Women's Health Strategy Funding and Delivery

Submission to the Health and Social Security Scrutiny Panel on the Proposed Budget 2027 to 2030

Prepared for	Health and Social Security Scrutiny Panel
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Purpose and principal request

This submission asks the Panel to examine whether the Proposed Budget 2027 to 2030 provides a credible route to implement Jersey's first Women's Health Strategy. Publication by the end of 2026 has been publicly confirmed, but no additional funding has been identified. The Budget should therefore be tested against deliverability: what will change in 2027, who will deliver it, which budgets will fund it, and how improved access and outcomes will be measured.

The principal request is that the Panel seeks a published and costed 2027 implementation schedule, confirmation of any Prevention First allocation, named accountable leads, and service-level baselines and outcomes for the priority areas identified below.

Executive findings

Status	Area	What the hearing established
Confirmed	Publication	The strategy will be published by the end of 2026. December was identified as the intended publication month, but no exact date was committed.
Partial	Implementation	An implementation plan was described as normally accompanying a strategy and as something that should run in parallel. Its publication date, contents and accountability arrangements were not confirmed.
Confirmed	Funding	The Director of Health Policy stated that there is no additional money. Existing resources are expected to carry delivery.
Unresolved	Prevention	Prevention First is a £4 million annual programme. Women's-health use was described as possible, but no allocation, amount, criteria or approved intervention was identified.
Proposal	Service change	Extending free contraception beyond age 21 was the only detailed service

Status	Area	What the hearing established
		proposal. It remains subject to age, affordability, service redesign and available efficiencies.
Not addressed	Clinical priorities	No substantive evidence was provided on menopause access, endometriosis, PCOS, post-menopausal bleeding, pelvic health, referral pathways, capacity, waits or outcomes.

Evidence from the 23 September hearing

1. Publication: the Assistant Minister stated that the strategy "will be published by the end of the year". The Director of Health Policy described October engagement ahead of publication in December. The firm commitment is therefore publication by year-end; December is the intended month rather than an exact dated commitment.
2. Implementation: the Minister said that an implementation plan usually runs alongside a strategy and "should be running parallel". No firm commitment was given that it would be published on the same day, or that it would contain named owners, dates, budgets, baselines and measurable outcomes.
3. Funding: the Assistant Minister said that Government would use mostly existing resources and "may" be able to use prevention funding. The Director of Health Policy then stated: "There is no additional money."
4. Prevention First: officers confirmed a £4 million annual investment in prevention and early detection. The Minister indicated that he understood the arrangement to run for five years. No women's-health allocation was identified.
5. Contraception: extending free contraception beyond age 21 was described as something Government "should probably" do. The age and scope remain undecided, and delivery depends on efficiencies from a wholesale service review.
6. Women's voice: Government cited the published JSNA, surveys, focus groups, consultation on contraception and termination, and the May engagement event. However, it did not provide the steering group's full composition, a numerical answer on women's representation, disaggregated participation evidence or an explanation of how evidence changed priorities.

The Minister's written follow-up of 19 October did not resolve these women's-health gaps. It addressed other matters including discharge information, digital systems and the Health and Care Partnership Board.

Budget questions requiring an answer

- Which Women's Health Strategy actions will be delivered during 2027, and which will be deferred?
- What is the cost of each 2027 action, which existing budget will fund it, and what activity will be reduced or reorganised to release that resource?
- Will any Prevention First funding be committed to women's health? If so, how much, for which interventions, and against what approval and evaluation criteria?
- Will the implementation plan be published with the strategy and include named accountable leads, milestones, workforce requirements, baselines and measurable outcomes?

- What service-level data and 2027 targets will be published for access, referral-to-treatment times, clinic capacity, patient experience and outcomes?
- How will Government demonstrate that reallocating existing resources will not displace other essential women's-health or preventive services?

Detailed cross reference to Eve Studios' June 2026 recommendations

The following assessment compares the public hearing evidence with the recommendations in Eve Studios' June 2026 report, Women's Health in Jersey Findings and Recommendations. It does not reproduce or assess the confidential draft strategy.

1 Publication timetable

June report recommendation Publish a strategy with clear priorities and public accountability.

Confirmed: Publication by the end of 2026 is firm. December was identified as intended, but no exact date was provided.

Question for Scrutiny Will the Panel seek the exact publication date and written confirmation that the final strategy will be published before year-end?

Transcript reference Printed pp 24 and 27

2 Implementation and accountability

June report recommendation Set measurable public targets, report progress annually and identify responsibility for delivery.

Partial: An implementation plan was described, but its simultaneous publication, content, ownership and reporting cycle were not confirmed.

Question for Scrutiny Will the plan be published with the strategy and include named owners, budgets, dates, baselines, outcomes and annual public reporting?

Transcript reference Printed pp 25 to 26

3 Funding and prevention

June report recommendation Provide identifiable funding and demonstrate the preventive value of early intervention.

Partial: No additional money was identified. Prevention funding may be available, but no allocation or outcome commitment was made.

Question for Scrutiny What 2026 expenditure and 2027 commitment from Prevention First will support women's health, and how will value and outcomes be measured?

Transcript reference Printed pp 10 to 11 and 25 to 26

4 Primary care and professional training

June report recommendation Embed training for GPs and other professionals and improve triage between primary and secondary care.

Not addressed: A GP and clinical representatives sit on the steering group, but no funded education plan, competencies, uptake measures or primary-care implementation model was described.

Question for Scrutiny Will the strategy include a funded clinical education plan, defined competencies and uptake measures, and who will be responsible?

Transcript reference Printed pp 27 to 28

5 Endometriosis and PCOS

June report recommendation Publish referral pathways, service capacity, diagnosis targets and annual performance information.

Not addressed: Neither condition was substantively discussed. No pathway, staffing, eligibility, waiting-time baseline, diagnosis target or outcome data was supplied.

Question for Scrutiny For each service, what are referral numbers, waits, eligibility, staffing, follow-up arrangements and clinical and patient-reported outcomes?

Transcript reference Women's-health section, printed pp 24 to 28

6 Menopause and bone health

June report recommendation Clarify public menopause provision, access, leadership, standards, mental-health integration and bone-health assessment.

Not addressed: No menopause pathway, specialist leadership, capacity, waiting time, patient cost, outcome measure or bone-health provision was discussed.

Question for Scrutiny Will Government publish the current pathway and state which recognised clinical standards it follows?

Transcript reference Women's-health section, printed pp 24 to 28

7 Post-menopausal bleeding

June report recommendation Create a rapid-access pathway and consider a one-stop assessment and scanning model.

Not addressed: No evidence was provided on the current pathway, urgent referral performance, diagnostic waits or ultrasound capacity.

Question for Scrutiny What are the median and longest waits from presentation to examination, scan and diagnosis, and will a one-stop standard be adopted?

Transcript reference Women's-health section, printed pp 24 to 28

8 Pelvic and postnatal health

June report recommendation Provide routine assessment, integrated pelvic physiotherapy, preventive measures and accessible birth debrief support.

Not addressed: A general reference to maternity improvement did not answer the specific questions about referral routes, capacity, waiting times, standards or outcomes.

Question for Scrutiny Which pelvic and postnatal actions will appear in the strategy, with what baselines, standards, pathways and measures?

Transcript reference Printed p 25

9 Contraception and reproductive access

June report recommendation Improve equitable access, including contraception, LARC, termination and antenatal care.

Partial: An extension beyond age 21 was proposed, but the age, methods, workforce, cost and timetable remain undecided.

Question for Scrutiny When will the service review conclude and when will a costed decision on age, methods, access and workforce be published?

Transcript reference Printed pp 26 to 27

10 Workplace action

June report recommendation Engage employers and develop a Jersey menopause and women's-health workplace framework.

Not addressed: Employers, workplace prevention, public-sector leadership, training and the economic effect of women's ill health were not discussed.

Question for Scrutiny Will employers be recognised as delivery partners, and which department will lead workplace guidance and measurement?

Transcript reference Women's-health section, printed pp 24 to 28

11 Equity and women's voice

June report recommendation Reach underserved groups, address digital exclusion, connect physical and mental health and publish the evidence base.

Partial: The engagement process was described, but no disaggregated participation profile, representation gaps or targeted response was provided.

Question for Scrutiny Will Government publish who participated, gaps in representation and how consultation evidence changed the final priorities?

Transcript reference Printed pp 27 to 28

12 Joined-up delivery

June report recommendation Establish continuing cross-sector leadership, include community providers and women with lived experience, and publish a service directory.

Partial: A development steering group exists, but its full membership, authority, community and employer representation, accountable lead and post-publication role were not confirmed.

Question for Scrutiny Will a continuing delivery board or network be established with published membership, terms of reference and an accountable lead?

Transcript reference Printed pp 27 to 28

13 Mental health neurodiversity and life course

June report recommendation Integrate physical and mental health, recognise neurodivergent experiences and connect reproductive, midlife and later-life prevention.

Not addressed: Mental-health representation was noted, but no integrated pathway or measurable commitment was described. Neurodiversity was not discussed.

Question for Scrutiny How will the strategy integrate physical and mental health and explicitly address neurodivergent women across the life course?

Transcript reference Women's-health section, printed pp 24 to 28

14 Data transparency and public access

June report recommendation Publish service baselines, disaggregated data, annual progress and a complete directory of services.

Partial: The published JSNA and engagement sources were described, but no commitment was made to publish underlying or disaggregated evidence, a dashboard, service baselines or a complete directory.

Question for Scrutiny Will Government publish data gaps, a public baseline, an annual outcome dashboard and a single directory of statutory, independent and community services?

Transcript reference Printed pp 24 to 28

Priority requests to the Panel

- Seek publication of the strategy and a fully specified implementation plan together by the end of 2026.
- Require a cost and funding source for each 2027 action, including any Prevention First allocation and any action that cannot proceed without new funding.
- Require public baselines and measures for access, waiting times, diagnosis, patient experience, capacity and outcomes.
- Obtain service-level data and referral pathways for endometriosis, PCOS, menopause, post-menopausal bleeding and pelvic health.
- Identify the accountable owner across Health and Care Jersey, primary care, public health, community providers and employers, and clarify the continuing governance arrangement.
- Require publication of representation gaps, annual progress data and a practical directory of women's-health services.
- Require explicit integration of mental health, neurodiversity and prevention across reproductive, midlife and later-life health.

Conclusion

The hearing provided a clear publication commitment but not a funded delivery settlement. The decisive test for the Budget is therefore whether Government can identify what will be delivered in 2027, from which resources, through which pathways and workforce, and with what public evidence of improved access and outcomes. Without that information, there is a material risk that publication of the strategy will be treated as delivery in itself.

Sources

1 Health and Social Security Scrutiny Panel, Quarterly Hearing with the Minister for Health and Social Services, 23 September 2026. Official transcript

2 Minister for Health and Social Services, Written Follow-Up Questions, 19 October 2026. Official correspondence

3 Health and Social Security Scrutiny Panel, Proposed Budget 2027 to 2030 review. Review page

4 Eve Studios Jersey, Women's Health in Jersey Findings and Recommendations from Leading the Conversation on Women's Health Together, June 2026.