

# STATES OF JERSEY



## **PROPOSED BUDGET (GOVERNMENT PLAN) 2026-2029 (P.70/2025): TWELFTH AMENDMENT**

### **WOMEN'S HEALTH STRATEGY**

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**Lodged au Greffe on 21st November 2025  
by the Health and Social Security Scrutiny Panel  
Earliest date for debate: 8th December 2025**

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**STATES GREFFE**

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

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**1 PAGE 3, PARAGRAPH (b) (xii) –**

After the words “as set out in the Appendix to the accompanying Report” insert the words –

“, except that on page 45, after the words “improve the health of Islanders.” there should be inserted the following new paragraph –

“During 2026, the Minister for Health and Social Services will publish a Women’s Health Strategy, which will be informed by the Women’s Health and Wellbeing Joint Strategic Needs Assessment 2024.”

**HEALTH AND SOCIAL SECURITY SRUTINY PANEL**

**Note:** After this amendment, the proposition would read as follows –

**THE STATES are asked to decide whether they are of opinion –**

- (a) In accordance with Article 16 of the Public Finances (Jersey) Law 2019 (the Law) to approve an amendment to the Government Plan 2025 – 2028 (entitled “Budget 2025 – 2028”) to a reduction in the 2025 head of expenditure “Grants to States Funds” as included in Table 5(i) Revenue Heads of Expenditure of that Government Plan from £119,821,000 to £69,821,000.
- (b) To receive the Government Plan 2026 – 2029 (entitled “Budget 2026-2029”) specified in Article 9(1) of the Law and specifically –
  - i. to approve the estimate of total States income to be paid into the Consolidated Fund in 2026 as set out in Appendix 2 – Summary Table 1 to the Report, which is inclusive of the proposed taxation and impôts duties changes outlined in the Government Plan, in line with Article 9(2)(a) of the Law.
  - ii. to refer to their Act dated 24th June 2003 in which they approved that no new ‘user pays’ charges be introduced without any such charge receiving prior in principle approval by the States Assembly and accordingly to approve the introduction of two new charges, to be levied by Health and Care Jersey to promote appropriate use of the Emergency Department and for repeated non-attendance of outpatient appointments, detailed in the section entitled “Departmental Income Sources” as set out in the Appendix to the accompanying Report.
  - iii. to approve the proposed Changes to Approval for financing/borrowing for 2026, as shown in Appendix 2 – Summary Table 2 to the Report, which may be obtained by the

Minister for Treasury and Resources, as and when required, in line with Article 9 (2)(c) of the Law, of up to those revised approval amounts.

- iv. to approve the transfers from one States fund to another for 2026 of up to and including the amounts set in Appendix 2 – Summary Table 3 in line with Article 9(2)(b) of the Law.
- v. to approve a transfer from the Consolidated Fund to the Stabilisation Fund in 2026 of up to £50 million, subject to a decision of the Minister for Treasury and Resources based on the availability of funds in the Consolidated Fund as at 31st December 2025 in excess of the estimates provided in this plan, or from budgeted underspends identified before 31st December 2026.
- vi. to approve a transfer from the Consolidated Fund to the Agricultural Loans Fund in 2026 of up to £5 million, subject to a decision of the Minister for Treasury and Resources based on availability of funds in the Consolidated Fund as at 31st December 2025 in excess of estimates provided in this plan, or from budgeted underspends identified before 31st December 2026;
- vii. to approve each major project that is to be started or continued in 2026 and the total cost of each such project and any amendments to the proposed total cost of a major project under a previously approved Government Plan, in line with Article 9(2)(d), (e) and (f) of the Law and as set out in Appendix 2 – Summary Table 4 to the Report.
- viii. to approve the proposed amount to be appropriated from the Consolidated Fund for 2026, for each head of expenditure, being gross expenditure less estimated income (if any), in line with Articles 9(2)(g), 10(1) and 10(2) of the Law, and set out in Appendix 2 – Summary Tables 5(i) and (ii) of the Report.
- ix. to approve the estimated income, being estimated gross income less expenditure, that each States trading operation will pay into its trading fund in 2026 in line with Article 9(2)(h) of the Law and set out in Appendix 2 – Summary Table 6 to the Report.
- x. to approve the proposed amount to be appropriated from each States trading operation's trading fund for 2026 for each head of expenditure in line with Article 9(2)(i) of the Law and set out in Appendix 2 – Summary Table 7 to the Report.
- xi. to approve the estimated income and expenditure proposals for the Climate Emergency Fund for 2026 as set out in Appendix 2 – Summary Table 8 to the Report.

xii. to approve, in accordance with Article 9(1) of the Law, the Government Plan 2026-2029, as set in the Appendix to the accompanying Report, except that on page 45, after the words “improve the health of Islanders.” there should be inserted the following new paragraph –

“During 2026, the Minister for Health and Social Services will publish a Women’s Health Strategy, which will be informed by the Women’s Health and Wellbeing Joint Strategic Needs Assessment 2024”.

## REPORT

### Summary

The purpose of this Amendment to the Proposed Budget (Government Plan) 2026-2029 (hereafter the “Budget”) is to:

- Request the Minister for Health and Social Services to bring forward a Women’s Health Strategy in 2026.
- Request that the Strategy be informed by the areas identified in the Women’s Health and Wellbeing Joint Strategic Needs Assessment 2024.

### Background and Context

Since the formation of the current Health and Social Security Panel (hereafter “the Panel”) in early 2024, the Panel has advocated for the production of a Women’s Health Strategy. During a [Quarterly Hearing](#) on 14<sup>th</sup> March 2024, the Panel requested an update on the progress of the Women’s Health Strategy that the previous Minister for Health and Social Services had committed to undertaking. However, that work had been delayed whilst awaiting for the results of the Joint Strategic Needs Assessment. The Panel has been informed that this work would be progressed by the Women’s Health Political Advisory Group (hereafter “the Group”) in April 2024. In a [letter](#) dated 19<sup>th</sup> April 2024, the Minister stated to the Panel that:

*I have now proposed that women’s health forms a part of the emerging whole system strategy... as opposed to a stand-alone strategy. This decision is a reflection of the need to prioritise allocation of resources.*

Following the Panel’s knowledge that the development of a Women’s Health Strategy had been stopped, the Panel [wrote](#) to the Minister requesting to be informed of the workstreams that would be progressed and which would not. On 30<sup>th</sup> April 2024, the Minister [responded](#), informing the Panel that the Group had discussed and agreed to the proposed decision not to produce a standalone Women’s Health Strategy due to the Health Policy Team being fully engaged in other essential work. It was stated that the Group decided to focus on work already being undertaken which included: Termination of Pregnancy Law; In Vitro Fertilisation; and Contraception Services. This information was reiterated through an [Oral Question](#) during a States Assembly meeting on 30<sup>th</sup> April 2024. A number of States Members including a Member of the Group asked additional supplementary questions regarding the requirement for a Women’s Health Strategy, what steps would be taken to reduce public concern regarding funding and treating women’s health as a priority, as well as how funding for required services would be obtained. The Assistant Minister reiterated that the Group would meet and make the appropriate decisions.

On 10<sup>th</sup> June 2024, a [Written Question](#) was published, requesting the Minister to outline how, in the absence of the Women’s Health Strategy, the Minister would ensure to implement and monitor improvements for women’s health services and if he would publish a delegation of functions to one of the Assistant Ministers to be responsible for women’s health. The Minister stated that Deputy Howell, as Assistant Minister would lead on women’s health matters and noted that the results of the Women’s Health and

Wellbeing survey would provide insight into the largest concerns to women in the community. He noted that once the findings were available, the Assistant Minister would work with the Group to develop a statement of intent, setting out priority services that would be focused on. On 10<sup>th</sup> September 2024, an [Oral Question](#) was asked of the Minister to provide an update on the progress of women's health services. The Assistant Minister stated that there was an action plan in place that would be shared with the Group and Scrutiny and provided an overview of the services that were progressing.

In November 2024 the Panel lodged an [Amendment](#) to the Proposed Budget 2025-28, requesting the Minister to prioritise funding in 2025 *to ensure adequate resourcing to progress the Termination of Pregnancy Law Amendments workstream*. The amendment was adopted via standing vote.

In December 2024, Jersey's first [Joint Strategic Needs Assessment](#) (hereafter the "JSNA report") centred on women's health and wellbeing, summarising key findings relating to the health and wellbeing challenges faced by women focused on providing a robust evidence base to inform decision-makers in Government. The JSNA report stated the following:

*Women and girls make up over half of Jersey's population and are known to spend more years in poor health than their male counterparts.*

Following the publication of the JSNA report, the Panel asked what would be addressed following the report at its [Quarterly Hearing](#) on 5<sup>th</sup> March 2025. The Panel was informed that up to 6 main areas would be looked into which included, but was not limited to:

- prioritising gynaecological and reproductive health improvements
- recognising determinants of health in women and girls
- reducing barriers to accessing healthcare
- addressing the declining birthrate.

The Panel was further informed that the Women's Health Group would be focusing on the aforementioned areas and determining what should be prioritised. The Panel asked whether funding would be sought in the Proposed Budget 2026-29, and heard that:

**The Minister for Health and Social Services:** *"Andy will be joining the queue, a very long queue."*

**Deputy L.M.C. Doublet:** *"Was that a yes?"*

**Assistant Minister for Health and Social Services:** *"Yes."*

On 30<sup>th</sup> April 2025, the Panel held a [Public Hearing](#) which focused solely on Women's Health. The hearing received in excess of 30 attendees and a high volume of submissions from members of the public requesting questions to be considered by the Panel. During the Chair's opening it was stated that:

*"One of the biggest concerns that the panel is hearing from women and from professionals is that the decision to scrap the standalone women's health strategy indicates a lack of long-term commitment."*

Given the public support for a women's health strategy, the Panel questioned whether the Minister would reconsider the development of one. The Minister stated:

*"At this point in time I cannot."*

The Panel queried how much it would cost to develop the Strategy and was informed that:

*"...it would probably take one of my team of policy officers out of their work for about 3 to 4 months."*

During the Panel's Proposed Budget Review [Hearing](#) on 15<sup>th</sup> October 2025, the Panel sought clarification on the status of a Women's Health Strategy. The Director of Health Policy confirmed that no such strategy was currently underway. The Panel was informed that the Group intended to publish a "statement of intent" outlining key priorities and interventions; however, several proposed activities had stalled due to funding constraints following budget reductions.

The Panel questioned whether a formal strategy could be developed, similar to the comprehensive Digital Health Strategy. The Minister acknowledged the importance of clarity and direction, while noting that much of the work is embedded within broader health planning:

*"If you want to put a label on it and call it a strategy, I think we are working to a strategy across the whole health piece... But I understand you want some clarity about what is intended for women's health... 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."*

## Conclusion

The Panel believes that a formal Women's Health Strategy is essential for the following reasons:

- **Transparency and Public Confidence:** A published strategy provides clear direction and reassurance that women's health is a priority.
- **Continuity Across Governments:** A structured roadmap ensures that future administrations can build on existing work rather than starting anew.
- **Accountability and Resource Allocation:** A defined strategy enables effective monitoring of progress and prioritisation of funding for critical services.

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. 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. Significant public support for prioritising women's health—evidenced through extensive consultation, surveys, and reports—combined with the insights and findings from the Joint Strategic Needs Assessment, provides a robust foundation for this work. These resources should be leveraged immediately to

ensure that women's health receives the structured, transparent, and accountable approach it deserves.

### **Financial and staffing implications**

The proposed amendment does not present any immediate financial or staffing implications. However, the Panel notes that its implementation would require the Minister for Health and Social Services to make decisions about allocation of funds for the delivery of the Women's Health Strategy.

### **Children's Rights Impact Assessment**

A Children's Rights Impact Assessment (CRIA) has been prepared in relation to this proposition and will be available to read on the States Assembly website.