St Helena Government

Health and Social Care Portfolio

Portfolio Strategy and Delivery Plan
April 2026/27 – March 2028/29

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Prepared by: Health and Social Care Portfolio Senior Management Team

Endorsed by Minister Henry

1. The Ministerial Vision for St Helena

Our vision is for a fair, inclusive, more resilient St Helena, confident in its future, responsible in its stewardship and united in purpose to become a sustainable thriving community with people at its heart.[1]

2. The Public Service Vision, Mission and Values:

Our Vision: Saint Helena, a great place to live, learn, work, visit and invest

Our Mission: Improve the lives of all within our community and help the island thrive

Our Values:

- **F**airness We act as role models and have fair and consistent standards. We champion equality, inclusion and respect.
- **I**ntegrity We communicate openly and we are honest and accountable
- **T**eamwork We work together and we support each other

3. The role of the Health and Social Care Portfolio:

The health and social care portfolio provide primary, secondary, emergency, mental and tertiary health care to the community of St Helena, both on island and via overseas medical services in South Africa and the United Kingdom. The portfolio is responsible for the delivery of public health services, environmental health services and laboratory services for biomedical and food safety. All services are delivered in line with legislation such as;

The Public Health Ordinance,

The Mental Health Ordinance

Dentistry Ordinance,

[1] SHG Vision and Strategy 2026 - 2029

Food Safety Ordinance

Tobacco Control Ordinance

Nurses and Midwives Ordinance

Vaccination Ordinance

Water Ordinance

The portfolio provides a statutory social work and probationary services in line with legislative requirements such as;

The Welfare of Children Ordinance,

English Law Application Ordinance,

Criminal Procedure Ordinance,

The community Care Act 1990.

The service also provides residential care to the elderly, adults with additional needs and disabilities, supported living environments, sheltered accommodation, residential children's services, domiciliary care, refuge and day care. This complex set of services meets the contextual needs within the community from a social care perspective, which like many small communities has an ageing demographic and unhealthy younger population.

4. What we have achieved so far:

Over the past twelve months the Portfolio has developed a number of strategies in regard to the progression of health and social care to meet the diverse needs of the community and address areas of need such as:

- Management and prevention non-communicable diseases,
- Mental health and wellness strategy
- The ageing population,
- Health and social care workforce strategy,
- Better health strategy,

- Fish and fish processing,
- The charging policy
- Core health standards (ongoing)

These policy areas underpin the ongoing work that has been undertaken in the past twelve months to improve the outcomes in health and social care for patients and service users. Specific focus upon diabetes prevention and management has been underpinned by the preventative health strategy, and the development of a disease registry. The registry forms part of a larger project that will improve data handling and reporting within health. This work has started with diabetes in order to understand this crucial area of health demand. Improving the overall management of diabetes will have a longer-term benefit in regard to the health of wider community and decrease the demand upon health progressive diseases as a result of uncontrolled diabetes.

Assistance from UKHSA has enabled us to build a strong foundation for the prevention work. Support has enabled Health to pilot two potential services: diabetes remission (underway) and diabetes prevention (due to start). Previous provision of an Echosens Fibroscan has facilitated comprehensive assessment of clients enrolled into the programmes. As part of the support for the pilot programmes we have been able to expand the registry to include Ascension and those with pre-diabetes.

Improved visiting specialist consultants have begun to address the needs of the community from a health perspective in a variety of areas, which include:

- Orthopaedic consultant, undertaking clinical assessment and surgery on and off the island.
- Urology consultant, undertaking clinical assessment and surgery on and off the island
- Gastrologist consultant, undertaking clinical assessment and surgery on the island.
- Ophthalmology consultant, undertaking clinical assessment and surgery on and off the island.
- Audiology service (new provision)
- Optician service (new provision)
- ENT consultant, undertaking clinical assessment and surgery on the island.
- Psychology consultant, providing clinical assessment and support remotely.
- Psychiatrist providing clinical assessment and support on and off the island.

The above list is an ongoing piece of work that is agreed in line with patient needs and will continue to grow over the next twelve months in line with demand.

Health and social care leading on from the workforce strategy has begun to recruit though different channels in order to grow the working age population, both qualified and experienced staff who meet the needs of the service. This work has been undertaken in

conjunction with human resources in order to tap into to alternative labour markets and has proved successful. The vacancy levels across health and social care have been extremely challenging over the past five years and this approach to recruitment has addressed these gaps well. Continuation of this approach alongside attracting Saint Helenians to return to live and work on St Helena, specifically in health and social care.

Recruitment and retention within Health and Social Care remains a challenge due to the nature of the services, which require suitably qualified and experienced professionals to deliver core services to the community. Ongoing recruitment drives in conjunction with human resources is an ongoing task to ensure that all services are safely resourced.

Health and social care have developed an MOU with St George's Hospital in the UK for providing locum cover for Pharmacists initially with a view to expanding this to other areas of professional health practise. This arrangement has worked well for both parties and provided St Helena with a high calibre of qualified pharmacists on a locum basis over the past twelve months. The expansion of this MOU will enable St Helena to access further disciplines and mitigate gaps via secondment opportunities.

Probation have continued to deliver statutory services as required, despite having vacancies within the team over the past twelve months. Probation has been reviewed and the demands upon this service have been carefully considered in conjunction with longer term succession plans and a new structure within the service will be established over the next twelve months. This approach will enable the service to have some local resilience through the training and development a dedicated probation support officer.

Social care has handled an increased demand due to the ageing demographic and the need for residential care placements as well the increased demand for residential childcare placements. The service has responded to the demand and established secondary settings to the CCC and the children's residential unit. Despite this increase, the hospital continues to experience delayed discharges and as such the policy options paper AD1, which has highlighted the need for increased residential beds, both now and in the future. In order to begin to try and meet this demand the expansion of the CCC has continued through the movement of the physiotherapy department to enable further capacity within the CCC setting. This increased number of beds will have a longer-term recurrent budget demand in order to safely meet the needs of the service users within this setting.

Health and Social care continue to work closely with the UKHSA and have over the past twelve months been supported to update the emergency response plan, undertake emergency response training, work under preventative health, undertake after action review training and completed an after action review in regard to COVID-19. UKHSA were also responsible for the provision of the MMR vaccine for the current vaccination programme. Health and social care also work closely with UKHSA in regard to training and development in the following areas, which is helping progress and grow the staff across the portfolio.

- The care certificate

- Online CPD opportunities for staff through ShiftWorks by the King's Fund
- Mentorship opportunity through People's-Praxis
- Health Leadership via Keele University
- REDCap training
- Diabetes care

In addition to the above initiatives the UKHSA continue to support the portfolio in regard to the ongoing provision of a public health specialist who has supported in regard to the development of core health standards. The PHS has supported health in other, activities such as review of the tobacco legislation and associated services, development of the MMR vaccination programme as well as ad-hoc, public health investigations that have arisen. This support during ad-hoc events has been much appreciated by clinical staff and avoided the reduction in existing services.

5. Where we want to be:

The portfolio will continue to grow and develop the areas of health and social care to improve the services delivered and ensure that they are efficient, effective and value for money where possible. The visiting specialists to the island will continue to rotate in regard to the arising health needs in order to decrease the numbers of people having to travel to the UK and South Africa for treatment. Where possible remote consultations will also increase in line with the trend in practise that has developed with the overseas medical provider and reduces the need for people to leave home to have their health needs met.

The preventative health strategy will continue to enable the strengthening of management and presentation of chronic diseases on the island, starting with diabetes which if uncontrolled has a detrimental impact on longer term health outcomes. This work will be undertaken in conjunction with the support from the UKHSA and work driven locally by health staff.

The health and social care workforce strategy underpins recruitment, retention and career pathways into the portfolio, locally internationally and in regard to the growth of school leavers via apprenticeship schemes. The portfolio will continue to develop in line with the strategy to achieve resilience across the services and promote career pathways that will encourage the working age population to remain on the island.

The expansion of the MOU with St George’s hospital to all areas of health care practise, will enable St Helena to have access to a wider locum pool of health care professionals to cover periods of leave and any arising gaps in employment. This approach has been

considered a positive step by both parties as it is considered a huge incentive for the London based hospitals in regard to retention of staff.

The ageing population policy options paper has informed the longer demands and will inform the required areas of growth within social care from a residential and supported accommodation perspective. In conjunction any recurrent budget allocation will have to factor in additional staff to meet the increased demands across service areas.

Probation services will continue to deliver the statutory functions in regard to pre-sentence reporting, youth diversion, licence management, rehabilitation and community service. The longer-term strategy will be in regard to growing local resilience within this service in partnership with the prison service.

The ongoing working relationship with the UKHSA will continue in regard to further developments portfolio wide, specifically in the areas of training and development, strategy development and individual project areas to improve and sustain good practise.

UKHSA will also support in regard to the mental health review and strategy required to inform mental health service needs on St Helena, taking into account the remoteness and limited external service offers from the UK and South Africa.

The ongoing relationship through commissioned support via FCDO will continue in regard to further developing the BIOT partnership arrangements, training and development.

6. How we will achieve this:

The Health and Social care Portfolio have five Portfolio Priorities which will support the delivery of our Strategic Goals and the achievement of our Strategic Objectives and Strategic Outcomes and meet the needs of the communities we serve. Each element of this Portfolio's activity will be aligned to at least one of the Strategic Goals and all our activity will be underpinned by our values.

PORTFOLIO PRIORITY ONE	PORTFOLIO PRIORITY TWO	PORTFOLIO PRIORITY THREE
Ensure a Safe Statutory offer for Children and Adults	Develop and deliver core and preventative health services	Provide evidence based primary secondary and tertiary healthcare

PORTFOLIO PRIORITY FOUR	PORTFOLIO PRIORITY FIVE	
Provide an efficient and effective health and social care governance system	Statutory Probation service delivery.	

Each of these priorities covers a range of Portfolio activity which is set out in more detail in the Delivery Plan in Section 7.

The diagram below shows how each Portfolio Priorities are linked to our Strategic Objectives and Strategic Outcomes.

PORTFOLIO PRIORITY	KEY PRIORITY	STRATEGIC OUTCOME	STRATEGIC OBJECTIVE
Ensure a Safe Statutory offer for Children and Adults	2.Improve health, wellbeing and prevention outcomes	1. People living healthier longer, supported by financially sustainable health and social care services that are accessible, equitable, preventative and person-centred	1.1 Improved health & social outcomes for all
Strengthen and deliver core and preventative health services	2. Improve health, wellbeing and prevention outcomes	1. People living healthier longer, supported by financially sustainable health and social care services that are accessible, equitable, preventative and person-centred	1.2 Data driven planning and delivery of services for prevention & management of NCDs
Provide evidence based primary secondary and tertiary healthcare	2.Improve health, wellbeing and prevention outcomes	1. People living healthier longer, supported by financially sustainable health and social care services that are accessible, equitable, preventative and person-centred	1.3 Effective primary, secondary & tertiary healthcare provision
Provide a health and social care governance system	7.Reform and strengthen the public service to support effective, transparent and accountable governance	9. Government operates transparently, efficiently and sustainably, delivering value for money and trusted public	9.1 The right number of staff with the right skills to deliver services

		services	
Statutory Probation service delivery	7. Reform and strengthen the public service to support effective, transparent and accountable governance	10. Communities feel safe and confident in the systems that protect them, with justice and security delivered through collaborative approaches and trusted institutions. Children and vulnerable adults are effectively safeguarded through coordinated, multi-agency prevention, early intervention and support services	10.2 Compliant and effective prison capacity and operations

7. Health & Social Care Portfolio Delivery Plan

Key Priority: 2. Improve health, wellbeing and prevention outcomes

Strategic Outcome: 1. People living healthier longer, supported by financially sustainable health and social care services that are accessible, equitable, preventative and person-centred.

Strategic Objective: 1.1 Improved health & social outcomes for all

Portfolio Priority: 1. Ensure a Safe Statutory offer for Children and Adults

Portfolio Actions	Owner	Performance Indicator	Baseline	Target		
				2026/27	2027/28	2028/29
Establish service improvement standards.	Adults Social Care Team Manager	1.1 % Referrals in Adults actioned within 24 hours	60%	90%	100%	100%
Compliance with Adults procedures in line with legislation and good	Adults Social Care Team Manager	1.2 % Support plans for adults living in the community reviewed within timescale	61%	90%	95%	100%

practice						
Review and implement service response procedures	Adults Social Care Team Manager	1.3 % Adult assessments completed within 28 working days	72%	90%	95%	100%
Establish service improvement standards.	Children Social Care Team Manager	1.4 % referrals in Children actioned within 24 hours	100%	100%	100%	100%
Compliance with Childcare procedures in line with legislation and good practice	Children Social Care Team Manager	1.5 % Child Protection cases which were reviewed within timescale (3 monthly)	100%	100%	100%	100%
Review and implement service response procedures	Children Social Care Team Manager	1.7 Childcare assessments delivered within 35 working days	100%	100%	100%	100%
Review and implement service response procedures	HOS	1.8 % Reviews completed to timescale (residential sheltered & supported living)	40%	80%	90%	100%
Safe staffing ratios across all adult service areas	HOS	1.9 Residential and supported accommodation: staff to Resident/service user ratio	Current staffing levels (staff to resident) 1:3	1-3	1-3	1-3
Adult Safeguarding procedures	HOS	1.10 % Safeguarding cases assessed and reviewed within timescale		90%	100%	100%

Key Priority: 2. Improve health, wellbeing and prevention outcomes

Strategic Outcome: 1. People living healthier longer, supported by financially sustainable health and social care services that are accessible, equitable, preventative and person-centred

Strategic Objective: 1.2 Data driven planning and delivery of services for prevention & management of NCDs.

Portfolio Priority: 2. Strengthen and deliver core and preventative health service

Portfolio Actions	Owner	Performance Indicator	Baseline	Target		
				2026/27	2027/28	2028/29
Develop data handling infrastructure (including recruitment of appropriate staff)	Principal statistician and methodological lead for preventative interventions & Public Health Lead	2.1 Data handling infrastructure available for use.	To be established	50%	75%	100%
Strengthen/expand registry processes & sustainability	Public Health Lead	2.2 Quarterly reporting & analysis of statistics regarding diabetes care & outcomes		50%	80%	90%
Assess feasibility & success of diabetes remission pilot programme	Public Health Lead	2.3 Number of people who maintain remission status at 36 months		60%	80%	90%

Key Priority: 2. Improve health, wellbeing and prevention outcomes

Strategic Outcome: 1. People living healthier longer, supported by financially sustainable health and social care services that are accessible, equitable, preventative and person-centred

Strategic Objective: 1.3 Effective primary, secondary & tertiary healthcare provision

Portfolio Priority: 3. Provide evidence based primary secondary and tertiary healthcare

Portfolio Actions	Owner	Performance Indicator	Baseline	Target		
				2026/27	2027/28	2028/29
Provide routine specialist secondary/ tertiary care	Chief Medical Officer	3.2 % Patient Satisfaction Score		50%	100%	
Elective surgery	Chief Medical Officer	3.3 Waiting times for elective surgery maintained at 18 weeks	85%	90%	92%	94%
Maintain access to GP services	Chief Medical Officer	3.4 average waiting time for GP appointments at Jamestown	33% managed to see GP within 7 days	40% to see GP within 7 days	50% to see GP within 7 days	52% to see GP within 7 days
Child immunisation compliance	Chief medical officer	6.2 % Children receiving the standard immunization offering	98%	100%	100%	100%

Key Priority: 7. Reform and strengthen the public service to support effective, transparent and accountable governance

Strategic Outcome: 9. Government operates transparently, efficiently and sustainably, delivering value for money and trusted public services.

Strategic Objective: 9.1 The right number of staff with the right skills to deliver services.

Portfolio Priority: 4. Provide an efficient and effective health and social care governance system

Portfolio Actions	Owner	Performance Indicator	Baseline	Target		
				2026/27	2027/28	2028/29
Streamline recruitment pathways to include international	PD HR	Workforce strategy implementation	*To be confirmed*	10%	30%	50%

recruitment						
Develop range of mechanisms to improve retention	PD HR	Strategy development & implementation	*To be confirmed*	10%	30%	50%
Develop & implement succession planning	PD HR	Strategy development & implementation	*To be confirmed*	10%	30%	50%

Key Priority: 7. Reform and strengthen the public service to support effective, transparent and accountable governance

Strategic Outcome: 10. Communities feel safe and confident in the systems that protect them, with justice and security delivered through collaborative approaches and trusted institutions. Children and vulnerable adults are effectively safeguarded through coordinated, multi-agency prevention, early intervention and support services.

Strategic Objective: 10.2 Compliant & effective prison capacity & operations

Portfolio Priority: 5. Statutory Probation service delivery

Portfolio Actions	**Owner**	**Performance Indicator**	**Baseline**	**Target**		
				2026/27	**2027/28**	**2028/29**
Efficient probationary service	HOS	1.12 Number of initial sentence plans completed to timescale (15 working days)	83%	90%	92%	96%
Efficient probationary service	HOS	1.14 #%Probationer Contact Retention Rate (absconding rate)	*To establish baseline*		<10%	<8%

7. Financial projections:

The table below shows the Health and Social Care Portfolio's financial projections for the 5-year planning period with a summary of outputs linked to budget submissions. Links are also made to Portfolio Priorities and Strategic Outcomes where relevant.

Outputs	Budget Cost Centre	2026/27 £'000	2027/28 £'000	2028/29	2029/30	2030/31 £'000	Portfolio Priority	Strategic Outcome
Targeted recruitment of carers and nurses		TBC	TBC	TBC	TBC	TBC	3	2
Increase investment in existing services		TBC	TBC	TBC	TBC	TBC	3	4
Increase investment in social care for older population		TBC	TBC	TBC	TBC	TBC	3	4
Medical equipment maintenance		TBC	TBC	TBC	TBC	TBC	3	4
Primary health care facility		TBC	TBC	TBC	TBC	TBC	3	2
Primary health care provision Implementation of preventative care strategy	BIOT *	136,564	134,732	76,704	74,000	60,000	2	2
Build health		TBC	TBC	TBC	TBC	TBC	3	4

resource capability, capacity & resilience								
Develop strategy for leveraging AI for health		TBC	TBC	TBC	TBC	TBC	3	6
Management & Support Services	2300 & 2320	443,000	445,000	456,000	465,000	465,000	1-6	1-6
Primary Medical Care	2301	2,068,000	2,156,000	2,224,000	2,348,170	2,363,732	2	1
Secondary Medical Care	2302	963,000	1,036,000	1,045,000	1,045,000	1,045,000	6	1
Tertiary Medical Care	2303	2,824,000	3,145,000	3,195,000	3,545,000	3,545,000	3	1
Community Care (Primary Care	2304	237,000	238,000	238,000	238,000	238,000	1	3
Dental Care	2306	156,000	162,000	163,000	163,000	163,000	2	3
Environmental Health	2307	211,000	211,000	211,000	211,000	211,000	2	1
Laboratory	2308	366,000	366,000	411,000	366,000	366,000	2	1
Hospital Resilience	2309	118,000	119,000	120,000	120,786	121,837	1	1
Mental Health	2310	175,000	252,000	253,000	253,000	253,000	3	3
Supported Accommodation	2321	130,000	130,000	130,000	130,000	130,000	1	3
Elderly Residential Care	2323	1,750,000	1,762,000	1,763,	1,764,000	1,765,000	1	3
Outreach Day Care & Occupational Therapy Scheme	2324	442,000	446,000	450,000	450,000	450,000	1	3
Probation	2325	15,000	15,000	15,000	15,000	15,000	1	1

Services								
Adult Social Work	2326	706,000	730,000	730,000	730,000	730,000	1	3
Better Life Allowance	2326 & 2327	258,000	259,254	260,142	261,054	261,978	1	3
Children Social Work	2327	235,000	235,000	235,000	235,000	235,000	1	3
Residential Care – Ebony View	2328	205,000	207,000	208,000	208,000	208,000	1	3
Sheltered Accommodation – Cape Villa & Deasons	2329	402,000	402,000	403,000	403,000	403,000	1	3
Social Care Emergency Response- Domestic Violence	2330	17,500	17,500	17,600	17,600	17,600	1	1
Social Care Emergency Response- Children's Residential Care		144,500	173,070	174,000	174,000	174,000	1	3
Total Recurrent		***11,866,000***	***12,506,824***	***12,701,742***	***13,142,610***	***13,160,915***		
Capital		6,000	242,000	1,326,000	532,500	923,500		
Total Capital		***6,000***	***242,000***	***1,326,000***	***532,500***	***923,500***		
Preventative Health **BIOT (1)***		136,564	134,732	76,704	74,000	60,000		
Capital Equip funded from **BIOT (2)**		1,200,000	0	0	0	0		
OMR funded from **BIOT (2)**		500,000	0	0	0	0		
Total BIOT		***1,836,564***	***134,732***	***76,704***	***74,000***	***60,000***		

Total Funding		***13,708,564***	***12,883,556***	***14,104,446***	***13,749,110***	***14,144,415***		

8. Workforce plan:

The Health and Social Care Portfolio recognises that our success in delivering our Strategic Goals and achieving our Strategic Objectives and Strategic Outcomes depends on having the right number of people with the right skills, experiences, and competencies in the right jobs at the right time.

The Portfolio's 5-Year Workforce (Action) Plan is an internal document which underpins this Portfolio's Strategy and Delivery Plan.