



A Summary of the St Helena Joint Strategic Needs Assessment 2022

Introduction

The effects of the global COVID-19 pandemic have been felt across the world in all areas of society in the last 2 years. A small remote island, St Helena faced increased isolation due to global and local travel restrictions and needed to redeploy scarce resources to deliver its COVID-19 response. Before the pandemic, the Strategic Framework for Health Promotion identified obesity and smoking as key targets to improve health. Now in 2022, it is important for us to know what factors affect how long we live and how well people live in St Helena, in order to prioritise what we can do to make us all healthier? To answer these questions, a Joint Strategic Needs Assessment (JSNA) has been undertaken jointly by the St Helena Government Health and Social Care Portfolio and the UK Health Security Agency UKOTs Public Health Programme, which is funded by the Foreign Commonwealth and Development Office through the Conflict, Stability and Security Fund (CSSF).

What is a Joint Strategic Needs Assessment (JSNA)?

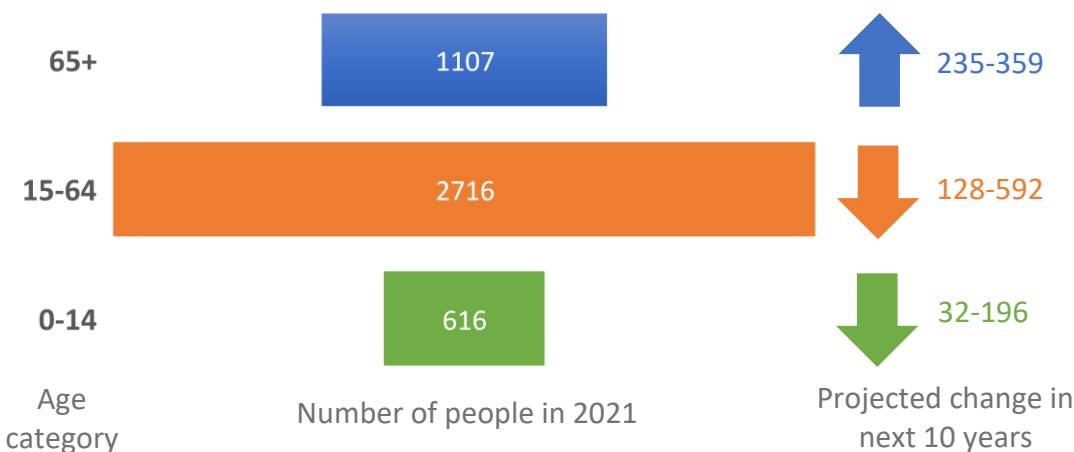
A JSNA brings together leaders in health, social care and the things that affect health to review the evidence on what influences health for good and bad locally and identify priorities for action. The evidence included in this JSNA includes available population-level data from health, social care and other St Helena Government departments, and a series of interviews with people working in key topic areas. This summary describes the findings from this evidence and makes priority recommendations for action. The next stage of the JSNA will consult public opinion on the findings from this evidence.

The population, length & quality of life



There are 4,439 people on St Helena, most of whom were born there (1). There are slightly more men (2,247) than women (2,192).

St Helena has an 'ageing population' because of a combination of a falling number of births, people leaving the island for work opportunities, and increasing life expectancy. In 2021, 1 in 4 people was aged 65 or older and 1 in 2 aged over 51.4 (1). In the most recent global data, only one country has a higher median age than St Helena (2).

51.4 Median (average) age in 2021
↑ 4 years Change since 2016



The number of people aged 65 and over, who are less likely to be working and therefore more likely to be financially dependent on government or family, is high compared to the number of people of working age, between 15 and 64 years. This pattern is expected to worsen over the next 10 years (3). Depending on levels of migration in and out, the number of people aged 65 and over is projected to increase by 2031, probably by around 350. The number of adults of working age will decrease, as will the number of children.

	74	Estimated life expectancy at birth in 2021	81	
	60	Estimated healthy life expectancy at birth in 2021	60	



With increasing age, fewer people report being in good health and more people report having a disability that interferes with daily life (1). Averages across St Helena suggest that men can expect to live roughly 14 years in poor health and women 21 years, the gap between healthy life expectancy and life expectancy. Combined with the ageing population, this means there are large numbers of people living in or at risk of poor health.


Common health conditions

2/3 of all deaths, preventable deaths and treatable deaths in the last 20 years were caused by cardiovascular diseases, diabetes and cancers

Cardiovascular diseases

Cardiovascular diseases are diseases of the heart and blood vessels. The most common are ischaemic heart disease (IHD), stroke, and peripheral vascular disease (PVD), which affects blood vessels in the limbs and can lead to amputation.

 IHD was the single leading cause of death in the last 20 years and is a major reason for hospital admission, outpatient appointments, and overseas health referrals. About 1 in 5 overseas health referrals between April 2018 and December 2021 were for heart disease, including IHD.  Amputation for PVD and disability after stroke have resulted in high-level long-term care needs.

High blood pressure, smoking and diabetes all damage blood vessels and increase people's risk of developing cardiovascular disease. Overweight and physical inactivity also increase risk. These factors together cause high levels of cardiovascular disease, and high levels of kidney disease. 

51% of adults aged 30-79 years were prescribed at least 1 medication for high blood pressure in 2021

Treatment for high blood pressure and existing disease reduces the risk of future cardiovascular events. There is no established reliable system to ensure that people on medications are in regular follow-up, raising concerns that people are not achieving the treatment targets that reduce their risk. To begin to tackle this, the health service has made regular medical review mandatory before renewing a repeat prescription.

Diabetes

37% of adults aged 65-79 years were prescribed at least 1 medication for diabetes in 2021

Diabetes is common and rates increase with age. Overall, 24% of adults aged 20-79 years took a medication for diabetes in 2021. Although small numbers make comparisons difficult, the high prevalence of diabetes cases and deaths seen on St Helena are mainly found around the world in small island states (4). Most diabetes is type 2 diabetes, whose major risk factors are being overweight, physically inactive and smoking. Diabetes causes blood sugar levels to become too high. Over time, high blood sugar levels damage blood vessels. Damage to big blood vessels can lead to heart attacks (IHD), strokes or PVD. Damage to small blood vessels can lead to eye disease, nerve disease and kidney disease. Because of this, diabetes can lead to blindness, amputations and/or needing renal dialysis. In St Helena:



Heart attacks, strokes, and kidney disease, often due to diabetes and/or high blood pressure, are common.



Amputations for diabetic foot disease because of damage to nerves and blood vessels in the legs are a major cause of increasing social care needs.



6 people are already registered as blind or partially sighted due partly or wholly to diabetic eye disease.

These risks of damage to blood vessels and other organs are greatly reduced if blood sugar levels are well controlled. Control is mainly measured by regular blood tests for HbA1c. Poorly controlled diabetes appears to be common, resulting in emergency admissions to hospital, admissions to residential care and high rates of complications of diabetes.

Cancer



Lung cancer

Bowel cancer

Leading causes of cancer deaths in the last 20 years

Breast cancer



Over 1 in 5 (22%) of all deaths in the last 20 years were due to cancer. The four cancer types that caused the most deaths are lung, bowel, stomach, and pancreas. All four are more likely to develop in people who smoke or are overweight. More than three quarters of deaths due to lung and bowel cancer were in men, and men in St Helena are more likely to smoke than women. Continued support to help smokers to quit is therefore crucial to reducing the number of cancer cases.

Screening aims to detect cancer early, before symptoms develop, and so improve treatment outcomes. Cervical and breast cancer screening are offered by the gynaecology and radiology departments respectively. Manual processes are used for patient identification and call-up, meaning uptake data is not available.

Cancer treatment services have expanded, and on-island chemotherapy is now available. Cancer is a leading reason for overseas health referrals (26% between April 2018 and December 2021). The cancer support service, funded by donations, can also provide financial support for on- and off-island treatment.

Other diseases causing a high burden of ill health



Lung disease is less common than CVD, diabetes or cancer, but there is a significant burden of chronic obstructive pulmonary disease (COPD), most of which is due to smoking. Roughly 1 in 10 adults (aged 17+) had a prescription for asthma or COPD in 2021. Almost three quarters of deaths due to COPD in the last 20 years were in men, who are more likely to smoke.

Anxiety and depressive disorders account for almost 4 in 10 contacts (38.4%) with the adult mental health team (March 2020-September 2021). Roughly 1 in 10 adults had a prescription for an anti-depressant in 2021.

Other conditions which are more common with increasing age and are related to major risk factors appear to be increasingly common and causing significant social care needs. These are:



Dementia, which has many of the same risk factors as cardiovascular disease.



Falls and fragility fractures due to **osteoporosis**, whose risk factors include smoking and diabetes.





Osteoarthritis, which may lead to joint replacements and short-term care needs during rehabilitation. Being overweight is a significant risk factor for osteoarthritis.

Comorbidity, when people have multiple health conditions, appears to be a significant contributor to worse outcomes for people, such as hospital admissions and to needing home or residential care.

Major risk factors

Many of the common health conditions are preventable by addressing risk and other factors that influence health. These major risk factors have driven much of the rise of non-communicable diseases (NCDs), such as cardiovascular diseases, diabetes and cancer, across the world and in St Helena.

Overweight and obesity

	1 in 4 children in Reception (27%) and Year 6 (27%) was overweight or obese in 2020
	1 in 2 pregnant women (53%) was obese between April 2020 and December 2021

Overweight and obesity is likely to be driving the high incidence of type 2 diabetes. Overweight and obesity have many ill effects on health, including contributing to high rates of cardiovascular disease, some cancers and osteoarthritis. Physical inactivity and poor diet are driving this obesity epidemic.

Diet and food availability

Saints describe food as a “social currency” and that feeding others is seen as an expression of care. But changing availability and types of food mean that people are eating too many calories and too much processed food. This box compares people’s descriptions of typical diets on St Helena with key recommendations in Public Health England’s Eatwell Guide (5).

Eatwell Guide	<i>Reported typical dietary features on St Helena</i>
Eat at least 5 portions of a variety of fruit and vegetables every day	<i>Only 1 in 10 people eats 5 portions of fruit and vegetables per day (2019 Survey)</i>
Base meals on potatoes, bread, rice, pasta or other starchy carbohydrates; wholegrain where possible	<i>People feel the carbohydrate content of diets is high</i>
Have some dairy or dairy alternatives; choosing lower fat and lower sugar options	
Eat some beans, pulses, fish, eggs, meat and other proteins (including 2 portions of fish per week)	<i>Meat dominates protein content, with less fish and little beans or pulses</i>
Choose unsaturated oils (such as vegetable, rapeseed and olive oil) and spreads and eat in small amounts	
Drink 6-8 cups/glasses of sugar-free fluid a day	<i>1 in 2 people add extra sugar to their food or drink every day (2019 Survey) Energy drinks, which are high in sugar, are popular among young people</i>
If consuming foods and drinks high in fat, salt or sugar have these less often and in small amounts	<i>Processed foods high in fat and salt are eaten often and in large amounts Desserts are eaten frequently, often daily</i>
Only eat as much as you need; typical adults need 2000(women)–2500kcal(men) per day in food and drink	<i>Portion sizes are usually too large</i>

People think low availability and high cost of healthy food, particularly fresh produce, is a major driver of poor diets. Low fresh food production on-island is supplemented by imports, but these are unreliable in timing. Some people improve their access to fresh produce through home fruit and vegetable gardens or via an informal network of sales and swaps. It appears to be easier for people of higher socio-economic status to use these options to maximise their fresh food supply and financially cope with fluctuations in supply.

People’s suggestions for improving the availability and use of healthier options include

- Increase on-island production of fresh food, with recent work on salad production in poly-tunnels a positive example
- Chill all fresh produce in store to improve its shelf-life

- Provide nutritional or cooking classes to increase use of dried, frozen and tinned fruit, vegetables, beans and pulses
- Explore innovative options to control, regulate or incentivise food imports to increase healthier options

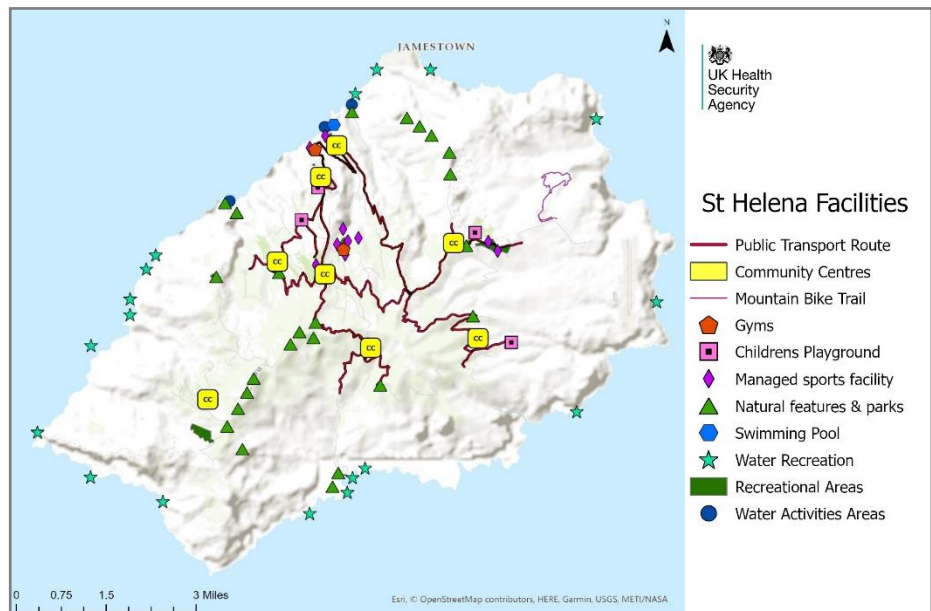
Physical activity



People have become less physically active with increasing numbers of sedentary jobs and an increasing reliance on cars over walking. In a 2019 survey, almost one third of participants had walked for less than 1 hour total in the previous week at any pace. Adults are recommended to do between 2.5 and 6 hours of moderate intensity activity (which would include brisk walking) per week (6).

The natural environment is a great resource for free physical activity, but the steep slopes (see picture) make hiking challenging for people without good mobility and people say swimming in the sea is under-used.

There are a number of well-supported groups, clubs and group classes which support and enable physical activity. There are more sports clubs for men than women, particularly in team sports. Some venues, such as the football pitch and some community centres and playgrounds, need maintenance. People feel opportunities for physical activity tend to be on the west side of the island, and are therefore harder to reach from the east, particularly without a car. The map shows that the major sites for classes and clubs are mostly in the northwest. Sites for outdoor hiking and swimming are widely dispersed but largely accessible only by car or walking over challenging terrain.



Smoking



Smoking causes many harms, including cardiovascular disease, type 2 diabetes, COPD and some cancers. These effects are seen in St Helena, especially in men, who are more likely to smoke (1). The high number of young adults taking up smoking is concerning for the future. It also increases risks to child health through smoking in pregnancy and exposure to smoke at home.

St Helena has received a UN award for its work in line with the Framework Convention on Tobacco Control, a global public health treaty that sets out measures to reduce tobacco use and harms. Tobacco tax was raised in 2019. Implementation of the Control of Tobacco and Related Products Ordinance, which includes legislation to protect adults and children from second-hand smoke and ban tobacco advertising, will begin in late 2022. A new stop smoking service is planned and will, from late 2022, support current smokers to quit.

Drinking alcohol

	Estimated recorded alcohol consumption 2017-21 per drinker aged 15+	18 units per week
	NHS recommended maximum	14 units per week

Most people interviewed for the JSNA said higher than healthy alcohol consumption is frequently normalised, for example in community events and through advertising. Alcohol is often sold without age checks and can be sold at any time. Beer and locally-produced spirits in particular are relatively cheap. Over half of the alcohol bought or imported (recorded alcohol consumption) in the last 4 years was in spirits. The drink-driving limit is higher than any other country with a limit (7), and even at this level, at least 40% of roadside breath tests in the 2020 Drink-Drive Awareness Campaign resulted in drink-driving charges (8).


Alcohol misuse contributes to a significant amount of social services and police work, for example through alcohol-related crime, including domestic violence, and alcohol misuse contributing to increasing care needs in people with other chronic health conditions. Long-term alcohol misuse brings many increased health risks. Although we do not know alcohol's exact contribution, these include some of St Helena's most common health conditions, such as high blood pressure, stroke, breast and bowel cancer. There is no specialist alcohol support service on-island.

Key influences on health at different ages

The conditions we live in significantly affect our health and wellbeing, and these vary at different stages in our life course. The JSNA identified the following main influences at different ages.

Children and Young People

Overweight and obesity in pregnancy and childhood increase serious health risks, such as high blood pressure, cardiovascular disease, type 2 diabetes and asthma, from birth through to adulthood. Typically, children's portion sizes are too large and they eating more processed food and drinking more sugary drinks. A shortage of safe playgrounds reduces opportunities for physical activity and development in young children.

31% of 5 year olds had visibly obvious tooth decay in 2020 

Tooth decay is common because of a combination of high sugar intake and poor care of teeth. Many young children do not have their teeth brushed at home and are not taken to the dentist, both of which should start when the first tooth comes through.

Some people are concerned that low **aspiration** and few **leisure activities** make young people more likely to take up risky behaviours, such as drinking alcohol. Fewer organised activities and less focus on outdoor and life-skilling activities, for example the pause in the on-island Duke of Edinburgh Award Scheme since 2020, are likely to significantly contribute to this trend.

Working Age Adults

Work is a significant influence on health. International research has identified that difficulty finding work, low wages and little control at work are key factors as all increase longer-term stress, which is likely to worsen health. In St Helena, unemployment is low compared to many countries at 3.6% in 2021 (1). The most recent Minimum Wage review has proposed an increase through a three-year implementation schedule beginning in 2022. Poor **working conditions** are a concern, particularly in the private sector. Poor working conditions may put people at risk because of poor health and safety measures or make it difficult for people to take sick leave, for example to access healthcare appointments. The small community and limited employment options may increase people's fear of raising concerns about working conditions.

Emigration of working age adults is a challenge for funding the health and care system. Parental absence may negatively affect the wellbeing of children left behind. Increasing incentives to stay on island may therefore have a positive effect on health. Major incentives for emigration appear to be limited employment opportunities and a desire for higher wages, partly to fund an expectation of building one's own house.

Poor diet, being physically inactive, smoking and alcohol misuse are all concerns. The highest rates of smoking are seen in working age adults, particularly in men, people who are unemployed and people working in trades such as building, metal work or electrics and in elementary occupations such as construction and agricultural labour.

Access to the mental health team is a strength, but there is some demand for **low-level support before specialist mental health input to help people in times of greater stress**, such as after a bereavement or adjusting to a new personal or family member's disability.

Older Adults

Older adults are more likely to have **low literacy levels**; 80% of over 50 year olds do not have GCSE-equivalent qualifications in English and Maths (1). Many therefore need additional support to understand health information.

Older adults are likely to be at greatest risk of facing **a combination of low income, ill health and/or limited mobility** that increases inequality. For example, people with limited mobility and poor health are reliant on comparatively expensive taxis or cars instead of the bus to attend more frequent medical appointments.

Many houses and flats are not suitable for or would be very expensive to adapt for limited mobility or disability. There is therefore a growing need for **suitable housing supporting older adults with mobility needs to live at home**. Most houses (88%) do not have a smoke alarm and some (15%) use wood as a primary cooking fuel, which may increase indoor air pollution (1). Older adults are likely to be more vulnerable to the effects of pollution or less warning time if a fire occurs.

Health inequalities

Health inequalities are avoidable, unfair, systematic differences in health between different groups of people. Health inequalities may be found by socio-economic factors, geography, specific characteristics or excluded groups. People interviewed for the JSNA identified these major sources of health inequality on St Helena.

People with lower incomes are less likely to have a good diet and more likely to experience finance-related stress, both of which negatively affect health. They are also more likely to have difficulty accessing healthcare because they have least resources for the costs of healthcare, such as healthcare fees, transport costs and time off work. This negatively affects routine and preventive care in particular, such as HbA1c monitoring in diabetes and preventive dental care.

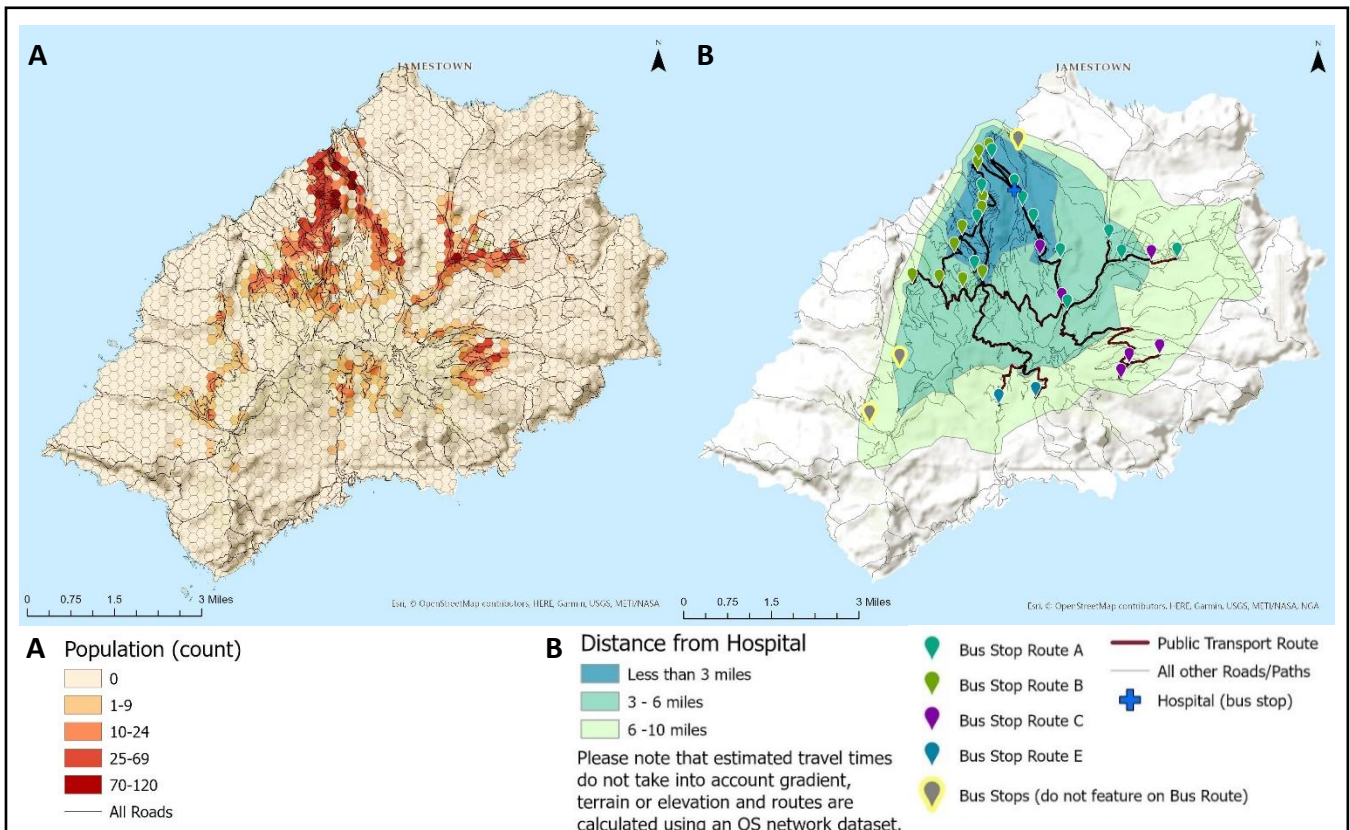


People with disabilities are more likely to face stigma, more likely to be socially excluded and more likely to experience physical barriers to accessing resources for health such as education, employment and healthcare. Work to develop inclusive community and adapt buildings, such as by installing access ramps, is beginning to reduce some of these inequalities.

People in the criminal justice system are often vulnerable to ill health. Highlighted risks to health in St Helena are the old prison building and the challenges facing rehabilitation after release, for example in housing provision for vulnerable adults and obtaining employment. People were positive about access



People who live on the east side of St Helena have lower access to opportunities for physical activity and greater costs of transport to healthcare. The maps show where most people on St Helena live and estimated distances from the hospital, where 84% of doctors' appointments are. The distance categories reflect bus ticket price categories.



Safeguarding

There has been considerable work and progress in both staff training and community awareness in relation to risks and safeguarding actions and responsibilities since the 2015 Wass Inquiry Report. Specific campaigns have focussed on sexual abuse and exploitation of young people and domestic violence. Internal and external reports have been positive about the impacts of these campaigns and training. People interviewed for the JSNA recommended this ongoing work specifically addresses online safeguards to minimise the risks of online bullying and grooming to prepare for increased internet use when the Fibre Optic Cable Project is completed. Children living in poverty are likely to be more at risk of adverse childhood experiences (ACEs) such as family break up, domestic violence or alcohol misuse. People are concerned domestic violence is under-reported and affecting the health and wellbeing of a significant number of women and children. Children who experience ACEs, particularly multiple ACEs, face increased lifetime risks to health, wellbeing and life opportunities.

The health and social care system

	Saint Helena (Year)	2019 OECD average (range)
Number of doctors on island per 1000 people	2.3 (May 2022)	3.6 (2.0-6.2)
Target* number of nurses and midwives on island per 1000 people (in hospital, community, dentistry and mental health)	10.2 (May 2022)	8.8 (1.4-18.0)

Outpatient doctor's appointments per person per year	2.5 (2021)	6.8 (1.9-16.6)
Hospital beds per 1000 people	6.3 (2022)	4.4 (1.0-12.8)

* In May 2022, 69% of all nursing and midwifery roles (full or part-time) were filled and nurses in post, 20% were appointed but yet to start and 11% vacant. The appointed staff will bring nursing and midwifery numbers to just above the OECD average. Vacancies are in hospital and community nursing roles.

The 2019 OECD averages are provided for comparison, not as a standard. The 38 included countries have different health systems with different populations, staffing roles, data collection methods and payment systems which will influence these statistics. For example, outpatient doctor's appointments do not include appointments with specialist nurses and nurse practitioners. In St Helena, appointments with the community psychiatric nurses are therefore not included in these numbers, but in some countries, the appointment might be with a GP and be included in doctor appointment figures.

St Helena's isolation and small population means the economies of scale possible in larger health systems are not feasible. This may mean some on island needs are greater and means support and advice from health specialists has to be given remotely or via periodic visits to the island. Specialists are therefore not captured in the staff numbers above, but in person doctor's appointments are included. It is estimated that a typical year will feature 6-8 specialist visits, but the COVID-19 pandemic has limited visits over the last two years. Increased internet bandwidth in the future due to the Fibre Optic Cable Project will be an opportunity to increase remote access to specialists.

In 2021, adult social care received roughly 2 new referrals per week and children's social care roughly 4 new referrals per week. All adult residential facilities were at 100% occupancy at end 2021; the Community Care Complex (CCC - residential care), Cape Villa & Deasons (sheltered accommodation) and Piccolo Hill (supported accommodation for adults with learning disability). There is a waiting list for respite care to support those being cared for at home by informal carers, often family members.

Strengths and assets

The people of St Helena are an important positive resource for health and wellbeing. Family and community networks provide practical support, social support and relationships, and are routes for sharing ideas, news and achievements. Members of the community also run clubs, groups, events and classes, often using network of community centres.

Work in the last 3 years to develop the measures in the World Health Organization's Framework Convention on Tobacco Control on St Helena is award-winning. Implementation of the Control of Tobacco and Related Products Ordinance and a new stop smoking support service will begin in 2022.

St Helena began a 'whole systems approach to obesity' project in October 2021. A working group, supported by UK experts, are leading workshops with a group of island stakeholders to understand the drivers of obesity and identify actions that should be taken to reduce overweight.

It is not possible to list every person and organisation on St Helena who are working to improve the conditions in which people live and work and therefore improve health. These are a few of highlights described by people interviewed for the JSNA which link to some of the main areas of need:-

- The Equality and Human Rights Commission, the Labour Regulatory Authority and St Helena Government working on [improving working conditions](#)
- St Helena's Active Participation in Enterprise (SHAPE) providing [training opportunities for people with disabilities and fighting social exclusion](#)
- [Increasing targets and achievements in Education](#)

- The Housing Department has made a health a criteria in all planning decisions and has undertaken a number of [adaptations to increase accessibility](#)

The health and social care system has developed new services in the last few years to meet important areas of need. A few highlighted developments are:-

- Work by the [Dental Hygienist](#) explaining dental plaque scores and raising awareness of dental health
- School nurses providing [wellbeing and sexual health support in school](#) so it is easier for young people to access
- [On-island chemotherapy](#) so some patients with cancer can receive treatment at home
- [Community Care Officers](#) to help vulnerable adults cope at home
- [Office of the Public Guardian](#) to protect adults who do not have the mental capacity to make decisions for themselves
- [Delivery of COVID-19 vaccines](#) to >95% of eligible people and developing [laboratory testing](#) processes for COVID-19

Priority recommendations

This evidence leads to the following recommendations for St Helena's people and St Helena Government as they aim to improve health for all in St Helena.

Give every child the best start in life

1. [Give children less sugar and provide balanced food for growth and a healthy weight](#)
Coordinate action across St Helena, involving all partners and residents and backing the whole systems approach to obesity action plan at all levels. Build healthy public policies and engage and support the community in order to deliver sustained behavioural change and new norms in diet. Key targets include supporting new mothers to breastfeed, increasing availability of affordable fresh food, and reducing children's sugar intake.
2. [Help children be physically active](#)
Coordinate actions across St Helena that build an environment that enables and supports greater physical activity. Support children to do a variety of physical activities, spend more time being physically active and less time being sedentary. Ensure young children have easy access to good quality accessible children's playgrounds. Encourage girls to participate in team sports.
3. [Prevent tooth decay](#)
Every child should have their teeth brushed every morning and evening and visit the dentist before their first birthday. Dental staff should work with early years settings and families to support toothcare.
4. [Prevent violence against women and children to provide a safe home environment](#)
Continue efforts to prevent domestic violence and create an environment where women facing domestic violence feel able to report and seek help remain a priority. Act to reduce harmful alcohol drinking and support financially vulnerable families will help deliver safe home environments.
5. [Protect children from the harmful effects of cigarette smoke](#)
Implement agreed laws to protect children from second-hand exposure to smoke. Support smokers, particularly pregnant women, to quit smoking.

Help people stay well for longer

1. [Keep people physically active](#)

Coordinate actions across St Helena that build an environment that enables and supports greater physical activity. Build on existing groups supporting physical activity to include more adults, particularly more women. Work with the community to identify activities and locations that will best cater for people with more limited mobility or who need low impact exercise, such as chair aerobics, tai chi or water-based exercise. Physiotherapy support for rehabilitation after disease, including stroke, surgery and falls, will be important to help some of the vulnerable stay as active and able as possible.

2. Reduce adult obesity and boost the positive effects of diet on health

Coordinate action across St Helena, involving all partners and residents and backing the whole systems approach to obesity action plan at all levels. Build healthy public policies and engage and support the community in order to deliver sustained behavioural change and new norms in diet. Key targets include supporting dietary management in diabetes and ensuring older adults are well hydrated with sugar-free drinks.

3. Maximise opportunities to detect and treat diseases early to improve outcomes

Review current screening programmes to understand uptake and identify any improvements in invitation and data processes that could be implemented. Explore whether other screening or early detection programmes, such as for abdominal aortic aneurysm (a cardiovascular disease), are supported by evidence and appropriate to implement.

4. Proactively manage chronic diseases, beginning with high blood pressure

Improve management of chronic diseases to reduce risks of further disease. We recommend an initial trial focussing on high blood pressure. Aim for all patients with high blood pressure to be offered a yearly blood pressure check against a named treatment target by 2024. The main steps in the model are

- Review the 2021 World Health Organization hypertension guidelines (9) and adapt for use in St Helena
- Train relevant primary care staff to use the adapted guideline
- Alter the hypertension database so that it automatically identifies patients due for routine review and patients not meeting treatment targets
- Engage patients in monitoring against treatment targets
- Set a feasible timeline and begin calling patients for review
- Evaluate progress and roll out the model with any improvements across other chronic diseases

5. Support people to quit smoking and reduce numbers of new smokers

Effectively implement the Control of Tobacco and Related Products Ordinance to make smoking less attractive and discourage new smokers. Establish an effective Stop Smoking Service to help people quit.

6. Help people manage sources of stress

Celebrate and continue St Helena's strength of community support. Continue work to improve working opportunities, conditions and pay. Explore ways to encourage open conversations about mental health. Address alcohol culture.

Give the most vulnerable equal access to health and care

1. Listen to the most vulnerable to help identify and solve barriers to access

Consult people with disabilities on barriers they face when using service and involve them in planning possible solutions or changes.

2. Prevent cost being a barrier to people engaging with preventive and routine healthcare

Identify where cost is a barrier to people engaging with care, such as prescriptions, blood tests and preventive dental care, that will prevent future ill-health. Develop creative solutions where needed to support good health at all incomes.

3. Ensure people in prison have access to healthcare

Develop a memorandum of understanding between the Prison and the Health and Social Care Portfolio on the health services that should be available to people in prison to ensure the current successes are maintained and built on.

4. Take services to people with greatest difficulty reaching the hospital

Review the location and timing of outreach clinics to best meet the needs of people with greatest difficulty reaching the hospital. Continue creative solutions that take services to the community, such as the pharmacy bus.

5. Support people with limited mobility to be mobile, physically and socially active

Explore potential solutions in public transport, disabled parking, road and pavement surfaces to better meet the needs of people with limited mobility. Provide rehabilitation support where applicable. Continue adaptations of buildings and increasing engagement in the community and the workplace.

Further recommendations for development or research

1. Develop and build on strategies to protect, retain, reward and develop the health and social care workforce

Many people interviewed for the JSNA described the health and social care workforce as a major asset for health but also discussed the challenges facing the workforce and strategies to support them in their roles. A summary of these discussions, including examples of positive interventions and suggestions of further improvements has been provided to St Helena Government to inform workforce strategy.

2. Develop information systems that support evidence-based planning and quality healthcare

Limitations in existing data systems and processes made completing some parts of the JSNA challenging. Improving these systems would enable more efficient and regular data analysis to inform evidence-based policies as well as improving delivery of care. There are also opportunities to automate some processes and reduce data-related workloads on clinical staff. A summary of the findings and specific recommendations has been provided to St Helena Government to inform further development of health information systems.

3. Research on remote clinical support

The Fibre Optic Cable Project provides an opportunity to further develop remote specialist support for patients and healthcare staff in St Helena. There are opportunities to learn from the experiences of other health systems' use of online care during the COVID-19 pandemic and opportunities for research in how best to use the internet in healthcare in a remote island setting.

Note: This is a summary of the JSNA findings. For access to the full reference document please contact UKOTs.Programme@ukhsa.gov.uk.

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