

**MINUTES OF THE PUBLIC HEALTH COMMITTEE MEETING (OPEN SESSION) HELD AT 12:00HRS ON  
MONDAY, 12 AUGUST 2019, IN THE CONFERENCE ROOM OF THE HEALTH DIRECTORATE**

<b>Present:</b>	Hon. Derek Thomas	Chairman	
	Hon. Brian Isaac	Deputy Chairman	
	Hon. Anthony Green	Member	
	Hon. Miss. Kylie Hercules	"	
	Hon. Cruyff Buckley	"	
	Mr. Edward Rayment	Interim Director of Health	
	Mrs. Peta M Henry	Secretary	
<b>Invited:</b>	Mrs Margaret Banks	Educational Phycologist	(item 23.02)
	Dr. Angela Jackson-Morris	Health Promotion & SM Lead	(item 23.05)
	Mr. Alan Thomas	Brigade Manager (CFO)	(item 23.07)
	Mr. Jason Lawrence	Leading Fire Fighter	(item 23.07)
	Mrs. Sherliea Curzon	Mental Health Team Lead	(item 23.10)
<b>Apologies:</b>	Mrs. Helen Lawrence	Assistant Director of Health	

**OPEN AGENDA**

**23.01 Welcome & Apologies**

The Chairman opened the meeting by welcoming all present. It was noted that there were no members of the public present for the 'open' session.

**23.02 Introduction to New Staff**

**Mrs Margaret Banks**

Mrs Banks was welcomed to the meeting and by way of an introduction, gave a PowerPoint presentation providing oversight into her background, areas of interest, goals for the future and common challenges within the field of Psychology. Mrs Banks confirmed having attained an MS (Hons.) in Psychology at the University of Glasgow and subsequently worked as an Educational Psychologist for 12 years, having gained experience in Academic Research and as a Volunteer Counsellor also. The on-island post of Educational Psychologist and whether this could potentially be filled in a local capacity in the future, generated much discussion. On behalf of Committee, Mrs Banks was thanked for an informative presentation, wished well in her role, and left the meeting at 12:25hrs.

**23.03 Confirmation of Minutes (Open Meeting)**

Minutes of the Public Health Committee meeting held on Wednesday, 3 July 2019, were confirmed.

**23.04 Matters Arising  
Health & Safety**

The Chairman advised that due to both the Emergency Planning Manager and Deputy Chief Secretary's absence from the Island, there had not been any significant progress in recent weeks.

**Primary Care Facility (Sundale)**

The Chairman confirmed having forwarded the IDoH a copy of the emailed correspondence mentioned at the last PHC meeting. It was reported that dialogue with ENRD had already commenced due to the need to determine whether the Directorate has capacity to undertake both the design and cost-related work necessary. The IDoH undertook to provide an update in relation to this, in due course.

**Action: IDoH**

**National Health Insurance Scheme Project**

The Chairman undertook to provide an update on status (i.e. drafting of ToR's and costings) at the next scheduled meeting.

**Action: Chairman**

**Proposed Amendment to Mental Health & Mental Capacity Ordinance**

Cllr Green confirmed having spoken with the Assistant Director of the Adults & Social Care Directorate, who had undertaken to provide an update on status upon return of the Director. Cllr Green undertook to keep-in-view.

### Proposals for Tobacco Taxation

The Chairman advised that arrangements were being made for the proposal to be presented to Executive Council within the coming week.

Action: Chairman

### Repairs to Hearing Aids

Committee was informed that the Hearing Aids had now arrived and the relevant patients would be contacted to arrange collection shortly.

### Port & Aerodrome (Health) Regulations.

The IDoH commented on feedback from the Legislative Draughtsman in relation to Section 6 (Charges) of the Regulations, following discussion at the last PHC meeting. He advised that in light of this, the SEHO had been asked to compile a fee structure for perusal, comment and subsequent approval by Committee, prior to presentation to Executive Council. It was envisaged this work would be done in readiness for the next PHC meeting.

Action: SEHO

It was noted that the Policy being drafted in liaison with the Emergency Planning Department, would be presented to Committee shortly.

Action: SEHO

### 23.05 Update - Draft Tobacco Control Legislation/E-Cigarette Policy

The HP&SML was welcomed to the meeting and thanked for the work she had done in relation to the draft Tobacco Control Legislation, thus far. She gave a PowerPoint presentation on the E-Cigarette policy, which she explained, was essentially to include protection from E-Cigarette harms in the 2019 Tobacco Control Ordinance. She further explained that the objective was to prevent E-Cigarette promotion, advertising or sponsorship; prohibit sale to young people (under the age of 18 years); restrict sale to licensed vendors only; restrict use in indoor public 'smoke-free' areas, Public Transport and private passenger vehicles where passengers are present; and regulate maximum E-Cigarette nicotine. Committee supported this.

Correspondence from the AG's Chambers relating to matters yet to be 'ironed-out' in order to progress the draft Tobacco Control Legislation further, were discussed as follows:

- Where does the Committee stand on the importation of vaping/e-cigarette products for personal use (from the internet) as the current draft legislation makes this illegal?  
It was clarified that the E-Cigarette Policy would not prohibit E-Cigarette import for personal use, but prevent as per discussion above. Committee noted that Public Health England (PHE) was providing the Health Directorate with guidance on the range of terminology/categories to use within the new Legislation and recommended that both e-cigarettes and other 'novel tobacco products' are included under provisions of the Legislation as specified.
- Where does the Committee stand on Duty Free from South Africa as the packaging will be contrary to the current draft legislation?  
Committee was of the view that 'duty free' could result in a substantial illicit Trade Loophole that would undermine the Legislation, as evidenced from other countries. It was therefore agreed to prohibit 'duty-free' cigarette import from any country other than the UK.
- That the current draft legislation which makes specific reference to UK Regulations will mean that all smoking materials imports will need to be imported from the UK to meet the restrictions on packaging.  
Committee agreed that cigarette import by merchants from any country other than the UK, be prohibited.
- That this will impact on the shops who will need to import from the UK as South African packaging does not meet the UK Regulation criteria.  
It was noted that many merchants sourced imports from both the UK and South Africa. In view of this, legislating so that tobacco is UK sourced, was not envisaged a hindrance to merchants obtaining import but would ensure the legislation has the desired effect on maintaining an acceptable price threshold. Committee agreed that engagement with



merchants on operationalising the import restrictions should be undertaken at an appropriate stage in the legislative process.

- That the draft regulations do not permit a couple who both smoke to smoke in their own private vehicle.

Committee noted that the main purpose of this provision was to ensure that a passenger is not exposed to second-hand smoke (whether or not the person is a smoker, second-hand smoke is harmful to health and increases risk of non-communicable disease). It was recommended the current provision remain 'as is' pending further debate. The prohibition of smoking in a vehicle with a child (under 18 years) present, was also considered an option.

Following much discussion, the Chairman undertook to arrange a meeting with the AG's Chambers in an effort to move the Legislation forward as quickly as possible. The HP&SML undertook to provide feedback on discussion to the AG's Chambers in the interim.

**Action: Chairman/HP&SML**

**23.06 Health Promotion Findings from Population Survey**

The HP&SML gave a PowerPoint presentation that outlined the objective(s) of the Health Promotion Strategic Framework, what had been achieved with regards smoking, the Food Environment and Workforce Wellbeing to date. Content of the summary report circulated to Committee was discussed at length, as was the work to be done moving forward. Following much discussion, the HP&SML was thanked for her attendance and left the meeting at 13:00hrs.

**23.07 Operational Guidance Policy for Storage of Flammable Liquids (Petroleum)**

The BM and LFF joined the meeting at 13:00hrs. The Chairman advised that all would recall previous discussion on the subject matter and in light of this, it was important to have a Policy in place essentially as a 'tie-over' until such time the relevant legislation is reviewed. Composition of the Policy was discussed at length. The BM advised that the inadequacy of current legislation had proven problematic and resulted in the Service having to operate on 'best practice' alone. He explained that the new Policy would provide formal guidance and apply to premises where flammable liquids (Petroleum) are stored in excess of 250 litres. Committee endorsed the Policy presented. The Secretary was asked to arrange physical signing off, prior to its release for implementation. Both the BM and LFF were thanked for their attendance and the work they had done in compiling the Policy. They left the meeting at 13:35hrs.

**Action: Secretary**

**23.08 Chairman's Update**

The Chairman advised that whilst there was nothing of significance to report outside of the agenda items already listed, unrest associated with the Nora March Trophy, was becoming problematic. Following much discussion, it was agreed arrangements would be made for the Trophy to be formally handed over to the Museum of St Helena for safe-keeping. The Chairman, in liaison with the IDoH, undertook to arrange this.

**Action: Chairman**

On the subject of staffing, the Chairman advised that whilst movement between SHG Directorates was inevitable, there would appear to be a constant problem with both the recruitment and retention of staff within the Health Directorate. He confirmed having become aware of the substantive HR Officer's success in securing alternative employment and upcoming secondment of the Finance Assistant to Corporate Finance; amongst other staff-related issues. In discussing this, Committee was of the view that the success of any organisation depended much upon its staff and in view of this, staffing within the Health Directorate should be looked at as a matter of urgency. The Chairman commented on the need for 'credit to be given where credit is due' to ensure staff know they are valued. The need for workloads to be reviewed, was also considered important. The IDoH undertook to look into this.

**Action: IDoH**

**23.09 Director's Update**

The IDoH informed Committee that the Strategic Planning related work was well underway, with a review of the Directorates Risk Register to be undertaken shortly. He advised that a copy of the finalised documents would be circulated to Committee once finalised, as agreed at the last PHC meeting.

**Action: Secretary**

Committee was given an overview of recruitment campaigns in progress and the need for a programme to ensure regular specialists' (Ophthalmologist, ENT Specialist, Cardiologist etc.)

visits, moving forward. In discussing this, the IDoH advised that failure to provide specialist services would in his view, result in litigation due to deteriorating health conditions in the not too distant future. It was subsequently agreed the IDoH would compile an 'end of contract' report, composite of a list of requirements for the Health Directorate, moving forward.

**Action: IDoH**

**23.10 Update - Mental Health Unit**

The IDoH informed Committee that they would be aware of the original Business Case for proposed construction of a Secure Mental Health Inpatient Unit (SMHIU) adjacent to St John's Villa. He advised, however, that there had been a re-think around the logistics of this. The concept of a Psychiatric Intensive Care Unit (PICU) within the General Hospital, had subsequently been developed from the original concept, in consultation with the Mental Health Team and was envisaged to be significantly less expensive in both construction and running costs. The IDoH informed Committee that the PICU would serve the same function for acutely ill Psychiatric patients, as does the ICU (Intensive Care Unit) for general patients, allowing Psychiatric patients to be cared for in the General Hospital until their condition(s) stabilise or they are medically evacuated to a tertiary care facility. He advised that further advantages of such a Unit were outlined within the relevant Business Case.

The MHTL was welcomed to the meeting at 14:30hrs and talked Committee through the contents of the Business Case circulated. Much discussion followed. The logistics of the PICU were discussed at length, costs associated with a Medical Evacuation and the likelihood that there would be capacity to staff the PICU far better than a standalone building. The Chairman commented that Committee had supported the concept for a SMHIU on the basis of the advice received. He advised that on the basis of the new concept presented, he supported the 'common sense' approach for a PICU if indeed it served the same purpose. Committee unanimously agreed. A Member commented that this project was essentially an indication that there may be other projects that could be challenged and made more cost effective. By way of next steps, the Chartered Civil Engineer (David Goodrick) at ENRD would arrange the relevant design and costing, with a view to completion of the project within the new financial year.

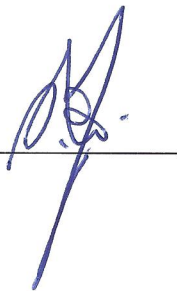
On behalf of Committee, both the IDoH and MHTL were thanked for the work they had done in pulling together the new concept. The MHTL left the meeting at 14:55hrs.

**23.11 Any Other Urgent Business**

There were no items for discussion under this classification.

There being no further business for discussion, the Chairman thanked all for attending and closed the 'open' session of the meeting at 15:10hrs.

Signed: \_\_\_\_\_



Date: \_\_\_\_\_

4 Sept 2019