STATES OF JERSEY

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

PREVENTATIVE HEALTH

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

STATES GREFFE

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

1 PAGE 3, PARAGRAPH (b)(xii) –

After the words "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 words –

"The Minister for Health and Social Services will produce a roadmap for delivering preventative health outcomes through a phased, evidence-led, whole-system approach. The Minister will involve the Wider Determinants of Health Ministerial Group in developing the roadmap to ensure ministerial accountability for the delivery and outcomes of the roadmap.""

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." should be inserted the words –

"The Minister for Health and Social Services will produce a roadmap for delivering preventative health outcomes through a phased, evidence-led, whole-system approach. The Minister will involve the Wider Determinants of Health Ministerial Group in developing the roadmap to ensure ministerial accountability for the delivery and outcomes of the roadmap."

REPORT

Summary

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

- Ensure the Minister for Health and Social Services produces a roadmap for delivering preventative health outcomes.
- Guarantee a phased, evidence-led, whole-of-government and community-wide approach, to ensure the work is not carried out in silo.
- Ensure that the Minister will involve the Wider Determinants of Health Ministerial Group in developing the roadmap to ensure ministerial accountability for the delivery and outcomes of the roadmap.

Background and Context

The Budget proposes an allocation of £4 Million per year for preventative health. The Health and Social Security Panel (hereafter "the Panel") scheduled a private briefing with the Deputy Director of Public Health Transformation to understand the business case and plans for the proposed allocated funding. Further to this, the Panel held a Public Review Hearing on 15th October with the Minister for Health and Social Services to question the Minister on the proposal. The Panel asked the Minister how the figure was reached and if it was adequate for what was desired to be achieved. The Panel was informed that:

"We started from a different place. As you probably know the background to this, we started with a higher number and, as with all politics, you start with what you want and you end up with what you can get, and over the course of the summer and various negotiations we came to a figure of £4 million… We had a very ambitious target but … it was £12 million we were looking for. We are looking at £4 million… I think there is an argument for trying to up that sum of money as we go forward but, as I say, these are early days… we evaluated what we thought if the sums were going to reduce we had a priority list, and what we have ended up here with… is what we collectively thought was the best way to use that money to prioritise".[1]

The Panel acknowledges that preventative health is a long-term initiative and a valuable investment. It also recognises the constraints on Government funding, which necessitate careful negotiation regarding the proposed allocation of resources. The Panel notes the Minister's indication that the funding amount may be increased in the future.

If this amendment is adopted, the Minister will be required to develop a comprehensive roadmap for preventative health, creating a framework for accountability against its outcomes. The Panel is confident that establishing such a roadmap will significantly strengthen the Minister's position in securing additional funding in the next Proposed Budget.

The Panel questioned the Minister on what interventions were planned to be implemented should the £4 million be approved. The Panel was informed that modelling by the Director of Public Health had highlighted a significant challenge: individuals experienced, on average, 20 years of ill health, which was projected to result in a 30%

increase in hospital bed days over the next two decades. The proposal sought to address this issue while improving overall health outcomes.

The Panel understood that the model was based on three main themes:

1. **Early Identification of High-Risk Individuals** – through health checks and, with consent, data analysis to detect risk factors such as high blood pressure or cholesterol, enabling timely advice and support.
2. **Evidence-Based Preventative Programmes** – targeting conditions such as diabetes, which could be prevented in up to 80% of cases with appropriate medical and lifestyle interventions.
3. **Earlier Diagnosis** – expanding screening programmes, particularly for cancers, such as lung and bowel cancer where early detection significantly improved outcomes.

The Panel centred its line of questioning on the allocation of £4 million and the associated programmes, with clarification sought on whether these primarily addressed primary, secondary, or tertiary prevention. It was confirmed that the focus lay on primary and secondary prevention, particularly through lifestyle interventions. The Panel acknowledged the ambition expressed to integrate health initiatives with broader government activities, recognising that many determinants of poor health—such as housing and income—extended beyond healthcare services. The long-term vision was to develop holistic, person-centred services capable of addressing immediate concerns like housing before transitioning to health-related issues. The Panel concluded that establishing a clear roadmap would prevent work from occurring in silos, aligning with the Director of Public Health's ambition for integrated service delivery. Furthermore, a roadmap would justify the need for sustained funding, as it would enable cross-sector collaboration and ensure comprehensive, coordinated interventions that address both health and its wider social determinants. The Panel asked how the proposed funding and initiatives compare to other jurisdictions and heard:

Director of Public Health/Medical Officer of Health: "*I think we are coming from a fairly low base. Although at times gold standard prevention is offered to individuals, I think our prevention offer currently is very fragmented. This is our opportunity to bring us much closer to other comparable jurisdictions. I think the thing that would make this a smarter way to work is certainly the joint working that we will be doing around digital health. If we were able to identify those people most in need, that is going to take us much closer to what we might wish to see. So, it feels like a very positive trajectory, but I fully acknowledge we have quite a way to go.*"

Deputy Director, Public Health Transformation and Commissioning: "*I just wanted to answer in respect of your previous question about spend on preventative healthcare in Jersey compared to other places. Within the main business case it outlines what we spend compared to other places, and it is currently 2 per cent of our C.H.E. (Combined Health Expenditure) as a total. The U.K. spends 4 per cent and Canada spends almost 6 per cent, so it just gives us an idea of where we are pitched."*[1]

The Panel asked whether the model in Canada was considered '*gold standard*' and if this jurisdiction (as well as any others) is what Jersey should be aiming for. The Panel was informed that:

[1] Public Review Hearing – Minister for Health and Social Services

Public Health/Medical Officer of Health: "*I think we need to look at best practice across the world. Canada would definitely be good. Some of the other English-speaking countries have very good records with prevention. I think we need to develop our own model for Jersey partly because of the nature of our communities and partly because we do have this opportunity working very closely with digital, and I think we will look across internationally at best practice and we will do that on a case-by-case basis*."[2]

The Panel notes the necessity of developing an independent Jersey-specific model, tailored to the unique characteristics of the community, while ensuring this work progresses alongside ongoing digital improvement initiatives. The Panel further considers that the requirement for a bespoke Jersey model underscores the value of establishing a clear and structured roadmap. This is further evidenced when the Minister stated:

"What I am hoping is that the link-up between preventative work and digital…"[3]

During the hearing, the Panel sought clarification on the extent of Parish involvement in preventative health strategies. It was highlighted that Parishes already deliver a substantial range of community-based health and wellbeing activities, including sessions for all age groups—from baby yoga to exercise classes for older adults—as well as health and nutrition programmes. The Panel emphasised that Parish Halls provide accessible venues with parking and are situated at the heart of local communities, making them ideal for delivering preventative health initiatives.

In response, the Minister acknowledged this as an important observation and confirmed that steps would be taken to engage with Parish representatives to explore opportunities for collaboration. The Minister indicated that contact would be made promptly to initiate discussions with Parish committees and better understand the scope of existing provision.

The Panel further notes that this dialogue highlights the critical need for a coordinated approach to preventative health. While Parishes are already contributing significantly to community wellbeing, the absence of a structured roadmap risks duplication of effort and fragmented delivery. The Panel considers that this reinforces the importance of establishing a comprehensive roadmap to ensure alignment between community-led initiatives and government strategies. Such a roadmap would facilitate integrated planning, promote resource efficiency, and enable a cross-community and cross-government approach to preventative health.

The establishment of the Wider Determinants of Health Ministerial Group and the Partnership Board, as set out in P.52/2025, further evidences the need for a clear roadmap and ministerial accountability. The Panel understands that the Ministerial Group will bring together key ministers to address the underlying causes of poor physical and mental health, recognising that social and economic factors account for 40% of health outcomes, while health behaviours contribute 30%, compared to only 20% from health services. In parallel, the Partnership Board will unite government and non-government health and care organisations to plan improvements in health and wellbeing through joined-up care, tackling complex challenges and making recommendations to ministers.

[2] Public Review Hearing – Minister for Health and Social Services
[3] Public Review Hearing – Minister for Health and Social Services

The Panel noted the Minister's emphasis on the importance of integrated working across departments during its Public Hearing. The Minister stated that:

"*the more joined up we are the more we can look at these things in a meaningful way and bring about the change that is required right across the piece*." [4]

The panel observed that the Minister acknowledged the significance of addressing health inequities related to gender, income level, disability, and age. The Minister reflected that achieving meaningful change required a more integrated approach across systems, as fragmented structures limited the ability to act effectively on data insights. The Minister confirmed that reducing health inequities was a priority and further highlighted the forthcoming *Wider Determinants of Good Health Ministerial Group*, which, as noted, aims to bring together key departments, including Health, Social Security, Housing, and Children and Families, to consider these issues holistically. The Minister also described the Wider Determinants of Good Health Ministerial Group as:

"*a very good forum… to look at those things in the round from the top down position… it is very early days… quite a key body of people… to bring all the threads together…data capture and good data analysis is going to be quite crucial*."[5]

The Panel emphasized the importance of housing in supporting health prevention and enabling communal living arrangements that foster care within communities. The Minister noted that the group is currently in its formative stages, with terms of reference being drafted, and that the Minister viewed robust data capture and analysis as critical to aligning efforts and guiding future actions. The Minister acknowledged that this work represents a substantial undertaking that will require time but stressed the necessity of initiating the process.

The panel believes that the road map should include focus throughout on factors that predict health outcomes, specifically protected and non-protected characteristics such as disability, gender, race, carer status, gender identity, sexual orientation, and income level. The Panel highlights that the Director of Public Health Annual Report 2024 presents data illustrating many of these factors.

The Panel considered that the Minister's comments, alongside the aims of the Partnership Board and Wider Determinants of Health Ministerial Group reinforce the need for a structured and coordinated approach. The Panel's amendment ensures that the Ministerial Group will not only develop the roadmap but also oversee its delivery, creating cross-ministerial accountability and enabling joined-up working across government and community stakeholders. This approach is essential to avoid fragmentation and to ensure that preventative health strategies are implemented effectively and sustainably.

Conclusion

The Panel recognises preventative health as a critical long-term investment to improve population health and reduce future pressure on acute services. While the proposed £4

[4] Public Review Hearing – Minister for Health and Social Services
[5] Public Review Hearing – Minister for Health and Social Services

million allocation is a positive first step, the Minister's confirmation that this figure was reduced from an initial £12 million demonstrates the scale of ambition required to deliver meaningful change. Jersey's current spend on prevention—2% of combined health expenditure—remains well below that of the UK (4%) and Canada (6%), reinforcing the need for a strategic approach.

The Panel considers that developing a Jersey-specific model, aligned with international best practice and integrated with digital innovation, is essential. This work must progress alongside community-led initiatives, such as those delivered by Parishes, to avoid duplication and fragmentation. A clear roadmap will provide the structure needed for integrated planning, efficient use of resources, and a coordinated approach across government and community stakeholders.

The establishment of the Wider Determinants of Health Ministerial Group and the Partnership Board further evidences the need for ministerial accountability and joined-up working. The Panel's amendment ensures that the Ministerial Group will lead the development and delivery of the roadmap, creating cross-ministerial accountability and embedding collaboration across departments. This will strengthen the case for future funding and ensure preventative health strategies are implemented effectively and sustainably.

Financial and staffing implications
The proposed amendment is not expected to have any immediate financial or staffing impact. Nevertheless, the Panel observed that its implementation would necessitate a decision by the Minister for Health and Social Services and the allocation of appropriate resources to support the development and delivery of the preventative health roadmap.

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.

[1] Public Review Hearing – Minister for Health and Social Services