Panel may consider maintaining regular engagement to ensure that digital ambitions remain integrated with broader system reform. It should be noted for the benefit of the successive Panel that a comprehensive Health Strategy has not yet been produced. Such a strategy would be essential to establishing the structure and priorities necessary for the effective implementation of the Health System and Digital Transformation Plan.

PFAS: Recommendation for Dedicated Scrutiny

Given the high level of public concern over the health impacts, the complexity of the issue, the evolving evidence base, and the scale of the long-term health, environmental, and infrastructure decisions involved, the Panel considers that PFAS has not yet received the depth of scrutiny required. The Panel therefore advises that a dedicated Review Panel on PFAS be established in the next term. This would allow for focused and sustained oversight, including scrutiny of the final Independent Scientific Advisory Panel report, evaluation of costed treatment options, and assessment of whether clear governance, funding mechanisms, and regulatory pathways are in place before any new statutory limits are brought back to the Assembly for approval.

Social Security

Social Security Contributions

During the Panel's Review into the Proposed Budget 2026-2029, the Panel found that a discrepancy within social security contribution laws had resulted in some individuals continuing to make contributions even after achieving a full contribution record before pension age, leading to overpayments. During its Quarterly Hearing on 24th September 2025, the Panel learned that the Minister for Social Security had been aware of the issue and had intended to address it but faced resourcing and time limitations within the current term of office. The Minister confirmed that she regarded the matter as unfair and in need of resolution, yet she could not guarantee completing the work before the end of her tenure.

The Panel remained concerned that the issue was not being given sufficient priority and noted that, under the current legislation, no mechanism existed to prevent overpayments or provide redress. Individuals were required to continue contributing despite gaining no additional pension entitlement and had no appeals process available to them. In follow-up correspondence, the Panel established that approximately 50 people per year, mostly in their early sixties, were affected. It was informed that although contributions continued to secure eligibility for certain working-age benefits, the situation imposed a significant financial burden, estimated at around £16,500 over two years per person. The Minister confirmed that several policy options had been examined, including adjustments to pension amounts or altering contribution requirements; however, all options carried financial implications, required legislative changes, and could not be implemented before 2027.

The Panel concluded that, while the Minister acknowledged the problem and expressed an intention for it to be addressed in the next political term, no short-term remedy was available to those affected. Therefore, the Panel lodged an Amendment which requested the Minister for Social Security to bring forward funding proposals within the next Proposed Budget 2027-2030 to resolve overpayments of social security contributions for those who have achieved a full contribution record and ensure a fair deal for the individuals affected. The Panel considered its amendment essential to ensure that this matter would not be deferred indefinitely and that future Ministers would be required to pursue a fair resolution for individuals overpaying due to the current legislative framework.

The Panel believes that the successor Panel should request an update from the next Minister for Social Security about the bid they will be making into the Proposed Budget. Furthermore, the Panel should consider the proposed funding during its Review into the Proposed Budget.

Health Insurance Fund

Recent analysis by the Comptroller and Auditor General (C&AG) has concluded that the Health Insurance Fund (HIF) is not financially sustainable under its current model, with expenditure now exceeding income and no long-term plan in place since the 2021 actuarial review.

The Panel has consistently questioned the Minister for Social Security in Quarterly Hearings on 10th June 2025, 24th September 2025 and 23rd October 2025 as to the sustainability of the fund.

Over recent years, additional benefits, particularly measures to reduce GP fees and improve access to primary care, have increasingly been funded from the HIF. While these initiatives were intended to improve affordability, they have placed additional and ongoing pressure on the fund's long-term viability.

The C&AG reports that the HIF is projected to run a deficit every year from 2026 to 2029, with the fund balance expected to fall to £61 million by the end of 2029, equating to less than one year's expenditure. Without intervention, forecasts indicate that the HIF will be exhausted in the early 2030s.

This revised outlook contrasts sharply with projections in the Government Plan 2024–2027, which anticipated annual surpluses and described the fund as remaining in good health. The Government has since acknowledged the pressures created by rising demand, increased treatment costs, and expanded financial support measures. Work to assess long-term funding options and potential reforms is described as "well-advanced," with the newly established Health and Care Partnership Board expected to support the development of whole-system solutions beyond the HIF in isolation.

Social Security Fund and Actuary Review

In November 2025, the Government Actuary's Department (GAD) provided an updated assessment of the Social Security Fund (SSF), building on the principal projections from the 2021 Actuarial Review. The update was commissioned to reflect revised States Grant payments proposed in the Budget 2026–2029, along with alternative investment return assumptions and updated migration scenarios. The Actuary incorporated known SSF closing balances to 31 December 2024 and replaced previously modelled States Grant amounts with updated values for 2025–2029. Three net migration scenarios, nil, +325, and +700 people per year, were retained from the 2021 review, and additional modelling considered investment returns of earnings growth +1% and +3%, compared with the previous +2% assumption.

Key Findings

The updated projections showed that changes to the States Grant had a material long-term impact on the sustainability of the SSF. The temporary reduction to the Grant between 2025 and 2029 led to lower fund balances, reduced future investment returns, and an accelerated drawdown. Under the +325 net inward migration scenario, the projected exhaustion date moved from 2082 to 2072; under the nil migration scenario, it shifted from 2066 to 2061. Under the +700 scenario, the Fund continued to decline but remained above zero beyond the 60-year projection period.

Investment return assumptions also significantly influenced outcomes. At earnings growth +1%, the Fund was projected to be exhausted in 2062, while at +3% the Fund was not exhausted within the projection period. The Actuary emphasised that long-term projections are highly sensitive to both migration and investment return assumptions.

Limitations and Dependencies

The Actuary noted that the update relied largely on assumptions used in the 2021 review, with no refreshed demographic or economic inputs beyond those explicitly revised. Results were presented in real earnings terms, consistent with the 2021 methodology, and remained sensitive to long-term earnings growth assumptions and the updated States Grant formula.

During scrutiny of the Proposed Budget 2026–2029, the Panel questioned whether the modelling encompassed a sufficiently broad range of scenarios. At the Public Quarterly Hearing on 23 October 2025, the Panel asked the Minister to commission further investment return scenarios (average earnings +1%, +2%, and +3%). Although the Minister initially agreed and confirmed on 7 November 2025 that the work was underway, the subsequent update on 14 November 2025 did not include the requested modelling. A further response on 20

November 2025 confirmed that no additional actuarial analysis would be commissioned. The Minister stated that earnings growth plus 2% remained the appropriate central assumption and advised the Panel to seek independent advice if further modelling was required.

The Panel then contacted GAD directly but was informed that actuaries could not undertake separate work for the Panel as they were contracted to the Government of Jersey and additional modelling would compromise their independence. As set out in its Comments Paper, the Panel concluded that it was unable to fully scrutinise the projections and that the assumptions relied upon by the Minister did not represent a sufficiently broad range of plausible scenarios. It also noted the Fiscal Policy Panel's recommendation that drawdowns from the Reserve Fund should only occur following a comprehensive actuarial assessment of future pension liabilities.

Future Scrutiny Considerations

Looking ahead, the incoming Scrutiny Panel may wish to maintain a strong focus on the long-term sustainability of the SSF, particularly as the updated projections show earlier exhaustion dates under several scenarios, driven in part by the reduced States Grant diminishing the Fund's value and investment income. Ongoing scrutiny will be needed to monitor pressures on the Fund, including any Government plans for restoring or reforming the States Grant.

Given that the November 2025 update relied heavily on assumptions from the 2021 review, the Panel may also wish to seek refreshed actuarial projections reflecting more recent demographic and economic conditions. Updated modelling would support informed assessment of whether earlier intervention or alternative policy options are needed. As the Fund's long-term position is highly sensitive to migration trends, close monitoring of population policy, alongside scrutiny of migration and housing policy areas, will help maintain a coherent understanding of demographic pressures. Continued focus on the Fund's investment strategy will also be important, as outcomes vary significantly depending on future returns.

Social Security Fund Financial Position and Oversight

Ministers have emphasised that the Fund remains in a strong financial position, with reserves nearing £2.5 billion and projected to reach £3 billion by 2029, and that Treasury modelling indicates the temporary reduction in the States Grant will not affect the Fund's ability to meet future benefit commitments. The Panel acknowledges these assurances but notes that the scale of the temporary reduction, and its linkage to wider Government capital funding priorities, requires continued monitoring to ensure that short-term fiscal manoeuvring does not create longer-term pressures on Social Security sustainability.

The next Panel is therefore advised to maintain close scrutiny of the Fund's performance, long-term modelling, and any further proposed changes to the States Grant. Clear and proactive communication from Ministers, supported by transparent data, will be essential to maintain public confidence and enable effective scrutiny as the temporary measures are implemented.

Family Friendly Legislation Review

The Sub-Panel reviewed the impact Jersey's 2018 and 2020 amendments to family friendly legislation to assess how well it was working in practice, publishing their report in January 2026. Using public surveys, community events, hearings and written submissions, the review gathered wide evidence from parents, carers, employers, unions and early years organisations.

The review found that although the legislation has delivered cultural progress and stronger protections, many families still struggle to access their full rights. Awareness of entitlements is inconsistent, government communication is limited, and affordability remains the most significant barrier to taking leave. High childcare costs and limited availability heavily shape parents' decisions about work and family life. Flexible working is applied unevenly across sectors, and groups such as single parents, kinship carers and migrant families face clear inequities. Employers support the principles of family friendly policy but need clearer guidance and practical assistance, while Government lacks the data required to assess compliance or impact effectively.

The Sub-Panel concluded that Jersey must now focus on effective delivery: improving communication, supporting employers, addressing childcare affordability, and ensuring family friendly rights are accessible and equitable for all.

The Ministerial Response was received in March 2026. The Sub-Panel wrote to the Minister following receipt of her response to express disappointment that she did not indicate whether she agrees in principle with the review's findings and recommendations. The letter stressed that, despite being near the end of her term, the Minister still has a responsibility to provide clear guidance and priority areas for her successor. The Panel requested clarification on her position regarding the findings and recommendations and asked her to ensure these issues are included in her handover to the incoming Minister.

The Panel recommends continued scrutiny of the Ministerial response.

Long-Term Care Fund

During the Panel's Review into the Proposed Budget 2026-2029, the Panel held a Public Review Hearing with the Minister for Social Security on 23rd October 2025. The Panel heard that the Minister for Social Security had commissioned an internal review of the Long-Term Care Fund in response to concerns about its current financial position. The Minister explained that the purpose of the review was to ensure that the Fund was delivering value for money and that spending was both efficient and effective before any consideration was given to increasing contributions. The Panel heard that actuarial work would form part of this process, including assessing whether rising costs and increased demand might require higher contribution rates in the future.

The Minister stated that any future Government would need to engage seriously with the long-term sustainability of the Fund, given its relatively recent establishment compared to other social security funds. The review was described as politically neutral, intended to clarify what the Fund was delivering, what it could deliver, and what options existed for meeting future expectations. The Panel heard that the findings would report to the next Government, and that the Minister considered the work essential regardless of political leadership.

The Panel presented Comments on the Review which noted that the Long-Term Care Fund, as outlined in the Budget, provided both universal and means-tested support to adults with long-term care needs and was financed through a combination of a central government grant and income-related taxpayer contributions.

The Panel believes it is important that the successor Panel highlight all funds subject to internal review, including the Long-Term Care Fund, and recommend that Panel monitor the progress through quarterly public hearings or written follow-up. In addition, the Panel wishes to highlight that the Long-Term Care Fund contributions are due to increase during the next Term of Office which may increase the need for the successive Panel's focus on the fund. The Panel further notes that the review's findings are due to be available during the new term of

Government and recommends the successive panel request to receive the findings as soon as they are available.

Appendix 1

Panel Membership 2022 – February 2023

Deputy Geoff Southern, Chair

Deputy Philip Bailhache, Vice Chair

Deputy Beatriz Porée

Deputy Barbra Ward

Deputy Andy Howell,
Co-opted Member for Review of
Government Plan 2023-2026

Panel Membership March 2023 – February 2024

Deputy Rob Ward, Chair

Deputy Carina Alves, Vice Chair

Deputy Barbra Ward

Deputy Andy Howell

Deputy Beatriz Porée

Connétable Marcus Troy

Panel Membership February 2024 – 2026

Deputy Louise Doublet, Chair

Deputy Jonathan Renouf, Vice-Chair

Deputy Philip Bailhache

Deputy Lucy Stephenson

Connétable Karen Shenton-Stone.
Joined the Panel in September 2025.

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