
STATES OF JERSEY



SUSTAINABLE HEALTHCARE FUNDING (R.126/2026): EXECUTIVE RESPONSE

Presented to the States on 19th October 2026
by the Public Accounts Committee

STATES GREFFE

FOREWORD

In accordance with paragraphs 69-71 of the [Code of Practice](#) for engagement between ‘Scrutiny Panels and the Public Accounts Committee’ and ‘the Executive’, the Public Accounts Committee (PAC) presents the Executive Response to the Comptroller and Auditor General’s (C&AG) Report entitled: Sustainable Healthcare Funding (R.126/2026, presented to the States Assembly on 23rd July 2026).

The PAC notes the response to this report and will consider publishing further comments in due course.

Deputy K. Wilson

Chair, Public Accounts Committee

Chief Executive to Jersey Audit Office report: Sustainable Healthcare Funding - Executive Response

Summary of response:

The report on Sustainable Healthcare Funding is welcomed. It is accepted that long-term healthcare funding is a significant strategic challenge requiring coordinated action across healthcare, social care, finance and wider government. The conclusion that the Healthcare Forecasting Model provides a useful evidence base for future policy development and that sustainable funding reform should be considered alongside wider health and social care reform is noted. Significant work is already underway through the Health Funding Reform Programme, Clinical Services Strategy, Long-Term Care Fund actuarial review, Financial Recovery Programme, Digital Health Strategy, Health Partnership Board and Ministerial governance arrangements.

Recommendations	Risk of non-implementation	Risk profile (E,H,M,L)	Other considerations in prioritisation	Is the recommendation agreed?	Improvement theme (If applicable)
R1 - Update the Jersey Health Accounts on a periodic basis such as every four years to improve strategic and operational healthcare decision making.	If the Jersey Health Accounts are not updated on a periodic basis then health funding policy decisions in the future may not be based on the most recent status of Jersey's health funding landscape. At a later stage, it may also be challenging to fully assess the impact of reforms without periodically updated Jersey Health Accounts.	Low	- Health accounts are useful tools to inform and assess policy decisions. - The first Jersey Health Accounts was completed in 2023, using 2019 (pre-covid) data. They were completed to inform health funding reform work at the time which didn't proceed. - The 2019 Jersey Health Account data has been updated to a 2026 baseline using robust methodology. Whilst this 2026 baseline isn't a fully updated Jersey Health Accounts, it provides a picture of Jersey's current health funding landscape. - Whilst the Jersey Health Accounts provide detailed information on how different healthcare sectors are funded in Jersey at a point in time, the principal value of the Jersey Health Accounts is establishing a health-system cost baseline to then apply healthcare inflation assumptions to, which then forecasts future costs, informing the scale of reforms required. - Producing health accounts is resource intensive and requires data collection from external organisations. - If updated now, resources would need to be reprioritised from other key activities. - Updating the Jersey Health Accounts every 10 years could be worthwhile, balancing the requirement for updated information to inform / assess policy decisions and resource prioritisation.	Agree in principle – deferred for later action.	No action at this time

			• As part of the CPMO requirements for policy evaluation, the Health Funding Reform Officer Board will decide whether updating the Jersey Health Accounts after the reforms have been implemented would provide useful evidence to assess whether the reform objectives have been achieved • The recommendation will be deferred for later action and monitored to ensure that appropriate action is taken.		
R2 - Publish the results of the actuarial review of the Long-Term Care Fund and ensure that the results and impact of the review are considered as part of the wider healthcare funding options.	The actuarial review will be published. Risks associated with failing to incorporate the findings, not the wider health review, would be mainly reputational as it would be viewed that government does not take account of all available information in developing its future health funding plan.	Low	• The actuarial review will be published.	Agreed	Transparency of review outputs
R3 - Undertake an exercise to model social care costs (including the impact on the Long-Term Care Fund) to ensure the full estimation of health and care costs is available for future policy decisions.	If social care costs are not taken into account, the full costs of service delivery may not be clear. However, standard methodologies which enable comparison to other jurisdictions exist and are followed by the Government of Jersey. Being a Health Account, only the “health cost” proportion of Long-Term Care is included in the Jersey Health Accounts. The risk of not including all LTC costs in the updated 2026 baseline and cost forecast is that <10% of LTC costs are excluded from the health cost forecast model. This can be mitigated by referring to the LTC financial forecasts when considering health funding reforms.	Low	• LTC costs are divided into “social-care costs” and ‘health costs’ as per the definitions used by the OECD for the development of national health accounts. • Note that the term “social care costs” does not refer to the personal care that is the main element of LTC packages (>90% of LTC costs). • “Social-care costs” refers to a specific small element (<10%) of Long-Term Care costs. • Financial monitoring and reporting is completed separately for the LTC, which includes 100% of the LTC costs. • Whilst social care costs will be considered, the Jersey Health Accounts and cost forecast is focussed on health costs. • Complete LTC costs and forecasts will be taken into consideration when health funding reform options are developed.	Not Agreed	No action at this time

R4 - Implement a formal communications campaign to explain the reasons for and support implementation of all fees and charges policies.	If communications plans are not in place, there may be reduced public and stakeholder understanding of the reasons for introducing fees, charges and any other reforms, which could increase resistance to change and make implementation more contentious.	Low	• The Minister for Health and Social Services introduced these new charges in 2026: ○ patients who choose to stay in hospital receiving long-term care services when a safe onwards package of care is in place, and ○ visitors from countries without a reciprocal health agreement for emergency treatment • Further consideration will be given to whether further charges should be implemented in light of cost-of-living increases on households. No decisions have been taken. • It is recognised that successful implementation of fees and charges policies requires clear communication, stakeholder understanding, and effective engagement. • If decided to implement, future fees and charges proposals would be supported by structured communications and engagement plans developed as an integral component of policy and programme delivery. These plans would clearly articulate the strategic challenges facing the healthcare system, the rationale for proposed changes and the contribution that individual policies make towards the wider programme of healthcare reform and long-term sustainability. • Stakeholder engagement and communications planning would be established at an early stage and maintained throughout development and implementation. • A formal communications campaign would support transparency, improve understanding of the case for reform, and help manage stakeholder concerns, although it may not remove all opposition to proposals.	Agreed in principle – but only if adopted. In place already – standard GoJ frameworks in respect of communications and engagement for projects will be adhered to. pending decision to implement new charges.	No action at this time
R5 - Undertake a system-wide review of discharge planning policies and procedures to identify and implement systems improvements.	If a system-wide review isn't completed, then in the absence of other mechanisms, there may be a risk of there being some opportunities for improvement that are not identified.	Low	• HCJ has teams which work with community care providers to review discharge and implement continuous improvements as part of normal working practice. • In addition, there are safeguards to escalate any concerns in respect of discharge planning at the	Agree in principle but appropriate measures are in place to	No additional action at this time

			highest levels of HCJ governance: the Partnership Board has representation from the care sector who can raise discharge-related issues with the Board who can drive required improvements. • Undertaking such a review and implementing improvements would require resources to be reprioritised from other activities. • As the Partnership Board will be raising discharge related issues, a system-wide review would be disproportionate to the risk, which can be mitigated through existing HCJ and care sector working practices, as well as the Partnership Board.	identify and resolve issues	
R6 - Identify some high-profile early adopters of the Patient Knows Best app to support a successful launch of the app, share experiences and encourage its widespread adoption.	Patient Knows Best is a free, secure online patient portal. More information can be found here . Its functions include the ability to manage your patient information and reschedule appointments. If there is not to widespread and prompt adoption, then there is a risk that the objectives of introducing the app are not achieved, including increasing HCJ productivity through reducing the number of missed appointments,	Low	• Approximately 12,000 appointments are missed per year. • The Minister has proposed introducing a charge for when patients repeatedly miss an appointment without giving notice. • Before the charge is introduced, the Minister has determined that 'Patient Knows Best' should be introduced first, which will allow patients to reschedule their appointment remotely. • The Patient User Panel will be engaged to identify high-profile adopters of the app to support a successful launch of the app. • The development and implementation of PKB is being project managed by the Digital health team who will ensure lessons learnt from other projects are considered.	Agreed	Digital adoption to support system reform
R7 - Consolidate all the learning from the various funding options papers (going back to 2008) into a concise view on healthcare funding options.	If learning from previous healthcare funding reviews and reform programmes is not consolidated, there is a risk that future work may repeat previous challenges. This could reduce the likelihood of implementing successful reforms.	Medium	• Key lessons from previous work ranging from the 2008 'New Directions' to 2022/3 'Jersey Care Model' will be consolidated and reviewed to ensure that health funding reforms avoid previous challenges.	Agreed	Planning health funding reform
R8 - Establish a Ministerial Health Funding Reform Group to ensure collective	If cross-government ministerial oversight and accountability arrangements for healthcare funding reform are not established	High	• The Ministerial group has now met once and will meet on a regular basis once reforms are developed further which require decision making.	Agreed	Planning health funding reform

consideration of and accountability for policy reform proposals. Ensure this Group includes the Ministers for Health and Social Services, Employment, Social Security and Housing and Treasury and Resources.	and maintained, there will likely be a risk of fragmented decision making across health, social care and public finances. This could weaken the Government's ability to develop and implement reforms.		• A Terms of Reference will be drawn up by the end of 2026.		
R9 - Review and enhance strategic and operational practices for managing difficult complex change programmes. The enhanced practices should include more formal structured engagement conversations with a broad range of stakeholders on key reform proposals.	If good practice for managing complex change programmes is not followed, then there is a risk that outcomes, delivery timelines or cost of implementation could be compromised.	Low	• The Government recognises that successful delivery of complex reform programmes requires clear governance, effective project management disciplines, structured stakeholder engagement, and sustained leadership. • The Government of Jersey has processes in place for managing complex change programmes (CPMO) and any future health reform programme will be managed via the CPMO framework which ensures robust change management practices are followed, including stakeholder engagement. • This will be, supported by proportionate governance, assurance, and reporting arrangements. • The Government will continue to build organisational capability in the management of complex change, drawing on lessons learned from previous major projects and reviews, both in HCJ and across GoJ. • The extent to which formal structured engagement is required is wholly dependent on the change being delivered.	Agreed in principle – underway via CPMO framework for managing change, including engagement.	Structured communication and engagement
R10 - Ensure that robust programme management disciplines are in place to implement the Clinical Services Strategy when it is finalised.	If robust programme management disciplines are not in place the strategy may not be fully implemented and some improvements may not be made to models of care provision.	Medium	• Implementing robust practice requires appropriately skilled personnel to support the strategy implementation. Currently, funding is not available for dedicated programme management capability. • HCJ will review funding streams but in the context of existing budgetary pressures, officers are unable to commit to implementing this recommendation at this time. However, the recommendation will be deferred for later action and monitored to ensure that appropriate action is taken.	Agree in principle – deferred for later action.	No action at this time

R11 - Alongside the Clinical Services Strategy, develop and implement an integrated health and social care strategy that provides a road map to the future of integrated care and prevention on the Island.	Without joined-up planning across Jersey's health system, there is a risk of uncoordinated action, reducing the overall effectiveness of improvements and reforms.	Medium	The Council of Ministers' proposed Common Strategy Policy includes the establishment of a Health and Care Strategy.	Agreed	Planning health funding reform
R12 - Ensure robust succession planning is in place for known and expected changes in leadership.	If succession planning for senior executive roles, such as the transition GoJ CEO is not in place, there is a risk of lack of continuity in corporate knowledge and delivering on organisational and ministerial priorities.	Low	- The appointment of the Chief Executive Officer represents the culmination of a deliberate and long-term succession planning approach. It secures continuity of leadership, retains significant organisational knowledge and expertise, and reduces the risks associated with a change in executive leadership. Furthermore, it demonstrates the value of investing in internal leadership development and provides confidence that the organisation has the capability, resilience, and leadership capacity required to deliver its strategic objectives both now and in the future. - Succession planning for critical roles across government continues to be a focus. - In considering succession to senior roles, enterprise-wide leadership, the ability to lead outside of one's technical expertise / specialism and to be impactful across the broader organisation, has been identified as a prerequisite. - The programme enabled the development of enterprise-wide leaders which was launched to senior leaders in January 2026. - The programme enables the identification of senior employees ready for enterprise-wide leadership opportunities, now, and those who would benefit from gaining enterprise-wide leadership experience to grow their potential and support their progression. - This programme enables organisation-wide mobility, builds leadership resilience through the identification of a talent pool to respond to priority need, and supports	Agree - Complete	No additional action at this time.

			succession planning for Chief Officer and other senior leadership roles. • Changes have been made to the Connect Performance last year to encourage managers and employees to discuss and record their desire and readiness for progression. A new development planning tool has been launched to help employees and managers consider development needs to support individual growth. • The Enterprise-Wide Leadership Programme continues to strengthen leadership capability across the organisation, while the Succession Planning Programme has enabled the successful recruitment of a Chief Officer for Employment, Social Security and Housing (ESSH), supporting leadership continuity and organisational resilience. • The Enterprise-Wide Leadership Programme continues to strengthen leadership capability across the organisation by developing future leaders, supporting succession planning, and fostering a consistent leadership culture. • Future recruitment to the CO role within HCJ may require an external search to access the quality, experience and delivery of candidates available in the wider market given the critical services and unique combination of leadership, operational, political and sector specific expertise.		
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Prioritised improvement plan:

Action theme	Actions	Linked Recs	Target date	Responsible Officer
Planning health funding reform	R7: develop a paper incorporating the learning from previous health funding reform options for consideration by the Health Funding Reform Officer Board and	R7	Q4 2026	Ruth Johnson, Director of Strategic Health Policy

	the Ministerial Group ahead of deciding on the health funding reforms to take forward. R8: Agree Terms of Reference for the Ministerial Health Funding Reform Group R11: Officers will work with the Health and Care Partnership Board to establish a Health and Care Strategy for Jersey	R8 R11	Q4 2026 Q2 2027	
Transparency of review outputs	R2: Publish the long-term care actuarial review	R2	Q1 2027	Sue Duhamel, Associate Director of Public Policy
Structured communication and engagement	R9: Once Ministers have agreed the range of health funding reforms to take forward, Officers will develop a structured stakeholder engagement and communications programme, providing opportunities for stakeholders to comment on proposals before final decisions are made.	R9	Q1 2027	Ruth Johnson, Director of Strategic Health Policy
Digital adoption to support system reform	R6: The Digital Health team who are project managing the implementation of Patient Knows Best will identify high-profile early adopters of the app, potentially from HCJ's Patient and Users' public engagement panel, to support and encourage the launch of the app.	R6	Q2 2027	Martin Carpenter, Director of Digital Health and Informatics