



St Helena
Government

Health Directorate

Directorate Strategy and Delivery Plan April 2021 – March 2024

Version: [1]

Updated: [16 October 2020]

Prepared by: Health Directorate Senior Management Team

Endorsed by Public Health Committee

1. Our 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:

- **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 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 and Aerodrome (Health) Ordinance

We provide community based primary care that covers pre-school health check and immunisation programmes 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 23 bed 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.

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 non-communicable diseases and to reduce their prevalence through collaboration with all stakeholders across the government and private sectors.

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. 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.

Environmental Health provides services and takes measures including enforcing legislation to protect public health.

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. Below, in no order of priority, are key achievements from each of our focus areas:

Common Themes

- Across the Health Services, multi-agency partnerships are embedded in practice and continued to support the most vulnerable in the community.
- Partnership with the Government of Mauritius was strengthened with a reciprocal visit from staff of the Mauritian Ministry of Health and the World Health Organisation culminating in a 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 COVID-19 pandemic paused the progression of this initiative.

Clinical Governance

- There has been increased focus on this area. Clinical governance was further strengthened with the addition of a part-time staff member to support work on the reporting and investigation of clinical incidents focused on patient care.
- Regular Morbidity and Mortality reviews are undertaken.
- A schedule has been established for audits across the Directorate. This is a key part of ongoing assurance processes.

COVID-19

- COVID-19 is a global pandemic and was one of the biggest challenges facing the Health Directorate in 2020/21. Support has been provided from all sections within the Directorate to provide resource to manage our response to COVID-19.

- In response to the COVID-19 pandemic, increased focus was directed on managing infectious disease outbreak:
 - Bradleys Complex was identified as a suitable site for both quarantine and isolation to enable the control of infectious diseases and was refurbished accordingly.
 - As part of the preparatory work in response to the COVID-19 pandemic, additional resources were procured including key clinical staff, medical supplies and equipment.
 - Staff within the Health Directorate have additional responsibilities as Proper Officers as defined under the Public Health (Prevention of Formidable Diseases) (Coronavirus) Regulations 2020.
 - Work has taken place on a COVID-19 Strategy, setting out the Directorate's response at 'Prevent, Contain and Delay' phases.

Dental Services

- The Dental service has expanded to include a community dental service which encompasses 6 monthly primary school screenings, classroom education sessions, annual screening for secondary school students and residential care homes.

Environmental Health Services

- The local fishing industry continued to be supported ensuring the continued safe processing of fish for the local market.
- Processes are being reviewed to support potential investment in the reestablishment of a fish processing factory to facilitate fish exports from St Helena.
- The inspectorate continues to engage with the Falkland Islands Government to ensure compliance of fishing vessels under the St Helena Flag.

Health Promotion

- The Health Promotion Strategic Framework sets a new direction in health promotion specifically to reduce the prevalence and incidence of non-communicable diseases (NCD), primarily cardiovascular and respiratory disease, type two diabetes, and cancer.
- Emphasis continues to be on creating an environment more supportive of health, alongside awareness and engagement.
- Tobacco Control Legislation was developed and has been passed for strong tobacco control measures, working towards achieving the World Health Organisation (WHO) Framework Convention on Tobacco Control.

- Partnerships established with merchants have been maintained, achieving a shift in supply and demand on island for sugar-free drinks.
- Schools and parents continued to be supported on healthier lunches for children.
- Brief intervention is embedded as part of patient consultations.
- The Health Directorate was a recipient of the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases Award for 2020 for the successful implementation of the Government-wide health promotion framework which helped the island achieve significant progress in reducing NCD risk factors.

Laboratory Services

- 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.

Medical Services

- The on island chemotherapy service was further developed to accommodate the increase in demand in this area.
- The breast cancer and cervical cancer screening programmes continued for high risk subpopulations.
- Joint replacement surgery was reduced during 2020/21 as a result of the COVID-19 travel restrictions delaying the return of the Orthopaedic Surgeon. Despite this setback, a service has been provided reducing the number of overseas referrals for these specific procedures.

Mental Health

- 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 provide specialised therapeutic services supporting the on island mental health team.
- Plans for a Psychiatric Intensive Care Unit (PICU) at the General Hospital received funding approval and it is anticipated the unit will be completed within the 2020/21 financial year.

Staffing Achievements

- The Directorate continues to invest in the development of its staff. For example:

- Staff Nurses Jayne Adams-Duncan and Maureen Ellick were promoted to Senior Staff Nurses within the St Helena General Hospital.
- Staff Nurse Anna Thomas completed a BSc in Nursing Studies.
- Mr Kyle Francis completed a BSc in Biomedical Science and has obtained a position in the Laboratory at the General Hospital.

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.

The focus of the Directorate is on the management of both non-communicable diseases and infectious diseases. The Directorate is facing increasing challenges in relation to increased demand for services and higher acuity of cases. It is the Directorate's aim over the coming three year period to better understand these challenges, collect appropriate baseline data and to develop long-term strategies for the island's health service.

COVID-19 will continue to be a challenge for the Health Directorate (and indeed the world). The Directorate will ensure that all measures to provide the Directorate's response are in place for the current 'Prevent' stage and that robust plans are in place in preparation for 'Contain' and 'Delay' stages. Globally, the situation with COVID-19 continues to evolve and so too must the Directorate's Strategy for COVID-19. It is acknowledged that the Directorate's response to COVID-19 must be a priority and that resource within the Directorate will need to be diverted to this area of focus. For this reason, in some areas of our planning, the Directorate has taken a conscious decision that rather than growing some services, the intention will be to maintain appropriate levels of service so that resource can be diverted to the Directorate's COVID-19 response.

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 work in preventative care, both communicable and non-communicable disease management, health promotion and community engagement. It will include embedding the Tobacco Control Legislation with stakeholders and a strengthened smoking cessation service. It will continue to plan and develop our preparedness to respond to global health threats.

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 FCDO, PHE and WHO is integral to the health improvement programmes as is the partnership with Mauritius to advance the MOU which due to COVID-19 was delayed.

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>DIRECTORATE PRIORITY ONE</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>DIRECTORATE PRIORITY TWO</p> <p>Expand preventative healthcare services and promote healthy lifestyles for everyone</p> | <p>DIRECTORATE PRIORITY THREE</p> <p>Protect the population from clinical, environmental and other health threats and emergencies</p> |
| <p>DIRECTORATE PRIORITY FOUR</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>DIRECTORATE PRIORITY FIVE</p> <p>Provide access to specialist and tertiary care in a sustainable and affordable manner</p> | <p>DIRECTORATE PRIORITY SIX</p> <p>Ensuring that our existing and emerging health workforce needs are adequately met</p> |
| <p>DIRECTORATE PRIORITY SEVEN</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 |
|---|--|---|--|---|--|-------------------------------|
| 1- Maintain equitable and proportionate local access to a range of health services in partnership with the community for all and the most vulnerable | | 5-1-2 ensure access to affordable health care and associated support services | | 5-1 improve the health of the community | | 5-Altogether healthier |
| 2- Expand preventative healthcare services and promote healthy lifestyles for everyone | | 5-1-1 maintain efforts to reduce prevalence of non-communicable diseases | | 5-1 improve the health of the community | | 5-Altogether healthier |
| 3-Protect the population from clinical, environmental and other health threats and emergencies | | 5-1-3 protect the population from clinical and environmental health threats | | 5-1 improve the health of the community | | 5-Altogether healthier |
| 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 | | 5-Altogether healthier |

| | | | | | | |
|--|--|---|--|---|--|-------------------------------|
| 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 | | 5-Altogether healthier |
| 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 | | 5-Altogether healthier |
| 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 | | 5-Altogether healthier |

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 | | |
| | | | | 2021/22 | 2022/23 | 2023/24 |
| Maintain access to services | Senior Medical Officer | Percentage of doctor led country clinics open against scheduled opening times | Baseline to be established. | 90% | 90 % | 90 % |

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 | | |
|---|------------------------|---|--|---|--------------------------|--------------------------|
| | | | | 2021/22 | 2022/23 | 2023/24 |
| Reduce number of patients on dental clinic waiting list | Senior Dental Officer | Waiting time for the construction of new dentures to be maintained at less than 6 months | Baseline to be established | 80% | 80% | 80% |
| Ensure persons with a registered disability are accessing health services. | Senior Medical Officer | Percentage of persons with a registered disability that access a health care professional at least once per year. | 80% | 80% | 80% | 85% |
| Ensure appropriate provision of elective surgeries | Theatre nurse | Waiting time for elective surgery maintained at less than 18 weeks for patients who are fit for surgery. | Baseline to be established | Less than 18 weeks | Less than 18 weeks | Less than 18 weeks |
| Ensure appropriate provision of routine doctor outpatient clinics | Senior Medical Officer | Waiting time for routine doctor led outpatient appointments maintained at less than 10 working days | Baseline to be established | 90% | 90% | 90% |
| Ensure a suitable, reliable and functioning patient information management system is in place | Senior Medical Officer | Suitable system in place | Contingency arrangements for EMIS/ Patient Source need to be in place. | Suitable system agreed and under implementation | System fully operational | System fully operational |

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 | | |
|--|--------------------|--|------------------|--|---------------------------------|---------|
| | | | | 2021/22 | 2022/23 | 2023/24 |
| Establish secure acute mental health facility to care for acute mental | Director of Health | Establishment of an acute mental health facility within the General Hospital | Funding secured, | Construction of unit within the General Hospital 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 | | |
|--|----------------------------|--|----------------------------|-----------------------------|-----------------------------|-----------------------------|
| | | | | 2021/22 | 2022/23 | 2023/24 |
| Provide brief intervention training covering smoking, weight , alcohol, diet, exercise | Practice Development Nurse | Percentage of staff who have patient contact trained in brief intervention | 63% | 10% improvement on baseline | 15% improvement on baseline | 20% improvement on baseline |
| Provide a smoking cessation service within the health services | Health Promotion Lead | a) Percentage of Carbon Monoxide (CO) validated quit success rates at 4 weeks among clients who set a quit date. | Baseline to be established | a) 25% | a) 25% | a) 30% |
| | | b) Percentage of all self-reported quits to be verified by means of CO measurement. | Baseline to be established | b) 80% | b) 80% | b) 80% |

| | | | | | | |
|---|---------------------------|---|---------------------------------|--|---|---|
| Develop a patient record that ensures accurate capture of BMI | Clinical Governance Lead | Patient record in place that ensures capture of BMI for all outpatients seen | BMI data not routinely captured | 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 height, weight and BMI of children in reception, year 6 and year 9. | Community Nursing Officer | a) Percentage of school children in reception, years 6 and 9, who have parental consent to have an annual weight screening completed | 98% | a. >90% | a) >90%. | a) >90% |
| | | b) % of parent/guardian engagement with weight management programme for children identified as requiring weight management intervention | Baseline to be established | b. 50% | b) 60% | b) 60% |

Directorate Priority: Health Directorate priority three

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

| Action | Owner | Performance Indicator | Baseline | Target | | |
|---|-------------------------------------|--|---|---------------------------------------|---------------------------------------|---------------------------------------|
| | | | | 2021/22 | 2022/23 | 2023/24 |
| Strategies in place to respond to COVID-19 | Senior Medical Officer | Health Strategy for COVID-19 approved by Incident Executive Group (IEG) | <i>Strategy approved and in place.</i> | <i>Review and update as necessary</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 | <i>To be established</i> | 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. | 60% of planned audits completed | 70% of planned audits completed |
| Port health clearance conducted as scheduled. | Senior Environmental Health Officer | 100% of planned port health clearance conducted | 100% | 100% | 100% | 100% |
| Requested pest control services delivered within 10 working days | Senior Environmental Health Officer | Maintain >70%of requested pest control services delivered within 10 working days | 85% | 70% | 70% | 70% |
| 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% | 100% |
| Maintain food and water laboratory service accreditation | Senior Biomedical Scientist | Maintain UKAS accreditation of the food and water laboratory | 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 | | |
|--|------------------------|--|----------|-------------------------|---------|---------|
| | | | | 2021/22 | 2022/23 | 2023/24 |
| 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)<50% | c)<40% | c)<30% | c)<20% |
| | | 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 | | |
|--|--------------------|---|---|---|---|---|
| | | | | 2021/22 | 2022/23 | 2023/24 |
| 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 | TBC | 90% | 90% | 90% |
| Explore opportunities for partnership | Director of Health | MOU in place with Mauritius Government and under implementation | <i>Discussions with Mauritius Government paused due to COVID-19 and travel restrictions</i> | <i>MOU with Mauritius Government signed</i> | <i>Training opportunities commenced (number to be confirmed following signature of MOU)</i> | <i>Patients treated in Mauritius. (number to be confirmed following signature of MOU)</i> |
| Telehealth patients who require specialist interventions, not available on St Helena, but available remotely, have access to remote consultation | SMO | a) Tele-psychiatry – Percentage of patients assessed as requiring specialised psychological interventions, that have access to a remote consultation within 6 weeks | <i>Baseline to be established</i> | 80% | 80% | 80% |

| | | | | | | |
|--|--|---|---|--|---|---|
| | | b) Policy for telemedicine in place and appropriate SOPs drafted. | <i>Review of telemedicine policy completed. Key SOPs identified</i> | <i>Review and revision of Policy, as required. Identified SOPs in place.</i> | <i>Review and revision of Policy and SOPs, as required.</i> | <i>Review and revision of Policy and SOPs, as required.</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 | | |
|---|--------------------|--|----------|---------|---------|---------|
| | | | | 2021/22 | 2022/23 | 2023/24 |
| 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 | | |
|--|--------------------------|--|----------|---------|---------|---------|
| | | | | 2021/22 | 2022/23 | 2023/24 |
| Raise public awareness of health feedback system | Clinical Governance Lead | Percentage of contact points with feedback forms for service users | 70% | 80 % | 80 % | 80 % |

| | | | | | | |
|---|--------------------------|--|-----|-----|-----|-----|
| 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. | 89% | 90% | 90% | 90% |
|---|--------------------------|--|-----|-----|-----|-----|

7. Financial projections:

The table below shows the Directorate's 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 | 2021/22 £'000 | 2022/23 £'000 | 2023/24 £'000 | Directorate Priority | Policy Priority |
|-------------------------|--------------------|------------------|------------------|------------------|--|--|
| Administration Services | 23-2300 | 380,000 | 380,000 | 380,000 | Supports all 7 of the Directorate's priorities ie: <ol style="list-style-type: none"> 1. Maintain equitable and proportionate local access to a range of health services in partnership with the community for all and the most vulnerable 2. Expand preventative healthcare services and promote healthy lifestyles for everyone. 3. Protect the population from clinical, environmental and other health threats and emergencies. | 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 |

| | | | | | | |
|------------------|---------|-----------|----------|-----------|---|---|
| | | | | | <ol style="list-style-type: none"> 4. Tackle the high prevalence and incidence of chronic long-term conditions among the population (diabetes, hypertension and kidney disease in particular). 5. Provide access to specialist and tertiary care in a sustainable and affordable manner. 6. Ensure that our existing and emerging health workforce needs are adequately met. 7. Improve community engagement and patient experience of the local health service. | environmental threats. |
| Medical Services | 23-2301 | 1,560,569 | 1560,569 | 1,560,569 | <ol style="list-style-type: none"> 1. Maintain equitable and proportionate local access to a range of health services in partnership with the community for all and the most vulnerable. 2. Expand preventative healthcare services and promote healthy lifestyles for everyone. 3. Protect the population from clinical, environmental and other health threats and emergencies. 4. Tackle the high prevalence and incidence of chronic long-term conditions among the population (diabetes, hypertension and kidney disease in particular). 5. Provide access to specialist and tertiary care in a sustainable and affordable manner. 6. Ensure that our existing and emerging health workforce needs are adequately met. | <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> |

| | | | | | | |
|------------------------------|---------|-----------|-----------|-----------|---|---|
| | | | | | 7. Improve community engagement and patient experience of the local health service. | |
| Acute Services | 23-2302 | 926,286 | 930,962 | 929,006 | <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>3. Protect the population from clinical, environmental and other health threats and emergencies.</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>5.1.2 – 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 | 1,700,000 | 1,700,000 | 5. Provide access to specialist and tertiary care in a sustainable and affordable manner | 5.1.2 – Ensure access to affordable healthcare and associated support services. |
| Primary Health Care Services | 23-2304 | 256,911 | 256,945 | 257,977 | <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>4. Tackle the high prevalence and incidence of chronic long-term conditions among the population</p> | <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>(diabetes, hypertension and kidney disease in particular.</p> <ol style="list-style-type: none"> 6. Ensure that our existing and emerging health workforce needs are adequately met. 7. Improve community engagement and patient experience of the local health service | 5.1.3 – Protect the population from clinical and environmental threats |
| Dental Services | 23-2306 | 146,459 | 146,459 | 146,459 | <ol style="list-style-type: none"> 1. Maintain equitable and proportionate local access to a range of health services in partnership with the community for all and the most vulnerable. 2. Expand preventative healthcare services and promote healthy lifestyles for everyone. 6. Ensure that our existing and emerging health workforce needs are adequately met. 7. Improve community engagement and patient experience of the local health service. | <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> |
| Environmental Health Services | 23-2307 | 205,271 | 205,278 | 205,302 | <ol style="list-style-type: none"> 3. Protect the population from clinical, environmental and other health threats and emergencies. 6. Ensure that our existing and emerging health workforce needs are adequately met. 7. Improve community engagement and patient experience of the local health service. | 5.1.3 – Protect the population from clinical and environmental threats |

| | | | | | | |
|-----------------------------------|---------|-------------------|-------------------|-------------------|--|---|
| Laboratory Services | 23-2308 | 353,464 | 353,464 | 353,464 | <ul style="list-style-type: none"> 3. Protect the population from clinical, environmental and other health threats and emergencies. 4. Tackle the high prevalence and incidence of chronic long-term conditions among the population (diabetes, hypertension and kidney disease in particular. 6. Ensure that our existing and emerging health workforce needs are adequately met. 7. Improve community engagement and patient experience of the local health service. | <ul style="list-style-type: none"> 5.1.1 Maintain efforts to reduce prevalence of non-communicable diseases. 5.1.3 – Protect the population from clinical and environmental threats |
| Mental Health Services | 23-2310 | 134,826 | 134,899 | 135,016 | <ul style="list-style-type: none"> 1. Maintain equitable and proportionate local access to a range of health services in partnership with the community for all and the most vulnerable. 2. Expand preventative healthcare services and promote healthy lifestyles for everyone. 6. Ensure that our existing and emerging health workforce needs are adequately met. 7. Improve community engagement and patient experience of the local health service. | <ul style="list-style-type: none"> 5.1.2 – Ensure access to affordable healthcare and associated support services. 5.1.3 – Protect the population from clinical and environmental threats |
| Total Recurrent Allocation | | £5,663,786 | £5,668,576 | £5,666,792 | | |

8. Workforce plan:

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

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 Directorate's Risk Register is shown as an Appendix to this Directorate Strategy and Delivery Plan.