STATES OF JERSEY

PROPOSED BUDGET (GOVERNMENT PLAN) 2026-2029 (P.70/2025): COMMENTS

Presented to the States on 4th December 2025
by the Health and Social Security Scrutiny Panel

STATES GREFFE

COMMENTS

Introduction

The Proposed Budget (Government Plan) 2026-2029 [P.70.2025] (hereafter "the Budget") was lodged au Greffe on 16th September 2025 and is scheduled for States' debate on 9th December 2025. The Proposed Budget (previously entitled 'Government Plan'), the Common Strategic Policy 2024-2026 [R.115/2024] and Departments' Business Plans aim to link the Council of Ministers' high-level priorities with their delivery.

It was agreed by the Scrutiny Liaison Committee that each scrutiny panel would focus on aspects of the Budget specific to its remit and that overarching themes would be led by the Corporate Services Scrutiny Panel. Accordingly, the Health and Social Security Panel (hereafter "the Panel") agreed its review Terms of Reference and began the process of evidence gathering for the areas identified within its remit. Full business cases were provided for any new revenue growth and capital projects that fell under the responsibility of the Minister for Health and Social Services and the Minister for Social Security. A list of all programmes allocated to the Panel to scrutinise can be found on the Panel's review page. The Panel has also considered the impact of the Budget proposals on the following funds:

- Health Insurance Fund
- Long-Term Care Fund
- Social Security Fund
- Social Security (Reserve) Fund

As part of the evidence gathering process, the Panel held public hearings with the Minister for Health and Social Services and Minister for Social Security and invited written submissions from targeted key stakeholders. Where further questions were generated from either the proposals contained within the Budget, or from the evidence gathered, the Panel posed these questions to Ministers by letter or as written questions. All the evidence considered by the Panel can be found online, with exception to the full business cases which were provided to the Panel in confidence.

Main themes and key findings

The purpose of this report is not to provide an exhaustive commentary of all the evidence examined but to instead consider the main themes, findings and concerns which have arisen from the review, and to make 'SMART'[1] recommendations to Ministers outlining where the Panel feels improvements could be made.

Health Insurance Fund

The Health Insurance Fund (HIF) receives allocations from Social Security contributions from employers and working-age adults and supports the wellbeing of Islanders by subsidising GP visits, the cost of prescriptions and other primary care services.

[1] Specific, Measurable, Achievable, Realistic, Time-bound

The Panel understands that as part of the overall review by Government of the Island's health and care costs, there may be a possible reform of the Health Insurance Fund.

The Proposed Budget 2026 – 2029 states that:

Whilst the Fund provides ring fenced funding for primary care services, the ring fencing also introduces barriers which can act against the best interests of patients and can create disincentives to the effective use of public money[2]

The Panel noted that within the Budget, a closing balance of the Health Insurance Fund moves from £92 million in 2026, down to £61 million in 2029. At its public hearing with the Minister for Social Security on 23rd October 2025, the Panel asked the Minister if this was a cause for concern. The Minister responded by saying that she believed the lower closing balance was a result of expenditure that the community wants to see and needed to be made. The Panel questioned further on this issue asking the Minister if the lower balance sheet was concerning:

Deputy P.M. Bailhache:
Minister, I am sorry, but you are not answering the question. The question is, is the falling off in value of the fund a concern?

The Minister for Social Security:
I think any expenditure is always a concern. Like I said, and I will reiterate this, the Minister for Health and Social Services is undertaking a piece of work to look at health funding as a whole. I think that the Health Insurance Fund is an important part of that jigsaw. I would be more concerned if we were not spending money in the Health Insurance Fund and that people could not afford to go to the G.P.[3]

The Panel has concerns that ongoing spending of the Health Insurance Fund may cause it to be depleted if no further action is taken. Furthermore, while the Minister advised the Panel that the Health Insurance Fund should not be considered in isolation and that funding should be viewed holistically, the Panel believes the Minister should find a solution to the fund and not allow it to decrease lower than is currently recommended.

Finding
The Health Insurance Fund reduces from £92 million in 2026, down to £61 million in 2029. The Panel is concerned the Fund may be depleted if a solution to replenishing the funding is not found.

Recommendation
The Panel has concerns that ongoing spending of the Health Insurance Fund may cause it to be depleted if a solution to replenishing the funding is not found and no further action is taken. Furthermore, while the Minister advised the Panel that the Health Insurance Fund should not be considered in isolation and that funding should be viewed holistically, the Panel believes that until funding measures are found, the balance of the Health Insurance Fund should not substantially decrease any further and the Minister should continue to work towards a solution to replenish the fund. A solution to securing

[2] Page 88 of the Proposed Budget 2026 - 2029
[3] Public Hearing with the Minister for Social Security – 23rd October 2025

this funding in the long-term should be presented to the States Assembly before the next proposed budget. This solution must include clear plans and a rationale for the funding.

Long-Term Care Fund

The Budget explains that the Long-Term Care Fund provides universal and means-tested benefits to adults with long-term care needs and is funded through a central grant from general revenues and income-related contributions from income taxpayers.

The Panel understands that an internal review of the Long-Term Care Fund has been implemented by the Minister for Social Security. During its public hearing on 23rd October, the Panel was advised that the review included assessing the value provided by the fund and that, if an increase in contributions were required, it could be justified. The Panel was made aware that the results of the review would not be made available until the next term of Government. It was also informed that the Long-Term Care Fund was a relatively young fund in comparison to the Social Security Fund and it was important that the fund delivered within its expectations.

The Panel will refer to the funds that are due to be subject to an internal review within its legacy report with a recommendation that the next Health and Social Security Panel follow up on the status of these during quarterly public hearings or written correspondence.

Social Security Fund and Social Security (Reserve) Fund

The main difference between the Social Security Fund and the Social Security (Reserve) Fund is their purpose: the Social Security Fund pays current benefits like pensions, while the Social Security Reserve Fund is a buffer to ensure future benefit payments, especially for an aging population. The Reserve Fund holds surpluses from the main fund to ensure long-term sustainability. The Social Security Fund receives allocations from Social Security contributions from employers and working-age adults and an annual States grant. The Fund supports the wellbeing of Islanders by providing old age pensions and a range of working age benefits.

The Proposed Budget 2026 – 2029 states that:

With a Social Security (Reserve) Fund of £2.5 billion, the investment income from the reserve provides a significant additional source of income into the Fund (2024: £273 million). While investment returns will fluctuate from year to year, the average annual return over the last 5 years has been 9.3% with a 7.3% average annual return over the last ten years. These investment returns, combined with the existing contribution rate and States grant, suggest that the Reserve Fund will continue to expand while also meeting the increasing cost of pensions.[4]

On 16th October 2025, the Minister made a statement regarding the security of these funds and ensured Islanders that '*there is more than enough money in the funds to continue paying their pensions. Our reserves are over £2.5 billion, which would be enough to pay pensions for the next seven and a half years even if no more money were paid in'. This is far more than other national pension schemes: Guernsey and the Isle*

[4] Proposed Budget 2026 - 2029

of Man have enough reserves to cover four years, while the UK's would cover less than a year. And our funds will continue to grow over the next four years'.[5]

The Panel received a copy of a letter from the Government Actuaries Department (GAD) which updated the variant to the principal projection of GAD's 2021 Actuarial review of the Jersey Social Security Fund. The updates used known closing Social Security Fund balances for years up to and including 2024. The Panel notes that for the purposes of the update, average earnings had been increased and have been assumed to be 4.2%. In addition, the investment returns assumption had been increased by 1% p.a. throughout the projection period with the new assumption for investment returns equal to the rate of earnings increases, plus 3% p.a.

The Panel questioned the Minister on the information received from the actuaries during the public hearing on 23rd October 2025 as it was concerned that the work undertaken by the actuaries, may not have gone far enough to capture a full range of scenarios. The Panel asked if the actuaries could model different rates of return with the Minister agreeing that she would be putting extra scenarios to the actuaries and would provide the answers before the budget:

Deputy J. Renouf:
Will you ask the actuaries to model different rates of return, not just the increased rate of the return? The officer has just mentioned the 3 standard rates of return. Could you use those so that we had a variation or a range, I should say?

The Minister for Social Security:
Yes, we can do that. Obviously I am happy to work with Scrutiny. This is an important process. It is really important that other Members have the information that can give them as much confidence as possible about decisions being made. I am also happy to have whatever briefings the panel or other States Members want around these matters. I was confident and did not need the actuaries to model the one-off change, which is why I asked, knowing that there would need to be decisions made in the future, about more of a future scenario. But I am keen to make sure that the panel and other States Members feel as confident as possible ahead of that Budget debate.

Deputy J. Renouf:
I think the point is that the tables which you have showed to the panel and now published make it very clear that the future state of the fund is highly sensitive to those assumed rates of return and therefore in fact it is by far the dominant factor in affecting what state the future fund arrives at as a result of these reductions. It feels - to me, certainly - essential that if we are to have confidence that those reductions in the grant are justified that we consider a range of scenarios because I do believe that the standard investment advice is that future returns should not be based on past returns. You cannot make those assumptions.

The Minister for Social Security:
We need to work with the best information that we have to make decisions for this Budget. I think that we have come to a good solution. Andy will know I provided Treasury with a lot of challenge in a number of meetings, which gave me confidence to agree the Budget as it stands. I am keen that both Scrutiny and other Members are

[5] https://www.gov.je/News/2025/pages/socialsecurityfundsstatement.aspx

given the same opportunity to give the same type of challenge that I have given Treasury and I am more than happy to facilitate that.

Deputy J. Renouf:
So you will be putting those extra scenarios into the questions that you are going to ask of the actuaries and we will get those answers before the Budget?

The Minister for Social Security:
Yes, I can do that. I am not personally sure what value that will have, but if that is something that will make you feel more assured, then I am more than happy to do that.

The Panel also wrote to the Minister for Social Security on 3rd November 2025 and asked if the following additional scenarios be considered if not already included as it believed these variations would help provide a broader understanding of potential outcomes and ensure that the review captures a range of plausible future scenarios.

- Average earnings plus 1%
- Average earnings plus 2%
- Average earnings plus 3%

The Minister responded on 7th November 2025 informing the Panel that building on their work so far, the actuaries will provide projections of the Social Security Fund's reserves for the same net migration scenarios, and for investment returns of Jersey earnings growth + 1%, + 2% and + 3%. This provides information on the sensitivity of the projections to different investment returns in the future and is in line with the Panel's proposed approach. The Minister further informed that this work was underway and was due to be published by 14th November 2025. The Panel was disappointed to learn that this information was not provided in the correspondence of 14th November and has written further to the Minister asking for an update which it received on 20th November 2025. However, the work that had been requested had not been undertaken, with the Minister advising the Panel that regarding Investment Return Assumptions:

'This analysis is based on a reasonable investment return assumption of Jersey earnings growth + 2% per year. This is in line with the Social Security Reserve Fund's current investment strategy target, and it is the central assumption used by the actuary in their last actuarial review.'[6]

The Minister also informed the Panel that she would not be asking the actuaries to analyse or comment further, and the Panel should seek its own independent advice, should it want to at this stage. The Panel wrote to the Actuaries and was informed that they would be unable to undertake this additional analysis as they were under contract for the Government of Jersey and, to provide such information would not be seen as independent. A copy of the letter from the Actuaries to the Panel can be found here.

The Panel is extremely disappointed at this outcome and as a consequence of not receiving the information, the Panel is unable to fully scrutinise the projections and does not believe the assumptions made by the Minister capture a full range of plausible scenarios.

[6] Letter from Minister for Social Security – 20th November 2025

The Panel notes that as part of its work, the Fiscal Policy Panel (FPP) raised concern that Government was spending more than it was earning and as part of its 5 recommendations to Government, made the following:

Draw-downs from the Social Security Reserve Fund should only be made on the basis of a comprehensive actuarial assessment of future pension liabilities.

Within the budget, it is stated that 'alongside the regular actuarial review of the Social Security scheme as of 31st December 2025, the Minister for Social Security will instruct the independent actuary to undertake a full review of the current funding policy of the scheme as established in the late 1990s. The review will include the outcome of the decisions taken at that time and an assessment of the current position'[7]

The Budget states that the purpose of the Social Security (Reserve) Fund is to *manage the impact of an ageing population on future pension costs*.

The Panel is concerned that if the Social Security Fund continues to be drawn upon, it will be insufficient for the needs of a future ageing population.

Finding
The Panel is unable to fully scrutinise the projections and does not believe the assumptions made by the Minister capture a full range of plausible scenarios.

Health Strategy

The Panel notes that the proposed budget for health is the highest ever and is set at £381 million. It also notes that work on sustainable health funding is underway and the Department is planning that, within the first few months of next year, modelling work will enable an understanding of what the future costs of health and care will be as a percentage increase on current budgets.

The Panel is concerned that out of the £381 million budget, there are no ringfenced funds for both women's health and men's health. There is, however, a ringfenced fund of £4 million per year for preventative health.

The Panel considers that as a comparison to the UK, this figure is low and has used the following comparisons from the Office of National Statistics as a guide.

- In 2023, total current healthcare expenditure in the UK was estimated at **£292.0 billion**. Office for National Statistics+1 with a population of 68.3 million equating to approximately £4,276 per person per year.[8]
- As a contrast, Jersey with a budget of **£381 million** and a population of approximately 106,000 people, equates to **£3,594 per person per year**.

[7] Proposed Budget 2026 - 2029
[8]For 2024, provisional estimates place total UK healthcare expenditure at ≈ **£317 billion**. Office for National Statistics

The share of funding for preventative health (or "preventive care / preventive spending") vs the overall health budget in the UK varies over time. Based on the most recent data from the Office for National Statistics (ONS) / UK Health Accounts:

- In 2023, spending on preventive care accounted for 5.2% of total government-financed healthcare expenditure. [9]
- The proposed funding of 4 million for preventative health is approximately 1.05% (based on a population of 106,000 people).

The Panel was informed at its public hearing on 15th October that the gold standard for preventative health was 0 and Jersey currently sat at 26. It was hoped that with the planning ongoing for the new hospital together with the funding being invested into digital health, the ambition was to reach level 7. An excerpt from the transcript describing this can be found below.

Health Chief Information Officer:

So when I set off on this journey earlier this year I asked an organisation called H.I.M.S.S. (Healthcare Information and Management Systems Society) to come in and do a maturity assessment on how digitally mature Jersey is as a system and they measure between 0 and 7. So the hospital, because of the investment that we have done in the electronic patient record, is currently sitting at 3 and a bit and we are hoping to get that to about 5 over the course of the next 6 months. As a system we are at level 0 and, out of the 26 jurisdictions where they have made that assessment, we are number 26. My ambition is for us to move rapidly up that chain. I do not believe that us hitting level 7 is necessarily something that we should absolutely aim for. I think, though, that aiming for the high levels, the high 5s, 6 level, is probably where we need to be.[10]

Women's Health

The Panel questioned the Minister for Health and Social Services at its public hearing on 15th October as to whether a women's health strategy was underway. It 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'*[11]. The Panel understand that there is a Women's Health Political Advisory Group, and the intention is to publish what is called a 'statement of intent' setting out what the key changes to women's health need to be, as well as the key interventions. At its public hearing with the Minister on 15th October 2025, the Panel asked the Minister if he would develop a formal strategy, similar to the digital health strategy with the Minister stating that:

"*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."*

[9] Healthcare expenditure, UK Health Accounts - Office for National Statistics
[10] Public Hearing with Minister for Health and Social Services – 15th October 2025
[11] Public Hearing with Minister for Health and Social Services – 15th October 2025

Finding
The Minister's acknowledgment that formalising the approach "makes perfect sense" reinforces the Panel's position that a clear, published Women's Health Strategy is both achievable and essential.

Recommendation
While the Panel recognises that completing the full strategy within this term may be challenging, it strongly recommends that initial implementation phases begin without delay.

The Panel has brought an amendment to the Budget to ask that the Minister for Health and Social Services to publish a Women's Health Strategy during 2026. A copy of the Panel's amendment can be found here.

Men's Health

The Panel questioned the Minister for Health and Social Services on whether a men's health strategy was in place and was informed that *whilst work had been undertaken in the past, it was now out of date and so there was no men's health strategy in place*[12]. The Panel believes that in the absence of a men's health strategy, further information and evidence needs to be collated to ensure that the right strategy is implemented. Men's health and the evidence for a strategy will be a suggested theme in the Panel's legacy report which will be presented in March 2026.

Finding
There is currently no men's health strategy in place and whilst work had been undertaken in the past, it was now out of date.

Recommendation
The next Minister for Health and Social Services should develop a men's health strategy, gathering and collating evidence from members of the public and stakeholders for further consideration.

Preventative Health

At the public hearing with the Minister for Health and Social Services on 15th October 2025, the Panel questioned the Minister on whether he believed the figure of £4 million to be adequate to meet the needs of the preventative health programme. The response was that part of the area of preventative health was linked to digital health and the Minister had asked that a plan be developed to enable a better delivery of healthcare through the introduction of digital technology. A plan was produced which consisted of 5 elements which were explained by the Health Chief Information Officer at the public hearing with the Minister for Health and Social Services on 15th October 2025 and are summarised below:

[12] Public Hearing with Minister for Health and Social Services – 15th October 2025

"There is an element that is to do with implementing something called e-referrals, which allows the electronic transmission of patient data, referral information from G.P. (general practitioner) practices to acute practices and off-Island as well, and for that information to come back as discharge information so there is a really good flow of information around the system. It also allows us to put in place e-prescribing that gives better patient choice in terms of how medication is supplied across the Island.

The second element is to create a single patient record based upon technologies that are used in very well-developed digital economies such as Estonia, Slovakia, technologies also used extensively in the U.K. in London.

The third element was to create a digital storage for documents.

The fourth element was what we call Get Smart, where we are able to take information from various remote monitoring devices. That allows us to develop virtual wards and remote monitoring, so allows us to do more in-community care and provide preventative services in terms of if we can see that someone is becoming unwell have treatment in the community rather than allowing people to become more unwell and then take them into hospital.

The fifth element was for an advanced analytics platform."

The Panel was informed that the Health Chief Information Officer was confident that these 5 elements could be delivered.

The Panel received a written submission from an organisation which wished to remain anonymous stating that:

"We see the proposed investment in the above budget specifically for preventative health as a positive step to try to contain escalating long term health conditions particularly arising in the aged where some may be attributed to lifestyle choices, diet, & nonparticipation in exercise earlier in life."[13]

The Panel has brought an amendment to the Budget to commit the Minister for Health and Social Services to producing a roadmap for delivering preventative health outcomes through a phased, evidence-led, whole-of-government and community-wide approach, ensuring the work is not carried out in silos. Furthermore, that the Minister also utilises the Wider Determinants of Health Ministerial Group to ensure oversight and ministerial accountability for the delivery and outcomes of the roadmap. A copy of the Panel's amendment can be found here.

New Fees and Charges

The Panel has also considered the Budget's proposal to introduce fees for promoting the appropriate use of the Emergency Department and 'Did not Attend' fees in 2026 after a period of advance public communications.

It is estimated by Health and Care Jersey (HCJ) that, at present, 14,000 patients a year use the hospital Emergency Department for day-to-day healthcare which would more appropriately be provided in the community by their GP. In these instances, it is

[13] Written Submission – Anonymous

proposed to introduce a fee for these patients at the same rate charged by Jersey Doctors on Call (currently £77 for a resident, £97 for a non-resident), or higher. On arrival in the hospital, people who would be more appropriately cared for in the community will be encouraged to seek the right healthcare from the right provider and be redirected to a pharmacist, their GP or Jersey Doctors on Call, as appropriate. If they still wish to receive day-to-day healthcare in the Emergency Department, they will be provided with this care at a fee.

As part of the Preventative Health Strategy, the non-attendance of outpatients' appointments fees would be phased to coincide with the introduction of a new system allowing people to change their appointments online. There would be an appeals process to safeguard patients and ensure no-one is unfairly charged. As the fees are intended to shift behaviours, not generate income, there are no associated income targets, and it is hoped that the need to levy the fees would reduce over time.

The Minister informed the Panel at the public hearing on 15th October that he did not struggle with the do not attend fees and they might be useful to drive good behaviour. The Minister did however inform the Panel that the A&E charges were more difficult and would need to be thought through in more detail and carefully. An excerpt from the transcript can be found below:

The Minister for Health and Social Services:
"What we are trying to do is we have got to look across the piece at the things that we think might be useful to drive good behaviour. I will make a more political comment about the 2 things. We have got do not attend fees and A. and E. charges. The do not attend fees I do not really struggle with at all. I think that is fairly straightforward. The A. and E. charges I know is a difficult one, and I know we are going to have to be very careful with it. What we are looking for is permission to introduce them if required, but it is not a done deal that that particular charge will be introduced. I think we have got to go through that in more detail or carefully".[14]

Accident & Emergency (A&E) Fees

The Panel received in excess of 30 submissions from members of the public regarding these proposed charges (not all of which wished to be uploaded to the States Assembly website). Whilst most people were in favour of some charges, a number of submissions queried how the charges would be implemented and how the system would be monitored to avoid misuse. Queries were also raised around how decisions would be made to define if it was in fact an emergency (or non-emergency) and how additional pressure on staff would be mitigated. Some also suggested an enrolment system whereby each patient who presents to A&E is monitored as to how many times they attend for non-emergencies and if they should be referred to their GP.

The Panel has lodged an amendment regarding the introduction of the A&E fees. It clarifies 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. A copy of the amendment can be found here.

[14] Public Hearing with the Minister for Health and Social Services – 15th October 2025

Finding
The Minister for Health and Social Services has proposed to introduce fees for promoting appropriate use of the Emergency Department and 'Did not Attend' fees in 2026 after a period of advance public communications.

Recommendation
The Minister for Health and Social Services should ensure that as they work on finer details on both fees, there is full engagement with key stakeholders/workforce and any decisions are communicated clearly.

The Panel raised the question of exemptions with the Minister and was reassured that exemptions would be in place for those people who had genuine exceptional circumstances and could not attend. The Minister also reassured the Panel that exemptions would extend to those that with disabilities and would be fair and reasonable.

Overpayment of Social Security Contributions

The Panel received concerns from members of the public who continue to pay Social Security Contributions even though they have reached a full contribution record before pension age. The Panel wrote to the Minister for Social Security for further information on this and was informed that the it was the Ministers view that the number of people paying was minimal (circa 50) and due to the relatively small numbers affected, the potential cost to the Fund, and the fact that they are getting some benefit from their contributions, the Minister decided to prioritise addressing other issues first.

The Panel believes that given the Budget suggests the Social Security Fund is in a healthy financial position, such as to propose a reduction in the States grant, the Minister for Social Security should commit to resolving any overpayments of contributions for this group of people and has lodged an amendment to the Budget to propose this. A copy of the Panel's amendment can be found here.

Conclusion

The Panel's main concern for this Budget is the depletion of the Health Insurance Fund and the arrangements to reduce the States Grant into the Social Security Fund. The Panel strongly believes that the Minister for Social Security must propose a solution to securing the long-term funding the HIF provides, alongside a thorough rationale for the proposals. The Panel is concerned about the long-term sustainability and the wider financial strategy regarding ring fenced funds. Without a buoyant Social Security Fund, the Island risks the long term sustainability of benefits paid from the fund. This is particularly concerning given the ageing population which will put further pressure on the fund.

This was also raised as a key concern by the Corporate Services Scrutiny Panel as part of its work on the Budget and the work it scrutinised which had been presented by the Fiscal Policy Panel.

The future of our health is extremely important, and we are pleased to see steps being taken to funding preventative health. In particular, our amendment to bring forward a roadmap for delivering preventative health outcomes will show transparency and enable

both this Panel, and the next Health and Social Security Panel to continue asking questions and ensuring that this important work continues to progress.

We are also pleased to hear the Ministers positive responses re strategy and look forward to seeing how it develops see the work being undertaken by the Minister for Health and Social Services regarding women's health and look forward to seeing how this strategy develops.

The Panel also strongly believes that any charges that are implemented for the use of Accident and Emergency (A&E) Department should be implemented safely. Whilst the Panel appreciates the requirement to create a culture change that aims to reduce wait times within the A&E Department, the Panel is concerned that the Budget commits to fees being introduced during 2026, despite the fact that no thorough analysis or scoping of the proposals has been undertaken. The current lack of scoping and analysis around this work is also concerning and as a consequence, the Panel believes that in order to have any meaningful debate or influence on the introduction of such significant fees, this information would need to be provided.

Whilst each scrutiny panel has undertaken its own review, several overarching recommendations have become apparent during the review process and have been made within the Corporate Service Panel's Report.

In relation to the recommendations made within this report, the Panel requests a formal response in writing from Ministers acknowledging the recommendations and to confirm its acceptance, or otherwise. If not accepted, the Panel requests a full explanation be provided in the written response.