



St Helena  
Government

Health Directorate

# Directorate Strategy and Delivery Plan April 2020 – March 2023

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Endorsed by Public Health Committee

## **1. Our Vision, Mission and Values:**

Our Vision: St 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:

- Fairness - We act as role models and have fair and consistent standards. We champion equality, inclusion and respect.
- Integrity - We communicate openly and we are honest and accountable
- Teamwork - We work together and we support each other

## **2. The role of the Health Directorate:**

The role of the Health Directorate is to deliver a high standard of health care to improve the health status and wellbeing of the population, with particular emphasis on the vulnerable and those members of our community who are 'at risk'. It aims to promote healthy lifestyles and reduce the incidence of non-communicable diseases. Working with the community at large the health directorate will influence all the various determinants of health and prioritise interventions to maintain and improve health outcomes within suitable expertise and resources.

Our strategic approach to making us 'Altogether Healthier', is to prevent ill health in this and future generations whilst ensuring that effective care is available in a sustainable manner when people become unavoidably unwell. We aspire to meet the needs of the Saint Helena population through providing services in protective, curative, rehabilitative and palliative care. Strategically prioritising key healthcare services aimed at individuals and families through primary healthcare and at the population through public health services.

We are bound to provide these core services by the following legislation:

- Public Health Ordinance
- Medical Practitioners' Ordinance
- Health and Safety Ordinance
- Pharmacy and Poisons Ordinance
- Mental Health and Mental Health Capacity Ordinance
- Dentists Ordinance

- Vaccination Ordinance
- Food Safety Ordinance
- Ionising Radiation Protection Ordinance
- Fish and Fish Products Ordinance
- Road and Traffic Ordinance
- Agricultural Ordinance (Pest Control)
- Port an Aerodrome (Health) Ordinance

We provide community based primary care that covers pre-school health check and immunisation programs to promote health in early years of life and to identify illness to act on, as early as possible.

Community clinics, led by nurses and doctors, provide outpatient services at 4 sites (3 located in the outlying areas and the other in Jamestown).

A 28 beds hospital (which includes a two bed intensive care unit) provides care to inpatients and operates an out of hours emergency service for outpatients. Diagnostics available to clinicians include medical laboratory services, x-ray, ultrasound, mammogram and CT.

Access to surgical care is maintained 24/7 for surgical emergencies. A large number of elective surgical conditions can be managed on island in general surgery, obstetrics and orthopaedics. Specialist visiting surgeons perform eye and ENT surgeries locally.

A school nurse regularly visits the three primary schools and the island's high school to provide preventive care; to educate youth on a healthy lifestyle and to provide support to staff of the Education Directorate and parents. The school nurse works closely with the medical and mental health teams to ensure continuity of care at school.

Community based mental health care is encouraged to support people with mental health needs at their homes, outpatient clinics, residential social care homes and at the prison.

Health promotion is designed to increase awareness of the risk factors of chronic conditions and to reduce their prevalence by collaborating with all stakeholders across the government and private sector.

Physiotherapy and occupational therapy services are established and provide both inpatient and outpatient care. Collaboration with other directorates ensures a high standard of rehabilitation after injury and surgeries.

The Dental department provides dental emergency, preventive and therapeutic care. School dental screening is carried out annually. All dentures are made locally at the Dental department laboratory.

A palliative care service has been developed and is led by the community nursing team and supported by the medical team. This service supports terminally ill patients providing end of life care in the comfort of their own homes.

### **3. What we have achieved so far:**

The Health Directorate strived to continuously improve service delivery to meet the health needs of the St Helena population. The Health Promotion Strategic Framework was implemented that set a new direction in health promotion specifically to reduce the prevalence and incidence of non-communicable diseases, primarily cardiovascular and respiratory disease, type two diabetes, and cancer. Emphasis was on creating an environment more supportive of health, alongside awareness and engagement. Draft legislation was developed for strong tobacco control measures and partnerships established with merchants achieving a shift in supply and demand on island for sugar-free drinks. Schools and parents were supported on healthier lunches for children. Following Motivational Approaches Training to staff by the University of Sterling, brief intervention is now carried out during each and every consultation at all points of contact within the Health Directorate. Multi agency partnerships supported the most vulnerable in the community.

The chemotherapy services on island was further developed and is now into its second year supported by a full time oncology nurse. Cancer patients no longer spend long periods away from the island to undergo chemotherapy. Joint replacement surgery continued to be available on island effectively reducing the number of overseas referrals for these specific procedures.

Clinical governance was strengthened with the appointment of a clinical governance and consumer engagement officer to manage the reporting and investigation of clinical incidents focused on patient care. Morbidity and Mortality regular reviews were undertaken.

The breast cancer screening program continued for high risk subpopulations.

Community mental health services were strengthened through increased focus on child mental health, building community resilience and developing a bespoke tele-psychiatry and tele-therapy service to support the on island mental health team. Plans for a Psychiatric Intensive Care Unit (PICU) at the General Hospital were developed and submitted for funding approval.

Partnership with the Government of Mauritius was strengthened with a reciprocal visit and draft MOU to enable future opportunities for staff exchange and training and for health specialists from Mauritius to support St Helena in health care delivery.

The Food and Water Laboratory maintained its accreditation with the United Kingdom Accreditation Service (UKAS) providing assurance of the quality of the islands water and fish.

A suitable site was identified and refurbished to enable the control of Infectious Diseases for both quarantine and isolation.

The local fishing industry was supported in the face of the dissolution of the St Helena Fisheries Corporation to ensure the continued safe processing of fish for the local market. Processes undertaken by the Falkland Islands Government for inspecting fishing vessels under the St Helena Flag were reviewed.

#### **4. Where we want to be:**

The Health Directorate aims to provide a high standard of health care services that meets the needs of the island population. Poor health adversely affects individuals and negatively impacts on economic development and includes both non-communicable diseases and infectious diseases (Covid-19). The directorate needs to continue to focus investment in health, healthcare technology, infrastructure, equipment, up-skilling of staff and strengthen preventative services and treatment to reduce the high proportion of those suffering from non-communicable diseases. The directorate will continue to enhance improvements in preventative care, chronic disease management, health promotion and community engagement. It will include finalisation and implementation of the Tobacco Legislation. Existing services will be improved such as a psychiatric intensive care unit and potential new services explored based on patient needs i.e. haemodialysis. Strengthening partnerships with DfID, PHE and WHO is integral to the health improvement programs as is the partnership with Mauritius to advance the MOU.

The Directorate will also pursue the development of a central primary healthcare facility.

The Directorate works to the SHG overarching goal 'Altogether Healthier' and overarching strategic objective to 'Improve the health of the community'. The focus will be on the directorate strategic priorities as set out in Section 5.

#### **5. How we will achieve this:**

The Health Directorate has 7 Directorate Priorities which will support the delivery of our Strategic Goals and the achievement of our Strategic Objectives and Policy Priorities and meet the needs of the communities we serve. Each element of this Directorate's activity will be aligned to at least one of the Strategic Goals and all our activity will be underpinned by our values.

<p><b>DIRECTORATE PRIORITY ONE</b></p> <p>Maintain equitable and proportionate local access to a range of health services in partnership with the community for all and the most vulnerable</p>	<p><b>DIRECTORATE PRIORITY TWO</b></p> <p>Expand preventative healthcare services and promote healthy lifestyles for everyone</p>	<p><b>DIRECTORATE PRIORITY THREE</b></p> <p>Protect the population from clinical, environmental and other health threats and emergencies</p>
<p><b>DIRECTORATE PRIORITY FOUR</b></p> <p>Tackle the high prevalence and incidence of chronic long term conditions among the population (diabetes, hypertension and kidney disease in particular)</p>	<p><b>DIRECTORATE PRIORITY FIVE</b></p> <p>Provide access to specialist and tertiary care in a sustainable and affordable manner</p>	<p><b>DIRECTORATE PRIORITY SIX</b></p> <p>Ensuring that our existing and emerging health workforce needs are adequately met</p>
<p><b>DIRECTORATE PRIORITY SEVEN</b></p> <p>Improve community engagement and patient experience of the local health service</p>		

Each of these priorities covers a range of Directorate activity which is set out in more detail in the Delivery Plan in Section 6.

The diagram below shows how each Directorate Priority is linked to our Strategic Objectives and Strategic Goals (and to our Policy Priorities where applicable):

Directorate Priorities		Policy Priorities		Strategic Objectives		National Goals
<p>1- Maintain equitable and proportionate local access to a range of health services in partnership with the community for all and the most vulnerable</p>		<p>5-1-2 ensure access to affordable health care and associated support services</p>		<p>5-1 improve the health of the community</p>		<p><b>5-Altogether healthier</b></p>
<p>2- Expand preventative healthcare services and promote healthy lifestyles for everyone</p>		<p>5-1-1 maintain efforts to reduce prevalence of non-communicable diseases</p>		<p>5-1 improve the health of the community</p>		<p><b>5-Altogether healthier</b></p>
<p>3-Protect the population from clinical, environmental and other health threats and emergencies</p>		<p>5-1-3 protect the population from clinical and environmental health threats</p>		<p>5-1 improve the health of the community</p>		<p><b>5-Altogether healthier</b></p>

4-Tackle the high prevalence and incidence of chronic long term conditions among the population (diabetes, hypertension and kidney disease in particular)		5-1-1 maintain efforts to reduce prevalence of non-communicable diseases		5-1 improve the health of the community	<b>5-Altogether healthier</b>
5- Provide access to specialist and tertiary care in a sustainable and affordable manner		5-1-2 ensure access to affordable health care and associated support services		5-1 improve the health of the community	<b>5-Altogether healthier</b>
6-Ensuring that our existing and emerging health workforce needs are adequately met		5-1-2 ensure access to affordable health care and associated support services		5-1 improve the health of the community	<b>5-Altogether healthier</b>
7- Improve community engagement and patient experience of the local health service		5-1-2 ensure access to affordable health care and associated support services		5-1 improve the health of the community	<b>5-Altogether healthier</b>



## 6. Health Directorate Delivery Plan

Directorate Priority: Health Directorate priority one						
1- Maintain equitable and proportionate local access to a range of health services in partnership with the community for all and the most vulnerable						
Action	Owner	Performance Indicator	Baseline	Target		
				2020/21	2021/22	2022/23
Maintain access to services	Senior Medical Officer	Percentage of country doctor led clinics against opening times		90%	90 %	90 %
Reduce number of patients on dental clinic waiting list	Senior Dental Officer	Percentage reduction in the number of patients on the denture waiting list	147	25% reduction	50% reduction	75% reduction
Annual health check for disabled people	Senior Medical Officer	Percentage of those with a registered disability who access annual health checks.	Establish baseline	Baseline to be established	10%	50%
Waiting times for elective surgeries maintained at less than 12 weeks	Theatre nurse	Less than 12 weeks		Less than 12 weeks	Less than 12 weeks	Less than 12 weeks
Waiting time for routine doctor led outpatient appointments maintained at less than 10 working days	Senior Medical Officer	Less than 10 working days 90% of the time		90%	90%	90%

To ensure a suitable, reliable and functioning patient information management system	Senior Medical Officer	Suitable system in place		Suitable System agreed and implementation planned.	System commissioned.	
Establish funding for secure acute mental health facility to care for acute mental	Director of Health	. Establishment of acute mental health facility		Funding secured and construction commenced	Mental health unit commissioned	

Directorate Priority: Health Directorate priority two						
Expand preventative healthcare services and promote healthy lifestyles for everyone						
Action	Owner	Performance Indicator	Baseline	Target		
				2020/21	2021/22	2022/23
Provide brief intervention training covering smoking, weight , alcohol, diet, exercise	Practice Development Nurse	Percentage of staff who have patient contact trained in brief intervention	TBC	10% improvement on baseline	15% improvement on baseline	20% improvement on baseline
Establish a smoking cessation system within health service	Health Promotion Lead	a) Percentage of the proportion of smokers who seriously wished to 'quit' attending smoking cessation service b) 25% quit rate at 4 weeks among clients		a)50% of smokers who seriously wished to quit attend smoking cessation service	a) 50% of smokers who seriously wished to quit attend smoking cessation service	1. 50% of smokers who seriously wished to quit attend smoking cessation service

		attending the smoking cessation service		b) achieve 25% quit rate at 4 weeks among clients attending smoking cessation service	b)achieve 30% quit rate at 4 weeks among clients attending smoking cessation service	b)achieve 35% quit rate at 4 weeks among clients attending smoking cessation service
Develop a patient record that ensures capture of BMI for all outpatients seen	Clinical Governance Lead	Develop a patient record that ensures capture of BMI for all outpatients seen	Development of a patient record that ensures capture of BMI	Development of a patient record that captures BMI for all outpatients seen	90% of all outpatients seen have their BMI recorded	90% of all outpatients seen have their BMI recorded
An accurate record of school children's height, weight and BMI	Community Nursing Officer	The % of school children who have consent to have an annual weight screening completed		95% of all school children with consent have annual weight screening completed	95% of all school children with consent have annual weight screening completed	95% of all school children with consent have annual weight screening completed

Directorate Priority: Health Directorate priority three

Protect the population from clinical, environmental and other health threats and emergencies

Action	Owner	Performance Indicator	Baseline	Target		
				2020/21	2021/22	2022/23
Strategies in place to respond to Infectious Disease ie Covid-19	Senior Medical Officer	Incidence Executive Group (IEG) approved strategy		<i>Strategy approved and in place.</i>	<i>Review and update as necessary</i>	<i>Review and update as necessary</i>
MRSA healthcare acquired bacteraemia infection maintained at zero	Senior Biomedical Scientist	MRSA healthcare acquired bacteraemia infection maintained at zero		0	0	0
Establish a clinical audit plan	Clinical Governance Lead	Audit Plan approved.		Audit plan approved and 25% of planned audits completed.	50% of planned audits completed	80% of planned audits completed
Planned port health clearance conducted	Senior environmental health officer	100% of planned port health clearance conducted		100%	100%	100%
Requested pest control services delivered within 10 working days	Senior environmental health officer	>70% requested pest control services delivered within 10 working days		75%	80%	90%
Reported food and water borne disease outbreaks investigated	Senior environmental health officer	Percentage of reported food and water borne disease outbreaks investigated		100%	100%	100%
Maintain food and water laboratory service accreditation	Senior biomedical scientist	Food and water laboratory service UKAS accredited		Accredited	Accredited	Accredited

Directorate Priority *four*  
Tackle the high prevalence and incidence of chronic long-term conditions among the population (diabetes, hypertension and kidney disease in particular)

Action	Owner	Performance Indicator	Baseline	Target		
				2020/21	2021/22	2022/23
Maintain chronic disease management services	Senior Medical Officer	a)Percentage of registered diabetics received annual HBA1C check	a) 68%	a)>60%	a)>70%	a)>80%
		b).percentage of registered diabetics receive annual retinopathy screening	b.>60%	b)>70%	b)>80%	b)>80%
		c) registered diabetics with poor control <50%	c)????	c)<50%	c)<40%	c)<30%
		d. establish hypertension database		d)database established		

Directorate Priority: Health Directorate priority five  
Provide access to specialist and tertiary care in a sustainable and affordable manner

Action	Owner	Performance Indicator	Baseline	Target		
				2020/21	2021/22	2022/23

Category 2 overseas referrals departed for treatment within 3 months of approval.	Director of Health	Percentage of category 2 overseas referrals that departed for treatment within three months from approval		90%	90%	90%
Explore opportunities for partnership	Director of Health	Explore opportunities for partnership		<i>MOU with Mauritius Government signed</i>	<i>Training opportunities commenced</i>	<i>Patients treated in Mauritius.</i>

Directorate Priority: Health Directorate priority six

Ensuring that our existing and emerging health workforce needs are adequately met

Action	Owner	Performance Indicator	Baseline	Target		
				2020/21	2021/22	2022/23
Staff competency assured and maintained	Director of Health	Percentage of defined core clinical position filled all year round		90%	90%	90%
Service readiness maintained through adequate workforce	Director of Health	Percentage of incumbent TC posts with planned transition arrangements in place		90%	90%	90%

Directorate Priority: Health Directorate priority seven

Improve community engagement and patient experience of the local health service						
Action	Owner	Performance Indicator	Baseline	Target		
				2020/21	2021/22	2022/23
Raise public awareness of health feedback system	Clinical Governance Lead	Percentage of contact points with feedback forms for service users		75 %	75 %	75 %
Patient complaints received are reviewed and responded to within the agreed timeline.	Clinical Governance Lead	Percentage of patients complaints received are reviewed and responded to within the agreed timeline		90%	90%	90%

## 7. Financial projections:

The table below shows the Health Directorates financial projections for the 3-year planning period with a summary of outputs linked to budget submissions. Links are also made to Directorate Priorities and Strategic Policy Priorities where relevant.

Outputs	Budget Cost Centre	2020/21 £'000	Directorate Priority	Policy Priority
Administration Services	23-2300	380,000	Supports all 7 of the Directorate's priorities ie: <ol style="list-style-type: none"> <li>1. Maintain equitable and proportionate local access to a range of health services in partnership with the community for all and the most vulnerable</li> <li>2. Expand preventative healthcare services and promote healthy lifestyles for everyone.</li> </ol>	5.1.1 Maintain efforts to reduce prevalence of non-communicable diseases. 5.1.2 – Ensure access to affordable healthcare and associated support services. 5.1.3 – Protect the population from clinical and environmental threats.

			<ol style="list-style-type: none"> <li>3. Protect the population from clinical, environmental and other health threats and emergencies.</li> <li>4. Tackle the high prevalence and incidence of chronic long-term conditions among the population (diabetes, hypertension and kidney disease in particular).</li> <li>5. Provide access to specialist and tertiary care in a sustainable and affordable manner.</li> <li>6. Ensure that our existing and emerging health workforce needs are adequately met.</li> <li>7. Improve community engagement and patient experience of the local health service.</li> </ol>	
Medical Services	23-2301	1,495,000	<ol style="list-style-type: none"> <li>1. Maintain equitable and proportionate local access to a range of health services in partnership with the community for all and the most vulnerable.</li> <li>2. Expand preventative healthcare services and promote healthy lifestyles for everyone.</li> <li>3. Protect the population from clinical, environmental and other health threats and emergencies.</li> <li>4. Tackle the high prevalence and incidence of chronic long-term conditions among the population (diabetes, hypertension and kidney disease in particular).</li> </ol>	<ol style="list-style-type: none"> <li>5.1.1 Maintain efforts to reduce prevalence of non-communicable diseases.</li> <li>5.1.2 – Ensure access to affordable healthcare and associated support services.</li> <li>5.1.3 – Protect the population from clinical and environmental threats</li> </ol>



			<ol style="list-style-type: none"> <li>5. Provide access to specialist and tertiary care in a sustainable and affordable manner.</li> <li>6. Ensure that our existing and emerging health workforce needs are adequately met.</li> <li>7. Improve community engagement and patient experience of the local health service.</li> </ol>	
Acute Services	23-2302	916,000	<ol style="list-style-type: none"> <li>1. Maintain equitable and proportionate local access to a range of health services in partnership with the community for all and the most vulnerable</li> <li>3. Protect the population from clinical, environmental and other health threats and emergencies.</li> <li>7. Improve community engagement and patient experience of the local health service</li> </ol>	<p>5.1.1 Maintain efforts to reduce prevalence of non-communicable diseases.</p> <p>5.1.2 – Ensure access to affordable healthcare and associated support services.</p> <p>5.1.3 – Protect the population from clinical and environmental threats</p>
Tertiary Care Services	23-2303	1,700,000	<ol style="list-style-type: none"> <li>5. Provide access to specialist and tertiary care in a sustainable and affordable manner</li> </ol>	<p>5.1.2 – Ensure access to affordable healthcare and associated support services.</p>
Primary Health Care Services	23-2304	252,000	<ol style="list-style-type: none"> <li>1. Maintain equitable and proportionate local access to a range of health services in partnership with the community for all and the most vulnerable.</li> <li>2. Expand preventative healthcare services and promote healthy lifestyles for everyone.</li> </ol>	<p>5.1.1 Maintain efforts to reduce prevalence of non-communicable diseases.</p> <p>5.1.2 – Ensure access to affordable healthcare and associated support services.</p> <p>5.1.3 – Protect the population from clinical and environmental threats</p>

			<ul style="list-style-type: none"> <li>4. Tackle the high prevalence and incidence of chronic long-term conditions among the population (diabetes, hypertension and kidney disease in particular.</li> <li>6. Ensure that our existing and emerging health workforce needs are adequately met.</li> <li>7. Improve community engagement and patient experience of the local health service</li> </ul>	
Dental Services	23-2306	143,000	<ul style="list-style-type: none"> <li>1. Maintain equitable and proportionate local access to a range of health services in partnership with the community for all and the most vulnerable.</li> <li>2. Expand preventative healthcare services and promote healthy lifestyles for everyone.</li> <li>6. Ensure that our existing and emerging health workforce needs are adequately met.</li> <li>7. Improve community engagement and patient experience of the local health service.</li> </ul>	<ul style="list-style-type: none"> <li>5.1.1 Maintain efforts to reduce prevalence of non-communicable diseases.</li> <li>5.1.2 – Ensure access to affordable healthcare and associated support services.</li> <li>5.1.3 – Protect the population from clinical and environmental threats</li> </ul>
Environmental Health Services	23-2307	201,000	<ul style="list-style-type: none"> <li>3. Protect the population from clinical, environmental and other health threats and emergencies.</li> <li>6. Ensure that our existing and emerging health workforce needs are adequately met.</li> </ul>	<ul style="list-style-type: none"> <li>5.1.3 – Protect the population from clinical and environmental threats</li> </ul>

			7. Improve community engagement and patient experience of the local health service.	
Laboratory Services	23-2308	350,000	<p>3. Protect the population from clinical, environmental and other health threats and emergencies.</p> <p>4. Tackle the high prevalence and incidence of chronic long-term conditions among the population (diabetes, hypertension and kidney disease in particular.</p> <p>6. Ensure that our existing and emerging health workforce needs are adequately met.</p> <p>7. Improve community engagement and patient experience of the local health service.</p>	<p>5.1.1 Maintain efforts to reduce prevalence of non-communicable diseases.</p> <p>5.1.3 – Protect the population from clinical and environmental threats</p>
Mental Health Services	23-2310	141,000	<p>1. Maintain equitable and proportionate local access to a range of health services in partnership with the community for all and the most vulnerable.</p> <p>2. Expand preventative healthcare services and promote healthy lifestyles for everyone.</p> <p>6. Ensure that our existing and emerging health workforce needs are adequately met.</p> <p>7. Improve community engagement and patient experience of the local health service.</p>	<p>5.1.2 – Ensure access to affordable healthcare and associated support services.</p> <p>5.1.3 – Protect the population from clinical and environmental threats</p>
<b>Total Recurrent Allocation</b>		<b>5,578,000</b>		

## **8. Workforce plan:**

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

## **9. Risk Management and Mitigation**

The Health Directorates Risk Register is shown as an Appendix to this Directorate Strategy and Delivery Plan.