

# STATES OF JERSEY



Jersey

## **DRAFT HEALTH INSURANCE FUND (MISCELLANEOUS PROVISIONS) (AMENDMENT No. 3) (JERSEY) LAW 202-**

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**Lodged au Greffe on 2nd November 2021  
by the Minister for Social Security  
Earliest date for debate: 14th December 2021**

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**STATES GREFFE**





Jersey

**DRAFT HEALTH INSURANCE FUND  
(MISCELLANEOUS PROVISIONS) (AMENDMENT  
No. 3) (JERSEY) LAW 202-**

**European Convention on Human Rights**

In accordance with the provisions of Article 16 of the Human Rights (Jersey) Law 2000, the Minister for Social Security has made the following statement –

In the view of the Minister for Social Security, the provisions of the Draft Health Insurance Fund (Miscellaneous Provisions) (Amendment No. 3) (Jersey) Law 202- are compatible with the Convention Rights.

Signed: **Deputy J.A. Martin of St. Helier**

*Minister for Social Security*

Dated: 2nd November 2021



## REPORT

### Health Insurance Fund transfer of money for 2022

This proposition is a consequence of the proposed Government Plan 2022-2025, and is in line with the original [Government Plan 2021-24 \(P.130/2020\)](#) proposition part b) last year, as it is related to the Health Insurance Fund.

The Minister for Social Security proposes to transfer up to £13 million out of the Health Insurance Fund and into the Consolidated Fund in 2022, for the purpose of:

- the redesign of health and community services so that they meet the current and future needs of Islanders (The Jersey Care Model); and
- the modernisation and digitisation of health and care services (The Jersey Care Model and Digital Care Strategy).

The following transfers are being proposed for 2022, in the proposed Government Plan 2022-2025, as set out in summary table 2.

|  | 2022<br>(£000) | 2023<br>(£000) | 2024<br>(£000) | 2025<br>(£000) |
|--|----------------|----------------|----------------|----------------|
| Jersey Innovation Fund to Consolidated Fund                                      | 3,000          | 0              | 0              | 0              |
| Consolidated Fund to Technology Fund   | (20,000)       | 0              | 0              | 0              |
| Consolidated Fund to Insurance Fund  | (1,244)        | 0              | 0              | 0              |
| Consolidated Fund to Climate Emergency Fund                                      | (4,400)        | (4,400)        | (4,400)        | (4,400)        |
| Strategic Reserve to Consolidated Fund (Hospital Borrowing coupon and costs)     | 21,000         | 19,000         | 19,000         | 19,000         |
| Health Insurance Fund to Consolidated Fund (Revenue)                             | 8,300          | 6,100          | 4,100          | 0              |
| Assisted House Purchase Scheme to Consolidated Fund                              | 2,000          | 0              | 0              | 0              |
| Dwelling House Loans Fund to Consolidated Fund                                   | 3,700          | 0              | 0              | 0              |
| Criminal Offences Confiscation Fund to Consolidated Fund (Capital)*              | 2,985          | 749            | 237            | 0              |
| Health Insurance Fund to Consolidated Fund (Capital)                             | 4,700          | 6,060          | 3,725          | 0              |
| Strategic Reserve to Consolidated Fund (Our Hospital - Reimbursement of Capital) | 11,320         | 1,000          | 336            | 0              |
| Strategic Reserve to consolidated Fund (Our Hospital Project costs)              | 85,000         | 181,700        | 287,400        | 169,600        |
| Social Security (Reserve) Fund to Social Security Fund*                          | 81,255         | 87,175         | 0              | 0              |

\* These transfers are included for reference purposes (i.e. subject to separate authority/approvals)

Source: [Proposed draft Government Plan 2022-2025 \(P.90/2021\)](#) p.18 of the report

The breakdown of the transfer between the projects is:

|                                     | £ million   |
|-------------------------------------|-------------|
| Jersey Care Model                   | 8.3         |
| Jersey Care Model – digital systems | 0.8         |
| Digital Care Strategy               | 3.9         |
|                                     | <u>13.0</u> |

The transfer of up to £13 million for 2022 will take place near the end of 2022 once the final costs have been confirmed.

## Update on progress for the Jersey Care Model and Digital Care Strategy

### Background

2021 is the first year of a five-year programme of work to change the way that health and care services are delivered in Jersey.

The aim is to improve the outcomes and experiences for people who need health and care services, with more services being delivered in the community as clinically appropriate.

The Jersey Care Model (“JCM”) has three overarching objectives, which are aligned with the Government strategic ambitions. These are to:

1. Ensure care is person-centred with a focus on prevention and self-care, for both physical and mental health.
2. Reduce dependency on secondary care services by expanding primary and community services, working closely with all partners to deliver more care in the community and at home.
3. Redesign health and community services so that they are structured to meet the current and future needs of Islanders.

### Progress in 2021 and plans for 2022

The programme has made a positive start in 2021 despite challenging conditions due to Covid-19. The key deliverables for 2021 (“Tranche 1”) are on track to be completed by the end of 2021:

- Creation and establishment of the *foundations* to enable service re-design, including:
  - programme set up
  - programme and improvement team set up
  - governance structure and group/board recruitment and set up
  - communication strategy
  - co-designed commissioning strategy
  - co-designed workforce strategy
  - co-designed oral health strategy (to be finalised in Q2 2022)
  - co-designed end of life pathways and new partnership forum to drive service improvements and coordination in the community
  - Acute Services Strategy Review
  - intermediate care strategy and establishment of intermediate care service offer
  - close working with General Practice and agreement on development of future service enhancements
  - hospital discharge support service for patients specification completed
  - increased capacity in Public Health
  - health and care pathway design specification completed
  - Jersey Strategic Needs Assessment specification completed
  - Nutrition and Dietetics service strategy including Bariatric pathways and services
  - development of step up and down hospital care and in particular rehabilitation services
- The delivery of *service changes or new services*. Progress has been made on establishing new services and re-designing existing services. Some of

them were originally scheduled from 2022 (“Tranche 2”) onwards and are therefore started or delivered ahead of schedule. Examples include:

- Enhancements to overnight care in the community
- Intermediate Care:
  - telecare and teleguidance
  - my mHealth (digital project), digital support for managing long-term conditions
  - HCS24, a clinically led, multidisciplinary referral hub to coordinate and improve patient flow between hospital and community
  - Occupational Therapy, continued development of the reablement and support services
- Physiotherapy for in and out of hospital services
- Intermediate Mental Health Care: enhanced Home Treatment service for out of hospital services

JCM Tranche 2 (2022 to 2023) projects are:

- Commissioning – implementation of the commissioning strategy with community and social care partners, building on the care at home initiative
- Intermediate Care – launch schemes which involve co-designed services with external partners, including rapid access team and enhanced reablement services
- Outpatients review to improve waiting times and reduce hospital dependence
- Pathway design for prioritised services/conditions, e.g. long-term condition management in primary care
- Oral Strategy completion and implementation plan
- Workforce strategy implementation plan and delivery of long-term staff training programme to ensure model of care delivery

Digital Strategy and JCM Project achievements in 2021 include:

- Electronic Patient Record (specification, procurement and contract sign off; implementation in 2022)
- Electronic Prescribing and Medicines Administration (EPMA). Roll-out completed in first services, with continued roll-out in 2022.
- eDischarge – providing an electronic discharge prescription to GPs
- “My mHealth” implemented and live. A digital app to support Islanders at home with their long-term condition management. Provides linkage to the respiratory, cardiac and diabetes community teams with self-referral option.
- Wifi upgrades for community and hospital settings to enable better joint working across community and hospital services.
- VNA (Vendor Neutral Archive). Specification, procurement and contract sign off. Implementation 2022. Imaging repository for radiology system to provide faster access to images from scans to GPs and other specialists.
- PACS (Picture Archiving and Communication System – Radiology system) – supplier selected and contract drafted.

Digital Projects to start in 2022

- Patient Demographic Service (PDS)
- Electronic Document Management system (EDMS)
- Jersey Care Record

**Health Insurance Fund**Transfer for 2021

A transfer of up to £11.3 million for 2021 will take place shortly once the final costs for the year have been confirmed.

The previously agreed breakdown of the money for the Jersey Care Model and the Health Digital Strategy costs during 2021 are:

|                                     | <b>£ million</b>   |
|-------------------------------------|--------------------|
| Jersey Care Model                   | 6.6                |
| Jersey Care Model - digital systems | 1.3                |
| Digital Care Strategy               | <u>3.4</u>         |
| <b>Total</b>                        | <u><u>11.3</u></u> |

These projects are described in Appendix 2 to this report, using extracts from the Government Plan 2021-24 Annex.

This draft law, if approved, also allows for any amounts remaining from the £11.3 million that have not been transferred in 2021 to be transferred in 2022. Such a transfer would also be subject to consideration by the Minister for Treasury and Resources under the terms of the [Public Finances \(Jersey\) Law 2019](#).

Transfers for 2023 and 2024

As needed, the Minister will amend the law again to implement additional transfers out of the Health Insurance Fund, following agreement as to the actions to be taken following the review of the Health Insurance Fund and sustainable health care funding for the future.

Outlook

The Health Insurance Fund 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. The table reflects the anticipated costs of current services over the period as they are presently provided for.

During this Government Plan period, it is anticipated that the Jersey Care Model (“JCM”) will be implemented to deliver an improved system of healthcare provision for all Islanders.

Following transfers in 2020, transfers of up to £11.3 million will be made in 2021 and it is intended that a further £33 million of the investment in the JCM and the Health Digital Project will be met from balances held in the Health Insurance Fund.

This, when combined with other cost pressures and the newly introduced Health Access Scheme which provides additional assistance to financially vulnerable patients, means that the value of the Fund is planned to reduce as outlined in the table below.

This is anticipated to result in the Fund holding £48 million at the end of 2025, representing approximately one years’ worth of expenditure.

The Minister for Social Security is bringing forward this legislation to be able to transfer up to £13 million from the Health Insurance Fund to support the Jersey Care Model and the Health Digital Project costs budgeted for 2022.



|  | 2022<br>Estimate<br>(£000) | 2023<br>Estimate<br>(£000) | 2024<br>Estimate<br>(£000) | 2025<br>Estimate<br>(£000) |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| <b>Opening balance</b>                       | <b>92,487</b>              | <b>77,199</b>              | <b>62,272</b>              | <b>51,247</b>              |
| Return on investments                        | 770                        | 840                        | 800                        | 810                        |
| Contributions Income                         | 36,744                     | 37,523                     | 38,499                     | 39,646                     |
| Benefits and other expenditure               | (39,802)                   | (41,130)                   | (42,499)                   | (44,113)                   |
| Transfers - Jersey Care Model & Digital Care | (13,000)                   | (12,160)                   | (7,825)                    | 0                          |
| <b>Closing balance</b>                       | <b>77,199</b>              | <b>62,272</b>              | <b>51,247</b>              | <b>47,590</b>              |

Table 42: Health Insurance Fund

Source: [Proposed Government Plan 2022-2025 \(P.90/2021\)](#) page 169

### Long-term sustainability

The ageing demographic will increase the cost of health services in the Island, including those costs met by the Fund, from the 2020s onwards. Changes will therefore be needed to maintain a sustainable funding model.

In 2022, a full review of future health costs across all areas will be undertaken and this will support future plans for a sustainable model for health funding.

### Changes to the Health Insurance Fund (Miscellaneous Provisions) (Jersey) Law 2011<sup>1</sup>

This section explains the parts in the proposed law.

Article 1 – Adds a new Article setting out that up to £13 million may be transferred out of the Health Insurance Fund and into the Consolidated Fund in 2022, for the purpose of:

- the redesign of health and community services so that they meet the current and future needs of Islanders (up to £9.1 million); and
- the modernisation and digitisation of health and care services (up to £3.9 million).

It also allows for any amounts that have not been transferred in 2021 to be transferred in 2022, subject to the requirements set out in the [Public Finances \(Jersey\) Law 2019](#). These amounts can also only be used for the purposes set out in the Law as detailed above.

Article 2 – Changes come into force 7 days after it is registered. This is likely to be in March 2022.

### Financial and manpower implications

This Law will allow transfers of up to £13 million out of the Health Insurance Fund and into the Consolidated Fund in 2022 plus the transfer of any remaining balance of the 2021 total approved sum of £11.3 million. There are no other financial implications for 2023 onwards. There are no manpower implications.

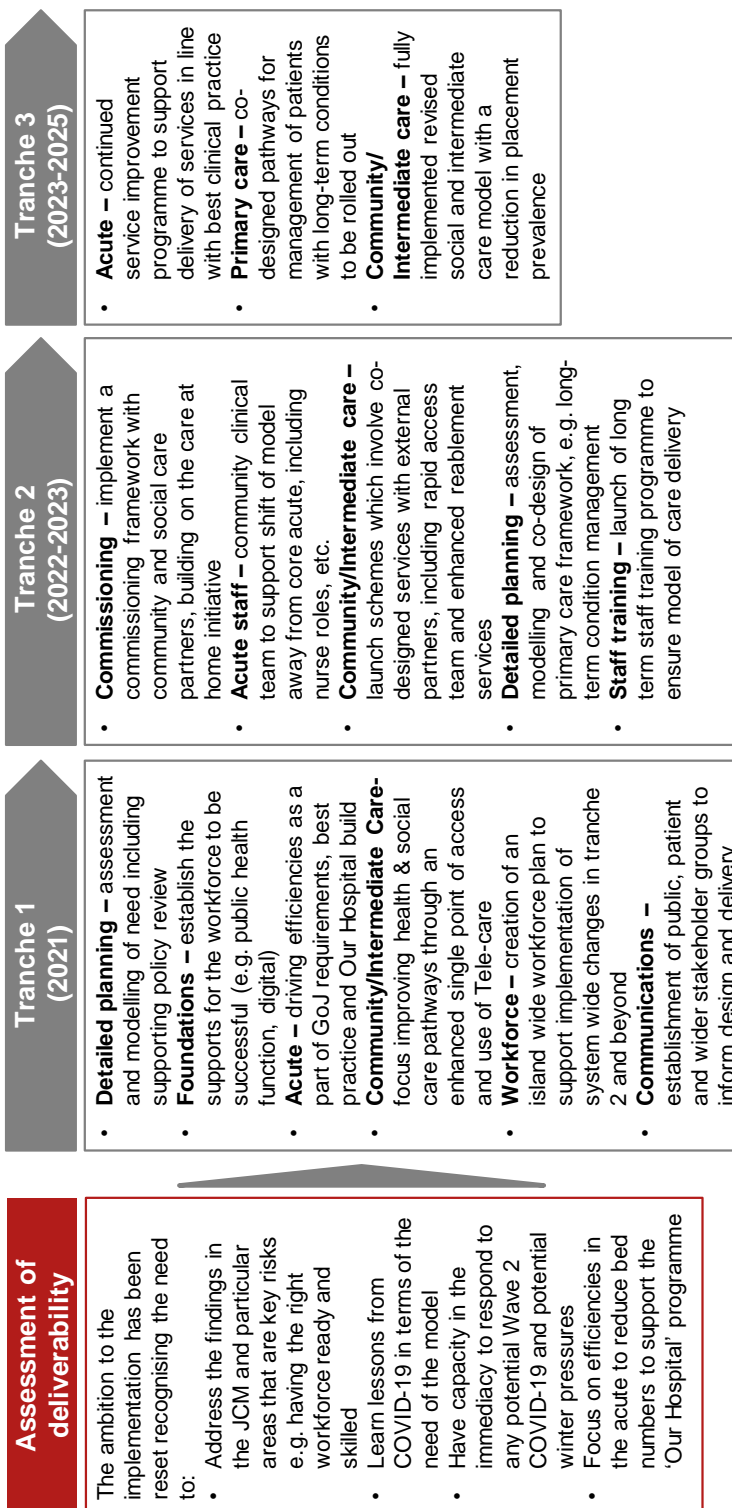
### Human Rights

No human rights notes are annexed because the Law Officers' Department indicated that the draft Law does not give rise to any human rights issues.

<sup>1</sup> [Health Insurance Fund \(Miscellaneous Provisions\) \(Jersey\) Law 2011 \(jerseylaw.je\)](#)

APPENDIX 1 TO REPORT

Overview of the Jersey Care Model programme over the next few years



## APPENDIX 2 TO REPORT

This Appendix includes project descriptions from the [Government Plan 2021-24 Annex \(R.111/2020\)](#).

### Jersey Care Model

#### Additional Investment Required (£000)

| 2021  | 2022  | 2023  | 2024  |
|-------|-------|-------|-------|
| 6,600 | 8,300 | 6,100 | 4,100 |

#### Project summary

The Jersey Care Model has three overarching objectives, which are aligned with the Government strategic ambitions. These are to:

- Ensure care is person-centred with a focus on prevention and self-care, for both physical and mental health
- Reduce dependency on secondary care services by expanding primary and community services, working closely with all partners to deliver more care in the community and at home
- Redesign health and community services so that they are structured to meet the current and future needs of Islanders”

Health and care are continuously evolving, and the practice of today isn't always practice for tomorrow. Hospital interventions, community capabilities and digital innovation are all shaping the way health and care is delivered now and for the future. Jersey will need to adapt to these changes to attract the many professionals needed to provide care on the Island. The Global Pandemic in 2020 has shifted focus onto the resilience of health and care systems, and for Jersey has outlined that care out of hospital is as important as care in hospital.

International organisations, including the World Health Organisation (WHO), Organisation for Economic Cooperation and Development (OECD) and World Economic Forum (WEF), together with the EU Parliament and British Medical Journal, have recently identified significant challenges to the long-term durability, performance and sustainability of healthcare systems. Ageing populations, increasing rates of chronic and complex disease, growing cost pressures from new medical technologies and medicines, wasteful spending on low-value care, inefficiencies due to system fragmentation and limited use of data and evidence to support reform have been identified as threats to health system performance and sustainability. Jersey is facing the same threats as the rest of the world in this respect. The cost of health care is also rising by around 4-10%pa, which places a challenge on sustainability. Health and care systems are being forced to think differently about how to meet those challenges.

Whilst many health and care services in Jersey are performing well currently, there is room to improve and modernise in many areas, and services are not future-proofed. The Island expects its population to grow by 13% between 2019 and 2030, with a growing proportion in age groups that have greater health and care needs. By 2036, around one in five of the population will be 65 or over. The result of this demographic change is likely to be a significant growth in those accessing services, particularly when the prevalence of long-term conditions in this group is taken into account (more than half of Islanders aged over 60 have two or more long-term conditions). It is therefore imperative that Jersey adapts to this demographic challenge by ensuring health and care on the Island is coordinated and directed to meet the care needs of Islanders.

The current health and social care model is hospital-focused and based on an institutionalised model, with a high level of referrals to specialists leading to dependency on secondary hospital care for the provision of services. This is evidenced by approximately 30,000 visits to the Emergency Department in 2018 that were not classified as emergencies requiring Hospital care and over 200,000 outpatient appointments per annum. Many patients and families describe the existing system of care as ‘fragmented’, with little continuity in care leading to multiple reviews by many professionals.

The Jersey Care Model offers an opportunity to address these gaps and coordinate services across all parts of the system for an improved service user and care experience, and to invest in preventative services which will support Islanders in staying healthier for longer.

Given the rising cost of care, it is important for Jersey to make efficiencies to ensure public services offer good value and quality for Islanders. By 2036, the Jersey Care Model is forecast to avoid £23 million of recurrent annual expenditure growth for the health and care system. Over the 16-year period modelled, the net present value saving associated with the JCM is estimated to be £118 million.

### Impact on Sustainable Wellbeing

#### Justification

Jersey’s performance framework includes statements on health and wellbeing which are used to inform on the quality of life in Jersey and see how it is progressing. Each of the five areas under the heading of health and wellbeing have several outcomes and indicators sitting beneath them.

These are outlined below with explanation on how the JCM addresses them:

- **Islanders benefit from healthy lifestyles:** The JCM prioritises education and self-care programmes to enable people to stay healthy and optimise lifestyle choices.
- **Islanders are protected against social and environmental health hazards:** The model focuses on person-centred care in the community, providing more services to patients at home and linking into wider Government systems such as housing.
- **Islanders can access high quality, effective health services:** Moving care into the community will enable users to access services more easily. The model will improve access to primary care for patients who are financially, clinically and socially vulnerable. Expanded prevention and screening will also allow for illnesses to be identified and treated as early as possible.
- **Islanders with long term health conditions enjoy a good quality of life:** Improved primary care and community services will enable treatment of long-term conditions in the community, allowing people to receive more care at home and minimising their effect on day-to-day activities. Personalisation of support will also allow people to feel in control of their own health.
- **Mental health and wellbeing are fundamental to quality of life in Jersey:** The care model identifies that there is no health without mental health and it is just as important as physical health. The model will improve the mental health and wellbeing of Islanders through services which are recovery-focused, person centred and integrated incorporating legal safeguards and practices that facilitate community partnership and social inclusion. (Annex, pages 57 and 58)

## Jersey Care Model – digital systems

### Additional Investment Required (£000)

| 2021  | 2022 | 2023 | 2024 |
|-------|------|------|------|
| 1,300 | 800  | 500  | 400  |

### Project summary

Health and Community Services (“HCS”) will use digital advances to improve the way in which services are designed, delivered, and managed in an integrated way – digital is a key enabler to the Jersey Care Model (“JCM”). The JCM will leverage digital capability to improve the way in which services are designed, delivered, and managed in an integrated way, with a clear focus on the individual and their experiences, and where health and care professionals can make the best decisions they can because they have the information they need at the point of care.

### Alignment with Government policy

In 2012 the States of Jersey agreed an overarching strategy to reshape health & care through the digitisation of its services; A New Way Forward (Sep. 2012). That strategy identified fundamental changes necessary to deliver a safe, sustainable and affordable system for the future. In 2017 the Digital Health and Care Strategy was launched to show a path towards a modern, efficient health system, where data was available at the point of care, sharable where appropriate (including with the citizen), and management had the information they needed to improve services.

### Case for change

PricewaterhouseCoopers (PwC) has identified Digital as a key enabler to achieve the ambition for providing a new model of care for both the health and social care system through the Jersey Care Model (JCM) and the Our Hospital (OH) program. At the heart of our strategy is the vision to shift to an integrated model of health and social care and population health management. We will achieve this by enabling interoperability between health and care systems supported by the inclusion of a robust data and security management framework. The effective use of digital technologies, including both technologies currently in use within Jersey’s health system and introducing new and innovative forms of technology, can support the delivery of sustainable services, improving value through operational efficiencies and driving reductions in avoidable costs.

### Impact on Sustainable Wellbeing

To develop a digitally enabled and coordinated health and care solutions platform across the Island and operating at different levels across our health care services. We will build on existing systems and those products which support our strategy, replacing and modernising those that do not support our integrated care model. This will improve Islanders’ wellbeing and mental and physical health by putting patients, families and carers at the heart of Jersey’s health and care system. (page 100 of the Annex)

## Digital Care Strategy

### Additional Investment Required (£000)

| 2021  | 2022  | 2023  | 2024  |
|-------|-------|-------|-------|
| 3,400 | 3,900 | 5,560 | 3,325 |

### Project summary

The Digital Health and Care Strategy aims to develop a digitally enabled and coordinated health and care solution across the Island, operating at different levels across our services. The strategy is a modernisation programme, designed to promote and enable digital health and care services for the benefits of all citizens, visitors, clinicians and other health and care professionals in the Island of Jersey.

This program of digital enablement will be implemented over a number of years with iterative service improvements and a maturing of digital services replacing the incumbent manual and paper processes. It will be built on existing systems and those products which support our strategy, replacing and modernising those that do not support our integrated care model.

As we digitise our services the benefits to citizens will be felt by having easy online access to their health data, care plans, medications, clinical results, scheduling management. For clinicians and health professionals, quick and easy access to patient data supports effective decision making and assists in improving efficiency. Additional economic benefits will be delivered through improved cost management of repeat prescriptions, reduction in non-attenders, effective running of preventative screening programs and early diagnosis of illness.

### Alignment with Government policy

In 2012 the States of Jersey agreed an overarching strategy to reshape health and care through the digitisation of its services; A New Way Forward (Sep. 2012). That strategy identified fundamental changes necessary to deliver a safe, sustainable and affordable system for the future. In 2017 the Digital Health and Care Strategy was launched to show a path towards a modern, efficient health system, where data was available at the point of care, sharable where appropriate (including with the citizen), and management had the information they needed to improve services.

### Case for Change

The strategy endorses a vision and a strategy to drive the digital maturity of health and care services into the modern era by:

- Replacing paper with digital pathways
- Replacing manual process with digital workflow
- Enabling Islanders to choose and book their appointments online to fit in with their needs
- Enabling Islanders and patients to use digital conferencing tools available as apps to speak to and consult with their care workers, physiotherapist, GPs and clinicians
- Giving Islanders the ability to manage their own health and wellbeing by providing access to their data via online digital apps

The strategy aims to reduce risk associated with old technology and to improve our ability to modernise the services through process transformation, integration of services and data driven insight.

Impact on Sustainable Wellbeing

To develop a digitally enabled and coordinated health and care solutions platform across the Island and operating at different levels across our health care services. We will build on existing systems and those products which support our strategy, replacing and modernising those that do not support our integrated care model. This will improve Islanders' wellbeing and mental and physical health by putting patients, families and carers at the heart of Jersey's health and care system. (pages 101 and 102 of the Annex)





## EXPLANATORY NOTE

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The Health Insurance Fund (Miscellaneous Provisions) (Amendment No. 3) (Jersey) Law 202-, if adopted, will amend the Health Insurance Fund (Miscellaneous Provisions) (Jersey) Law 2011 (the “2011 Law”) to provide that certain sums of money may be withdrawn from the Health Insurance Fund in 2022 and credited to the Consolidated Fund, for the purposes stated. In particular –

*Article 1* inserts into the 2011 Law a new Article 2D which provides that, in 2022, up to £9,100,000 may be transferred from the Health Insurance Fund to the Consolidated Fund in order to fund the redesign of health and community services, and that up to £3,900,000 may be transferred in order to fund the modernisation and digitisation of health and care services. The new Article 2D also provides that, if the amount transferred from the Health Insurance Fund to the Consolidated Fund in 2021 is less than the maximum of £11,300,000, the amount of the underspend may be transferred in 2022 instead, subject to the approval of the Minister for Treasury and Resources under Articles 19 and 20 of the Public Finances (Jersey) Law 2019.

*Article 2* gives the citation and provides that the Law will come into force 7 days after it is registered.





Jersey

## **DRAFT HEALTH INSURANCE FUND (MISCELLANEOUS PROVISIONS) (AMENDMENT No. 3) (JERSEY) LAW 202-**

**A LAW** to amend further the [Health Insurance Fund \(Miscellaneous Provisions\) \(Jersey\) Law 2011](#).

|  |                              |
|--|------------------------------|
| <i>Adopted by the States</i>                         | <i>[date to be inserted]</i> |
| <i>Sanctioned by Order of Her Majesty in Council</i> | <i>[date to be inserted]</i> |
| <i>Registered by the Royal Court</i>                 | <i>[date to be inserted]</i> |
| <i>Coming into force</i>                             | <i>[date to be inserted]</i> |

**THE STATES**, subject to the sanction of Her Most Excellent Majesty in Council, have adopted the following Law –

### **1 Amendment of [Health Insurance Fund \(Miscellaneous Provisions\) \(Jersey\) Law 2011](#)**

After Article 2C of the [Health Insurance Fund \(Miscellaneous Provisions\) \(Jersey\) Law 2011](#) there is inserted –

#### **“2D Withdrawal of money from Health Insurance Fund for 2022**

- (1) The following sums may be withdrawn, in one or more instalments, from the Health Insurance Fund in 2022 and credited to the Consolidated Fund –
  - (a) up to £9,100,000 for the purpose of funding the redesign of health and community services so that they meet the current and future needs of Jersey residents;
  - (b) up to £3,900,000 for the purpose of funding the modernisation and digitisation of health and care services.
- (2) In addition, if the total sum withdrawn under Article 2C(1) is less than £11,300,000, the difference between the sum withdrawn and £11,300,000 may be withdrawn, in one or more instalments, from the Health Insurance Fund in 2022 and credited to the Consolidated Fund for the purposes set out in Article 2C.

- (3) Paragraph (2) is subject to Articles 19 and 20 of the [Public Finances \(Jersey\) Law 2019](#).
- (4) To the extent that this Article is inconsistent with Article 21(1) of the [Health Insurance \(Jersey\) Law 1967](#), this Article prevails.”.

## 2 Citation and commencement

This Law may be cited as the Health Insurance Fund (Miscellaneous Provisions) (Amendment No. 3) (Jersey) Law 202- and comes into force 7 days after it is registered.