ST HELENA LEGISLATIVE COUNCIL

Select Committee 1 of the Legislative Council
Fourth Live Evidence Hearing

Monday 19th May 2025 at 10 am
At the Council Chambers

H&SC: Provision of Facilities and Services

The inquiry will focus primarily on the following:

- ***Hospital (including Palliative care)***
- ***Community Care Centre, Sheltered Accommodation and Domiciliary Care***
- ***Safe Haven and Children's Home.***

SESSION 1

Address by Chairman, the Hon Robert Midwinter

The Hon Robert Midwinter

Introduction

Good morning, Honourable Members, attending Officials, Ladies and Gentlemen, and everyone listening via radio or live streaming. Together with my colleagues, I bid you a very warm welcome to this, the fourth Formal Hearing of Select Committee 1 (which I will refer to simply as SC1), from the Council Chamber at the Castle in Jamestown. We would also like to welcome Tracy Poole-Nandy, Portfolio Director for Health and Social Care, who has joined us via a Team's connection.

Constitutional role of SC1

With regards to our Constitutional Role. SC1 is a Select Committee of the Legislative Council in accordance with section 69A of the St Helena, Ascension and Tristan da Cunha Constitution (Amendment Order) 2021, and the Select Committee's establishment order 2022. The function of SC1 is statutory. Its primary function is to objectively scrutinize the St Helena Government's decisions, policies, and activities. In particular, SC1 is responsible for the review and scrutiny of the following sectors of Government. One, Health and Social Care to the Environment, Natural Resources, and Planning, and three, Education, Skills, and Employment. SC1 acts independently of the Government and is not subject to the direction or control of the Governor, the Executive Council, or any other body or authority, and it has the power to compel the Chief Secretary and any portfolio director to attend the committee meeting to give evidence orally. The Chair may also request the attendance of any other public officers through the Chief Secretary or the relevant portfolio director, and may invite persons other than public officers to attend and address the committee with respect to any relevant matter being considered by the committee. The scrutiny role of SC1 is seen as a mainstay of good governance in terms of holding the central Government to account.

Membership

The composition of the committee comprises the following four permanent members: myself as chairman, Councillor Robert Midwinter, members, Councillor Gillian Brooks, Councillor Ronald Coleman, and Councillor Elizabeth Knipe. Committee support is provided through the clerk, Mrs. Marita Bagley. And at this point, before moving on, I would like to invite people if they wish to remove their jackets, because it is rather warm here in the council chamber this morning.

Update on SC1

The update on SC1, before moving on to today's program of business. I wish to note that the transcript of our third live hearing undertaken on the 24th of March, 2024, when we questioned the Equality and Human Rights Commission regarding their submission of evidence in respect of this current inquiry has been produced and shared with Officers and Ministers in preparation for today's hearing. This has been approved by the Select Committee, so it is available for dissemination to interested parties. Should any member of the public wish to obtain a copy of this report, they may do so by contacting the Select Committee clerk, Mrs. Marita Bagley.

Program of Business

Turning now to the program of business, as I have already noted, this is our fourth formal hearing of Select Committee one, and we expect this to also be our last formal meeting of the committee before dissolution at the end of June. The topic currently under scrutiny by the committee is Health and Social Care: Provision of Facilities and Services, with the focus primarily on the following: the hospital, including palliative care, community care CentreCentre, sheltered accommodation, domiciliary care, safe haven, and the children's home. This particular live hearing will be broken into two sessions, the first of which will focus on a report that was submitted to the Select Committee by the Equality and Human Rights Commission, or EHRC in response to our public call for information, and the questions will be tabled to the Health and Social Care Portfolio regarding the EHRC report at this session, I should add that we have received a written response to the EHRC report from the Portfolio. We thank you for sending that in to us for consideration. Representatives from the Portfolio have already taken their place at the table, and I should add that the substantive Portfolio Director is joining us today via an internet link. I'd like to welcome you to this live hearing Select Committee one for the benefit of the listening public and for recording purposes. Please, could you state your name and position within the organization that you are representing? Thank you.

Tracy Poole-Nandy - Portfolio Director for Health & Social Care
Tracy Poole-Nandy Portfolio Director. Health and Social Care.

The Hon Minister Martin Henry
Martin Henry, Minister for Health and Social Care.

Tim McDermott - Head of Governance and Safeguarding Lead
Tim McDermott, Head of Governance and Safeguarding Board Lead.

Rosalie Brown - Head of Service, Social Care, Adults and Children
Ros Brown, Head of Service, Social Care, Adults and Children.

The Hon Robert Midwinter
Thank you. We start session one, which is the response to the EHRC report. Could you now please provide a very brief overview of your initial response to the EHRC report, in particular, highlighting those areas where you might agree or disagree with the content or context thereof?

The Hon Minister Martin Henry
Thank you, Mr. Chairman,

Tracy Poole-Nandy - Portfolio Director for Health & Social Care

We appreciate the Report. (Note: Tracy's response was not picked up by the mikes and we have missed the first few minutes of her speaking, however, she gave an overview of the H&SC's response to the EHRC report. This report can be found posted on the SHG Webpage).

Tim McDermott - Head of Governance and Safeguarding Lead
I'm sorry, I was just going to add, did you want to run through the summary of what we open up, what we, what we liked, or what we didn't like, or what we agreed with, or did you want to break them down individually?

The Hon Robert Midwinter
Well, I'm, I'm happy for you to either do that initially, or if you would prefer, we do have questions regarding the report as well, so I'm happy for us to go through our questions. If you'd rather do that first, which will probably touch on most of the things that you've put in your report, as well as your response to the report. And then if there's anything at the end, maybe we can take further information from you, if that would be helpful. I will start then, before handing over to colleagues. I'll ask several questions relating to the Portfolio, which will touch on the areas that were highlighted in the EHRC report. And as Tracy has already said, one of the key areas of that was the legislation, and you've already provided us with an extensive list of the policies that relate to the three areas of discussion today. However, for the benefit of the listening public, can you just give us a brief overview of the key legal instruments that come under the Portfolio?

Tracy Poole-Nandy - Portfolio Director for Health & Social Care
Sure, sir. I think, as we talk over, it is still very, very relevant. There have been some updates in the UK, in regards to the Children and Young Persons Act, which follows on from the 1989 Children's Act which

is in relation to care leavers and children with special educational needs, but the welfare of children ordinance on St Helena that mirrors the children act 1989 and in regards to social work practice from a childcare perspective, that is the legislation that we follow here in the UK. It remains relevant to legislation in the UK and to good practice across social work in regards to children. I have no real concerns about that. I think Catherine also spoke about having some to do, undertaking some work in regards to the updating of legislation, that being the welfare of children ordinance. And the only piece of work that I can think of that Catherine is referring to would be that we needed to amend the ordinance to reflect the fact that the safeguarding board now encompasses adults as well as children. So that's the only piece of update in regards to that piece of legislation that we feel is relevant at this time, and that's the only piece of work that I can think that Catherine has been involved in. Other than that, there has been no sort of legislative working group to look at how we update WOCO, because we appreciate it's completely still relevant and relate and is a good practice guide for all social workers on St Helena.

Tim McDermott - Head of Governance and Safeguarding Lead
Just to add to that, one of the concerns raised by the EHRC was, or one of the recommendations was, the implementation of a Romeo and Juliet clause into legislation, as you'd see in our formal response, we put forward caution in implementing anything without understanding the demographic of what that might be here on St Helena. We are aware of the kind of previous history and past and St Helena, and we would take caution with looking at that it's not a statutory instrument in the UK, as it stands. However, as part of the new statutory reporting requirements for teachers and care staff and doctors, etc., in the UK, there will be some clemency given to kind of Romeo and Juliet style relationships, but it would be, I do not think the legislative framework here is mature enough to adopt anything wholesale on that as it stands. The other you asked about the legislative framework in which we operate, and the Human Rights raised the concern around the lack of adult social care legislation, and I think it fair to say that we would support the implementation of adult social care legislation. At the moment, we would align our practice to the 1990 Community Care Act, but we, that, of course, is not within our purview, that that sits within the legislative program for Government.

The Hon Minister Martin Henry
Mr. Chair, just to comment on the legislation itself, Health and Social Care has, over the last nearly three years, made attempts to review and look at that legislation. As all members know, we have only had one drafter for the same period. It is a priority one on all this to do so, it is the one and on the new legislative program. It will come as no surprise that this is something that we feel we need to address. But there have been other priorities that has taken over, as the Portfolio Director has also mentioned, there are ways of being able to support adults through the current process, and especially as Tim has just mentioned, through the board, the Safeguarding Board itself, which sits over and above Health and Social Care, and it's a multi-agency board to bring on other agencies as well. Thank you.

The Hon Robert Midwinter
Okay, thank you. And within our discussions with the EHRC, they had indicated that they would like to be part of the process in terms of developing new legislation or reviewing existing legislation. Can you say who would currently be involved in the process? For example, if you're reviewing legislation or policy relating to the provision of social care services, would you involve NGOs and CSOs in the process? And is there any reason why organizations such as the Equality and Human Rights Commission or stability, for example, shouldn't be involved in such a process?

Tracy Poole-Nandy - Portfolio Director for Health & Social Care

Can I ask the question, yeah, so, as part what, as part of the process, what we undertake is we, we write a policy that underpins any change in legislation, and then we, as part of that policy options, we look at consultation with wider stakeholders, which would include NGOs and partner agencies, to make an informed decision about the overall impact of any legislation on the island. So yes, absolutely, that's what we would do.

The Hon Minister Martin Henry
Mr. Chair, I'd just like to make a comment here, as well as the Director of just said these things that do go out to the public and to the wider community. I see, and it may be a personal statement, but I see no reason why, as a Portfolio, we would have to write to individual organizations to take part in such legislation, I would suspect that these, in these organizations would be readily available, as well as would be looking for legislation like this, which would direct, come into contrast with the roles they play. I think this is the constant toss-up between whether we should actually engage with individual organizations on policy and legislation, or should these legislations, should these individual organizations have that in their sphere? In terms of it goes out public, they can respond to a public request. I see no need for private invitations.

The Hon Robert Midwinter
Okay, thank you. I acknowledged the submission of your written response earlier. Has that actually been shared with the EHRC as well?

Tim McDermott - Head of Governance and Safeguarding Lead
No, that hasn't been yet.

The Hon Robert Midwinter
Any reason why that hasn't gone to them yet?

Tim McDermott - Head of Governance and Safeguarding Lead
No, we only, due to the short time frame, we only got the submission into you a week ago. It has, it hasn't been shared with them yet. Happy to share with that, also mindful that we're discussing that response, as well as their response.

The Hon Robert Midwinter
I take it you would be happy for that document also be made public and be put on the Select Committee web page, along with everything else?

Tim McDermott - Head of Governance and Safeguarding Lead
Absolutely good.

The Hon Robert Midwinter
Thank you. I will now hand over to my colleagues in order I may raise any specific questions they have regarding the answers we received when we held our live hearing with the EHRC. In this respect, I'll immediately hand over to my colleague, the Honourable Ronald Coleman.

The Hon Ronald Coleman
Thank you, Mr. Chair, and thank you all. It was discussed in a session with the EHRC that patients, particularly those in outlying areas and those on security benefits, experience financial problems, having

to make various trips to Jamestown for blood tests or scans following a request by a doctor is the Director addressing what can be done to accommodate having these tests done the same day as the doctor's appointments?

Tracy Poole-Nandy - Portfolio Director for Health & Social Care
This is something we could consider, and we absolutely recognize that, because we have the same challenges with regards to public transport and staff attending work around shift patterns. We thought we absolutely accept that that's an issue, and I'm quite content to take away from today's hearing how we can better coordinate various tests, etc., for people to make sure that they are all on the same day, because we appreciate that it's a low-income island in lots of respects, and access to public transport is a real challenge.

The Hon Minister Martin Henry
Mr. Chair, just to further a comment, and I totally agree with the Portfolio Director, however, from a technical perspective, sometimes, until a patient arrives at hospital, there is the challenge of not knowing what particular test and etc. they may need. Some of those tests may not be available on the same day, because appointments could already be saturated at that particular time. There are, let's just say, real life, physical logistics, sometimes with being able to complete that whole thing in the same day. But the as the Director has just said, it is clear that this is something that we can actually look at and something that we can actually try to achieve, but we it would be almost impossible to guarantee that that would be something we could do all of the time, given some of the limitations on a daily basis.

Tracy Poole-Nandy - Portfolio Director for Health & Social Care
So just to come in there a little bit as well. What we implemented under the safeguarding board was a health passport, and it was some time ago, and probably is ready for review again. And having been had the benefit of some UK health input myself, I managed to borrow an updated passport, health passport, and maybe what we could do as well Councillor Coleman is consider how we arrange appointments and attending Hospital in conjunction with the passport, so it's more person centred. We are a busy service. We have limitations, as The Hon Minister Martin Henry has pointed out, but we always try to make attempts to support people to get into their health appointments, where at all possible, we're not in a position to provide a patient transport, transport service as we speak, because, again, we have resource limitations. So that isn't something that we could mirror that occurs elsewhere in the world, but we recognize the challenges of getting to multiple appointments a week. What we do try to do with most things is, try to arrange them in conjunction with the days that they ordinarily come to town. So we're reducing the amount of demand we're placing on patients.

The Hon Ronald Coleman
Thank you. Can I just ask who's responsible for organizing and cancelling doctor’s clinics?

Tracy Poole-Nandy - Portfolio Director for Health & Social Care
Could you offer some more context to that, please?

The Hon Ronald Coleman
Well, in the country, sometimes there's a clinic planned for Levelwood, and then they're told at the last minute that the clinic has been cancelled, or even Jamestown, sometimes it's two or three clinics open, then it's only one or two, and then some people have to be reappointed.

Tracy Poole-Nandy - Portfolio Director for Health & Social Care
I am not really fully aware that Jamestown had been cancelling lots of clinics, because we have a full complement of GPS as we speak. This may have happened during periods of time where we've been depleted with our GPS in terms of numbers, but we do have a full complement of staff at the moment. If you're able to provide me with the dates and times that this has occurred, then perhaps I could write back formally to highlight the reasons why any of those clinics were cancelled because I'm not aware of those as we speak. Obviously, I've not been physically available on Island for a number of months, but I have day to day contact with everybody that works with me and for me, so I'd like to respond formally, to have some dates and times with that so that I can provide a full and accurate response. Is that okay?

The Hon Ronald Coleman
That is fine. I can follow that up. Anybody else? Thank you so much. My next few questions are on the pharmacy. The EHRC report made mention that there were concerns about medication being outdated or past their expiry date. Can you explain the difference between the two, and does this impact on the patient if they continue to use it?

Tracy Poole-Nandy - Portfolio Director for Health & Social Care
Yes, I'm quite happy to respond to that. There are occasions where we've had to use medications beyond expiry because we've had such challenges regarding the freighted medical supplies to the island, particularly pill supplies. In respect of any impact it has on patients, it's zero. The clinical advice in regards to expiry dates and the use of expired medication is that there is no clear evidence that any expiry date will have any impact on any patient, and we wouldn't compromise the safety of any patient on the island. I think what we suggested within the hearing was that we're not very good at organizing our staff rotation. So again, I will challenge that, because we have an excellent store-keeping service now in place, and it has been for the past two years, I have to say it's greatly improved. But in relation to the provision of outdated or expired medication, as you say, it has no impact on the delivery of care to that patient. There's no impact of them taking that medication. We try, where at all possible, not to do that because, you know, I don't look at the expiry dates of my medication, but I would imagine some people do, and they would worry. But so, where possible, try not to do that. And we always try to dispose of the expired medication. But we have to remember, geographically, where we are. We've not been able to get chilled medication to the island for nearly two years via sea freight. We've had to bring that in via air freight. And you will note that we've had numerous amounts of air freight that have been, I can't think of the word them bumped off of air freight for several months. And as a consequence, the supplier that we've got now, who's excellent, has arranged a specific flight to come over to St Helena, not at our cost, their cost, to make sure that we've got all the medical supplies that we require, because they realize that we're in a difficult position and we need to have critical medical supplies on Island. So that's the outcome.

The Hon Minister Martin Henry
Just to comment on what the Director has already said, it is quite clear, and I do keep the Legislative Council well updated, but the critical issues we do have with medication it is not been resolved yet, and there is still some way to go to resolve some of it. There's also, as we move forward, we would just have to look at other avenues potentially, but some of the more, let's say, strong medication, because there are very, very clear, legitimate guidelines around the purchase of this medication, and being able to provide it on St Helena. It is not as straightforward as just making an order, and it comes here. Concerning the store-keeping side, as you all know as well, and this is not just with Health and Social Care, but this is across the board. We do. We are challenged quite significantly with some IT issues in

terms of programs and systems, etc., being updated, which you will be well aware that we are trying to address right now, and within the next few months, we should be putting actual resources into trying to get that moving. It is part and parcel of a larger SHG issue. Again, as members are aware.

Tim McDermott - Head of Governance and Safeguarding Lead
I just wanted to add as well, some of the challenges around out-of-date medication arise from the date that the manufacturer puts on them. Often, the delay that it takes to get the item here may be for six weeks, and at which point the item will arrive it has already passed this expiry date, so this isn't necessarily a stock rotation issue. Often, they will arrive post expiry date.

The Hon Ronald Coleman
Thank you. Can I just ask, does the pharmacy have a formula of medication that doctors are working from?

Tracy Poole-Nandy - Portfolio Director for Health & Social Care
Yeah, we have a list of medications, which is a medical formula. And what happens with that formulary, sorry, and what happens is, with that is the Chief Medical Officer and doctors review, we implemented that some time ago, because what we found was that local GPs and GPs arriving and specialists actually arriving on an infrequent basis, or coming now and again, would all have their own set of preferred medical or medicines that they would like to give to the prescribed to the patients. For us to be able to get a handle on that and have a formulary that was manageable and in line with our budget, we made sure that any new medication requests had to go through a governance structure that approves those medications. It will manage it better, in line with our budgetary constraints. That is what is in place for us to manage that. Medications are evolving all of the time, but as we know, St Helena has a very limited budget. So as a consequence, we have to manage the more expensive medications, very, very carefully, chemotherapy being one of those. So, you know, the formula encompasses those, but we still have a limit of what we can and can't afford on the Island.

The Hon Minister Martin Henry
I think, just to add to that, because this was something we did almost towards the beginning of my time, if I can remember Tracy, we looked at that formula simply because people, I was getting numerous complaints at that stage with members of the public coming in saying we aren't providing the medication they require. However, sometimes, when you look into some of these things, they were often people who migrated to St Helena and then expected our pharmacy to have it. And secondly, which I think is an important one, a lot was returning overseas referrals expect our pharmacy to have the exact medication they were prescribed. However, they say different countries develop medications differently, and I know just because I've been told this by a particular doctor in South Africa, sometimes they actually knock two medications into one to make a particular for a particular element, and on St Helena, or probably because we are using a different formula, we then have to give two different tablets for that same, that same issue. So, there's a combination of, in my case, when I first saw it, the lack of understanding of how the system works. And secondly, as the director has just said, we have set medications which are sometimes alternatives to medications people have been prescribed.

Tracy Poole-Nandy - Portfolio Director for Health & Social Care
In terms of names and brands, and things, people often get confused as well. They could have the same medication, since tablets are identical, but if it's a different brand, some people get upset and confused

and thinking that we're not providing them with what they've been provided, either in the UK or South Africa or wherever they've you know, they were treated previously.

Tim McDermott - Head of Governance and Safeguarding Lead
I was going to echo what Tracy said there and also add that occasionally we will change the brand halfway through somebody's course of medication simply because of the availability of stock. Your shortage. Drug Shortages around the world happen seemingly frequently. I. And prices vary, etc. So often, somebody will move up from a brand drug to a generic drug. It'll be the same, but it'll maybe look different. It'll have a different package, and people will get concerned about that occasionally.

The Hon Ronald Coleman
Thank you. The other thing I was going to mention is who's responsible for ordering the stock or approval of the stock?

Tracy Poole-Nandy - Portfolio Director for Health & Social Care
That would be the pharmacist. The pharmacist would order what is required to meet the needs of the island, regarding medical supplies, oversight of that would also be the senior medical officer, or chief medical officer, whatever the requirements are. For example, if people's needs are changing, we would review the formulary, and then, in line with that, the pharmacist would be responsible for the ordering, with the support of the store staff in terms of generic ordering. You have specialist orders, and then you also have generic orders, so that could be incontinence, or it could be chemotherapy, you know. So those are the differences. We order some on a general basis, so all of the time, and then some specific to individual needs, but also within the formulary.

The Hon Ronald Coleman
Thank you. Can I ask what your main mode of transport is for bringing in medical stuff? Is it by sea or by air?

Tracy Poole-Nandy - Portfolio Director for Health & Social Care
I think I've mentioned this before. All of the dry goods can come by sea, if we run out of something, or because you can order, for example, if you order antibiotics and you don't want 75 varieties, we have a core number of varieties, but we only order a specific amount to meet the needs of the island. Now, you may not use that in a year, but you may use it in a week if you get a complex case. So sometimes, if we have to have urgent suppliers, we air freight that in generally speaking, if it's dry goods. But if so, everything dry comes via sea freight, and all of our chilled goods come via air freight because there isn't the capability, as we speak, on the current provider tender from MACS, isn't it, in regards to chilled medical supplies, when we have met with them recently, and during those meetings, it became very apparent that the cost associated with two of medical supplies, of their sea freight was quite challenging. And also, the management of chilled medical supplies on the sea freight. So chilled medical supplies, air, dry medical supplies, sea.

The Hon Minister Martin Henry
Chair, I would just like to add, just for the listening public, that there is also the element that we have some very, very expensive, short, dated medication. Some are for people with rare conditions. Others offer critical emergencies, and they need medication, but they cost a lot of money. With very short dates, trying to negotiate how much you should have on the island at any one time is an extremely difficult thing for the pharmacy, given that we could have multiple accidents in the same week, or we could have none

for a year. So, there's also the fine line between ensuring we have emergency lifesaving medication, but the cost of such medication. So, it's a difficult role for the people within that field.

The Hon Ronald Coleman
Thank you. The only other one I want to touch on for the pharmacy is the chemotherapy drugs. Have you had problems with that?

Tracy Poole-Nandy - Portfolio Director for Health & Social Care
As mentioned in the EHRC report? No, Chemotherapy drugs in general are pretty; we've done quite well with those. And if you're a returning patient from South Africa, for example, you can bring chemotherapy drugs back with you. We've changed medical suppliers very recently to make it much, much easier to get all of our required drugs on the island. There may have been, I can't comment, on the case that Catherine was referring to, and again, some context would be really good, some exact information would be really good, so that I can provide a formal response. However, to my knowledge, we've been pretty well stocked in regards to the chemotherapy on the Island, because there are set regimes for individual types of cancer. So again, I would like to understand which case that was, what the delay was, and the impact. Sometimes with chemotherapy as well, I can talk from experience now, if you're a little bit poorly in between your cycles of chemotherapy, your weight drops. For example, those things have to be adjusted, and sometimes you have to wait a little bit longer in between cycles until your body's ready to receive chemotherapy again. It's quite a challenging regime, from a clinical perspective, to manage and to be a patient.

The Hon Minister Martin Henry
I think just to add Mr. Chair, while this report is based on historical evidence, we do have live cases right now where we have, I mean, to the point that the Director is telling you that there is a flight that potentially is coming with just medication, will tell you of the upstream case we are now facing. So, although this hearing is about a previous case, we do have an actual live case right now of some significant issues, which is outside of the St Helena Government's ability to be able to resolve on their own.

The Hon Ronald Coleman
Thank you to the panel. Thank you.

The Hon Robert Midwinter
Thank you. And I think it's worth noting. It is in your response, and I recall that at the end of the live session that we had with the EHRC, Catherine Turner did acknowledge that progress has been made by the portfolio, particularly in the recent months, and a lot of the references that were being made were historical and based on complaints that were previously fielded to the EHRC. So, there was an acknowledgement there that a lot of what was being discussed were historical complaints, and that, in particular, in many of the areas of the portfolio, there were no sort of more recent complaints and current complaints. So, I think that's worth putting on record there in discussion relating to that, and the Hon Coleman has raised the matter about the pharmacy. Another area raised by EHRC was that concerning the waiting list for overseas medical referral. However, again, it was acknowledged that there had been movement in this respect as a result of the BIOT funding. So, would you care to add anything further on this?

The Hon Minister Martin Henry

Yes, Mr. Chair, it's just, it is just to remind everyone on the island that the BIOT fund is limited and it will serve its purpose for a while. But that, but just to remember that, especially for the new Government coming in, that that funding will run out, and the circumstances without that funding are extremely hard. We have; we were only been able to send what we consider to be life-threatening cases. So, it is just to be cognizant of that fact, as Members will be aware as well. Well, actually, no, I haven't brought that in yet, but we are also looking at spending some of that funding on pieces of equipment, etc., that will allow us to do some of the cases that are, we are currently sending off to be able to allow to do that on the island, which then will limit the list in the future. So, we're not just using the funding to cut down the list. We're also looking at elements that will preserve it and help support the portfolio as we go into the future.

Tracy Poole-Nandy - Portfolio Director for Health & Social Care
I'd also like to add that we were in a very difficult position where it was life, limb or sight that was going, and that was the priority, and people living in pain were struggling with that. So, this money will address that waiting list for those who have waited the longest so far, and beyond that. So hopefully we can start from a clean slate in terms of limb, knee, hips, joint replacements, etc., and eyes, so we can address that area of the waiting list, and then, and then it will get us back in a better position. However, as The Hon Minister Martin Henry has said, it doesn't stop us from next year and a year after just having the same recurrent budget to deal with the demand that we're already getting. The other area that we're looking with the BIOT money is to look at a preventative strategy which will hopefully improve the health and well-being of people on island, those, specifically those with diabetes, which then go on to develop issues that relate to, you know, vascular problems, liver, kidney, etc., so we're looking at those areas as well. So not only did we respond, but we want to make sure that we get that prevention strategy in place before The Hon Minister Martin Henry leaves office, so that it's part and parcel of what we're doing to have that prevention element in place.

The Hon Robert Midwinter
Okay, thank you. And then just the final one from myself, before I hand over to my Honourable colleague, Gillian Brooks. So, we as Elected Members generally tend to hear complaints when we have our constituency meetings. Most of those do tend to focus on things like waiting lists, out-of-date medications, and appointment times. But could you just again, for the benefit of the listening public, provide a brief overview of how your complaint system within health and social care operates, and what are the main areas of complaint that you receive, the sort of numbers that you're getting, and what are the key complaints that are formally raised with yourselves?

Tim McDermott - Head of Governance and Safeguarding Lead
Thank you, Mr. Chair. So, as part of our submission of evidence to the committee, some months ago, I submitted the end-of-year governance report, which highlights all of our complaints. The way the process works for health is that we have a dedicated email address, which is healthfeedback@sainthelena.gov.sh, where people can email, or they can bring it to the governance team, and we will verbally take your complaint, or we can meet with you. We're quite flexible with how we do that. We have an agreed internal complaints handling policy which details the steps to which moves take, which is initially to respond to a complainant, but there's a set number of days, and then we have a key performance indicator of formulating a full response each complaint that comes in is triaged against a complaint matrix, which then decides the severity of the complaint, and which will then dictate the detail and level of investigation that has to be undertaken. For example, you highlight complaints about maybe not being able to get an appointment, the level of investigation that would go with that would be significantly less than the level of investigation where somebody has complained about some

kind of clinical error or fault, or harm. The complaints that we received last year, which I think is probably a good indicator, are apologies. So, our number of complaints is perhaps quite surprising. The formal complaints that are made to us are not as significant as perhaps people think. I think a lot of the complaints that are made to you, as in your constituency meetings, are perhaps not always filtered through to us formally. So in in last year, last year, the total number of complaints that we received across the whole portfolio was only 46 formal complaints. Of those 46 complaints across the whole portfolio, almost exclusively, they were in relation to health, as opposed to social care. That's not to say there are other complaints that we don't formally deal with. The staff are encouraged to deal with concerns, minor concerns that arise during the clinic, on the board as and when they arise, and they may not be formally recorded centrally, but they may fall into our early resolution category. So, most of the complaints last year were delays to overseas treatment. So, these were the ones as we talked about recently. These were the individuals who were probably experiencing more chronic pain, suffering, or needed non-emergency treatment. So, they were delayed because of the funding constraints, and there was a short period where we had a real challenge with a number of complaints about our GPs, so GP, wait times, and appointment times were challenging. So, we had a short period where we had a small number of complaints about wait times. We continue to get complaints, mainly in isolation. So, if you look at the report I sent in previously, there would be a number of individual complaints. You know, one complaint about medication availability in that year, one formal complaint about the community nursing not arriving. Today, they're all kind of in isolation. The only, the only real thematic ones were about wait times and overseas medical treatment.

The Hon Robert Midwinter
Okay, thank you. And to put that into perspective, when you say 46 across whole portfolio, what number of patients would you be dealing with in a year?

Tim McDermott - Head of Governance and Safeguarding Lead
This is against the backdrop of many, many, many thousands of incidents of care provided weekly. Our GP clinics in the hospital will be just in Jamestown alone, just GP appointments would be about a couple of hundred a week. But when you add in the community clinics, when you add in the community. This is when you add in all of the outpatients, the ED, the incidents that occurred, the actual moments that we provide here are many, many, many thousands a week. So, any single one of those could be a trigger for a complaint. So, when you put that in context, we're talking the percentage ratio of complaints to interactions with patients is negligible.

The Hon Minister Martin Henry
Mr. Chair, I just like to comment on the back of that, because it is important for us that complaints filter through Tim and his team for it to be captured and be able to bring in. Likewise, it is important for yourselves and members of the public to use the proper forum, which is why I always indicate that that you copy me myself in when we do, when you do these things, so that I can allow Tim, so that we can formally hold record of it, because communications directly to our team members access, especially from the outside, sometimes means that this is missed on formats like this, which then give us obscure statistics. So, I think it's just important to be aware that these are the complaints and that we have received officially. And as the other thing is just to add is that there are a large number of complaints that I always receive, but it's always about someone else, for someone else, and I don't ever get to the bottom of who that person is, so I'm just pointing it out because that's what happens in reality.

The Hon Robert Midwinter

Okay, thank you, I think now I think it's time to hand over to my Honourable colleague, Gillian Brooks,

The Hon Gillian Brooks
Thank you, Mr. Chair. So, my questions will focus on the CCC, the sheltered accommodations, and domiciliary care.So the EHRC report and the previous live hearing referred to family involvement, can you advise the committee on what policies or procedures are in place in regards to liaison with the family of service users? And this is in particular to the requirements of their changing needs or around their changing needs.

Tracy Poole-Nandy - Portfolio Director for Health & Social Care
Okay, I'm quite, I'm quite happy to respond, unless you wish to. But all changing needs are subject to assessment, and part of the assessment process, from an adult social work perspective and a residential provision perspective, includes family members. Where possible, we would like, obviously, with the consent of the service, to use that person receiving the care, but where possible, we would like to include family members in the provision of care, so in terms of meeting their family members' needs for longer, if at all. So, family and extended family support is important as part of an overall care plan for an individual in regards to their changing needs, and we try desperately to keep people out of our care for as long as possible, in line with their wishes. And more often than not, this is achieved with the support of their family and extended family members. Ros, I don't know if you want to also add anything,

Rosalie Brown - Head of Service, Social Care, Adults and Children
Yeah, just to add, from the CCC perspective and the shelter accommodation, all family members, friends, carers, are all involved in any reviews and any decision making regarding any changes in needs that is in line with like Tracy have said, if the person has got capacity and asked for that information to be to be shared with family, from my perspective, at the initial assessment by Adult Social Care, families, I know ever as part of that care package is involved straight away to be able to ensure that we're fully, don't meet the purpose of that person holistically and in a person centred way

The Hon Gillian Brooks
Thank you. Just picking up on that, you said, if the person has capacity, then they can see whether they want their family involved or not. So, may I ask, what happens if the person does not have capacity?

Rosalie Brown - Head of Service, Social Care, Adults and Children
If a person didn't have capacity, and there has been occasions when, sometimes, due to family dynamics or people being off Island, they have not wanted family involvement in that decision making, then we ensure that they are supported to make them decisions, even by an advocacy or if they wanted some friend or some of them have also got like a deputy in place or something like that, through a mental capacity arrangement, but whether Tracy wants to add any more to that, again,

Tracy Poole-Nandy - Portfolio Director for Health & Social Care
If there's somebody that lacks capacity, that means they're impaired to make, be able to make informed decisions, which is subject to assessment, we don't just assume that it's a full assessment with partner agencies to make sure we've assessed that somebody isn't in a position to decide for themselves. We also have a best interest route, so if somebody is choosing to place themselves or continue to live in unsafe conditions or where their needs aren't met, and we deem them to be unsafe, as a professional multi-agency team, we can make a best interest decision for that individual and act in their best interest. We try not to do this. You know, we want all family members involved and, where possible, we always

want consent. Where somebody lacks the capacity to make those decisions, we will make them on their behalf to ensure that they're kept safe and that they can work for as long as possible.

The Hon Minister Martin Henry
I don't know if you want to include some of the roles of the Public Guardian, especially with the advocacy etc.

Tracy Poole-Nandy - Portfolio Director for Health & Social Care
Yeah, that's fine. So again, if somebody lacks capacity, an initial assessment would be undertaken in regards to their mental capacity to make a decision, in regards to health, property, finance, etc. And if they do lack the capacity to make those decisions, we appoint a deputy under a deputy advocate under the Public Guardian role, who is responsible for supporting that individual to ensure that their needs are met properly. So, for example, their money is spent wisely. If they're being moved from one place to another, they can advocate on their behalf, given that the individual can't advocate for their rights. So that role is key on the Island, and there were a number of deputies in place. The Public Guardian, as we know, is Gavin Thomas, as we speak, and he will undertake regulatory provisions with those deputies who are in place. He'll review all financial aspects of their lives, etc. He'll ensure that the health and well-being of that individual are well met. So, there is that next external scrutiny as well, to the role and ensure that, especially on St Helena, where we've got an aging demographic that needs to be met safely.

Tim McDermott - Head of Governance and Safeguarding Lead
I just want to add that capacity is a challenging subject. It fluctuates, and Deputyships are often attributed to certain areas, so that having a deputy isn't a blanket; somebody else is in charge of your life. Your capacity may fluctuate. You may have the ability to decide on your health, but not have the ability to manage your finances. So, I think one of the concerns that has been raised previously is that the deputy felt that they weren't informed of what was going on, but this deputy was in place for financial matters, not for health matters, and the patient was very happy. Didn't particularly want to share this information with somebody who wasn't an immediate family member, but was a deputy. So there just needs to be a bit of clarification for that.

Rosalie Brown - Head of Service, Social Care, Adults and Children
I can add on the back of what Tim says, there has been occasions when somebody's needs have changed and they've been assessed as not having capacity to meet their health needs, but then either with medical intervention and the right care, that's improved, so then a further capacity test would be undertaken, because it's always time specific. Thank you.

The Hon Gillian Brooks
Thank you very much. I know that before we spoke about complaints, but this is a different element of that. So, can you explain the process followed when incidents across the care complexes are reported? Now, the EHRC report made mention of incidents at the CCC. So, can you just explain the process followed when incidents happen and are reported?

Rosalie Brown - Head of Service, Social Care, Adults and Children
Across the social care services, when an incident happens, or depending on the incident, it's tried to be resolved in house, all incidents are made out reported and reported to the governance which is Tim, so you have things like trips, falls, medications, if it's a complaint from one of the service users or a family

member, again, you do try to be able to deal with it, and hopefully they sort the complaint out. Again, if not, if it needs to follow their advisory complaints procedure, that there is an appropriate, appropriate procedure in place and that would be referred to governance for further investigation if it's unable to be sorted in-house. But again, complaints are monitored, and how many we do get.

Tim McDermott - Head of Governance and Safeguarding Lead
So, all complaints, sorry, all incidents, are managed through our incident management procedure. Every incident that gets reported by a staff member or anybody else gets graded against the incident matrix to determine the severity. If an incident is so severe, it can then trigger something called a serious incident. Serious incident, a SIRI, sorry, the acronyms have gone from my head. But this would be, this would be a serious incident that requires investigation. So, at that point, the governance team would support the management functions to undertake a review. If it's particularly significant, the governance team will undertake that incident review. Specifically, in social care lack in the last reporting year; we had 79 reported incidents of concern, a significant number of them, 40%, all of them were slips, trips, or falls in the care settings. Primarily, I would suggest that all of our evidence suggests this is due to the age and demographics, and the acuity of the service users. People are living longer, they are frail, they are unwell, and they have fallen. Of those, very few resulted in any significant injury. But it does kind of speak to the challenges that the case facilities are dealing with; the only other significant kind of figures for last year were in social care. Were some instances of service user aggression, and whilst we don't know, that tends to be people with some kind of impairment. So often it's not related to them physically lashing out. It tends to be more due to their kind of medical condition. I do have all of the stats figures on health, but I appreciate your specifically talking about social care.

The Hon Robert Midwinter
If I can just add, because it is, it is in the transcript from the session with the EHRC that it was acknowledged by the EHRC that whilst they were talking about cases, they were referring to historical cases that had been reported and that they acknowledge that they're, they've had nothing themselves for a very long time.

Tim McDermott - Head of Governance and Safeguarding Lead
Sorry. I just wondered. I think in our response to the EHRC, we've encouraged them to reach out to us more frequently through the centralized process. That way we can, you know, we can understand what concerns are coming through their door. They highlighted in their formal submission that they had eight or nine complaints in the last quarter that, which doesn't reflect what we hold centrally in our database, because we haven't had those interactions with them. It may be that they've spoken directly with some of the management of the services, rather than coming through centrally, but if they come through centrally, we can start to pick up trends and see themes of what we need to do. As I said, most of the complaints in the incidents are in isolation, so we can't see any of the Thematic Learning from them. Whereas if we start to see like we've seen with slips, trips, and falls, we can start having a greater increase with the physio, the occupational therapist, falls clinics, etc., we can evidence what the need is by the things that are occurring.

The Hon Gillian Brooks
Thank you. Can you tell us how many clients are being managed by domiciliary care, day-care, and supported living? And can you describe for us the differences between those services?

Rosalie Brown - Head of Service, Social Care, Adults and Children

Day-care is presently managed at the CCC, Monday to Friday, between the hours of 10 and 3:30, and daily, with approximately 10 service users attending, and that is with two members of staff. We are hoping going forward to be able to develop that service further and even to longer days, and also to provide some support over weekends. But presently, it's Monday to Friday, with 10 per day, and they are all brought in by transport. The transport that we provide and we go out as far as Levelwood, and there's Sandy Bay and also Longwood, and brings the people in. There are limitations with this at times, because sometimes the vehicles or the bus cannot get to certain places, particularly with access and roads, and things like that. But that we're trying to achieve, to get to get people in, we do provide, also where there has been a need for some day-care provision or some respite, and particularly when somebody is receiving palliative care. And I know you'll be looking at palliative care later on. We have provided some support in people's homes as well, when we've gone and sat with people to allow family members or carers to get a break. So, the numbers you asked for are the numbers of domiciliary care. Domiciliary care, we're presently, we're working with about 40 clients per week, and that varies from welfare checks to delivering personal care, providing a meal, taking people shopping, collecting pensions, and again, it's our outlying areas. So, we've got at present, we've got 12 people in Levelwood who we support daily, with all quite high-level packages that include two and three visits a day to ensure that that person's safe and to be able to keep them out of services. So, the other one, yes, supportive living, supported living. So, we have at present, we've got five people out who live in Longwood, who live in supported living, and that's managed by the staff out there on a 24-hour basis within two properties.

The Hon Minister Martin Henry
I think I'll just add this, but here maybe I should add it a bit later, but about the reality of the circumstances that we will face going through with particularly around Social Care and the elements that you have just raised, given that budgets are stagnant, cost of care is going up across the board. I mean, the cost of medication itself is just going up across the board. And the volume of people, users that will require the service within, just within the next couple of years, will be quite significant. Further to that, years beyond that, it would be quite significant because of the health worries we see in a slightly younger population than the ones that are already in care. These are elements that we can already see on the horizon. And like I said, with a statement budget, there will have to be changes and reviews made to how we, as an Island, deal with this going forward. And dare I say, it will be beyond money, and it will be about our community response to the care for a population that is going into these particular circumstances under the current financial circumstances.

The Hon Gillian Brooks
Thank you both so much for that.

Tracy Poole-Nandy - Portfolio Director for Health & Social Care
Can I also add that you will have noted that there have been significant delays in discharges from the hospital because all of our services are at capacity and remain at capacity. So, there's always a waiting list for the CCC sheltered accommodation. We established a short-term solution in regards to an additional supported living accommodation on Piccolo Hill to enable the more able people that have been living at the CCC to experience some more independence, whilst enabling the more complex cases to move on to the CCC, this will only continue and has a significant impact on the hospital on a day-to-day basis. At some points, we've had up to 10 social care patients stuck in the hospital waiting for a discharge plan to be achieved. And that in itself, then impacts if we have a series of you know, if we have viruses within the community, if we have any planned specialist visits for orthopaedic surgery and ENT, etc., that has an impact in terms of capacity at the hospital. And as you will be aware, the hospital

is also suffering from the same issues as social care, in that we have vacancies that have arisen over the years. Social Care more so than the hospital, but the hospital is now also suffering from those, sake same vacancy issues, which is a whole staffing impact on the service. And if you've got 10 people residing in your care permanently, that then impacts in terms of capacity from a health provision perspective.

The Hon Minister Martin Henry
Can I just point out one more thing, because I've made this public in an answer to Councillor Coleman in one of the Legislative Council meetings we had last year on the question? Been based around care, going forward, and looking at the current bed spaces, etc., we have in the current care service. And what was truly astonishing to me was that I, the CCC, etc., was opened with the strap line behind it that we knew we were going to go into an area where we would require more bed spaces, etc., etc. In the now 15 years since that open but that perspective, we have only managed to gain four actual bed spaces. So, we are now stuck with an issue that should have been pre-planned, and actions taken a lot longer than we have. And I'm saying this to the public because this is the case, and this is an open discussion. We now have to move relatively quickly. We're trying to navigate our way through what we now see as a monster kind of certain way in front of us, but the original plans for the CCC were all driven by an aging population. We knew this 10, 15 years ago. However, we have not achieved that as a government to date. Thank you.

Rosalie Brown - Head of Service, Social Care, Adults and Children
As well, when you were asking about domiciliary care, we also, within domiciliary care, have to support a number of service users with special needs and complex learning disability. So doing that, we have one person who will support five days a week on a one-to-one basis, and another person who will support three days a week and alternate Saturdays for between four and five hours. By doing that, there is no other provision elsewhere for these people, but that does impact what domiciliary care can provide. Thank you.

The Hon Gillian Brooks
Thank you all. Thank you so much. Do the aims and objectives in the statement of purpose for residential care, which provide for the safety, management, and well-being of service users, feed into the key performance indicators? And if so, how are the challenges that you're facing within the service affecting the KPIs?

Tracy Poole-Nandy - Portfolio Director for Health & Social Care
To answer the question, I don't think they specifically feed into the KPIs from a social care perspective, because they're more around statutory functioning. However, if we consider the risks in terms of trips, slips, trips, and falls, and as outlined by Tim, 40% of our incidents have been around those areas. That would lead me to think that the environment isn't always as conducive to the mobility issues that older people face, alongside the staffing ratios that we have, which have been historical staffing ratios across the service, collectively. So just to answer your question, what are the KPIs that we provide regularly that are more interlinked to the statutory provision, but also with our complaint that also feeds into that. So, incidents, accidents, and complaints also feed into that. So, the aims and objectives thought in the terms of reference for the service are, you know, are that we will provide a safe service to meet the whole, the holistic needs of individuals that we care for. So, it will impact that on a day-to-day basis, because you have to have the right environment and the right staffing levels. So, if I think about a social care patient, for example, and it's coming away slightly from the CCC in particular, but it's stuck in the hospital and

would ordinarily be a CCC service user, then actually it's all impacted, isn't it, because you can't offer the same level of support and safe environment social integration that you would have in a residential setting. So, everything revolves around the capacity issues alongside the staffing available.

The Hon Gillian Brooks
Thank you. Tracy, so does that mean that the Statement of Purpose sort of is reviewed or constantly under revision, or will have to be because of challenges?

Tracy Poole-Nandy - Portfolio Director for Health & Social Care
I don't think so. Statement and purpose are what you will aim to deliver within your service area. I don't think it's something that you have to change and amend, only if you amended the service provision you were offering. That's what we aim to achieve as a service provider, and it's of a reasonable quality. Obviously, you have used, Statement of Purpose every year, two years, etc. But ultimately it should remain quite static. Initial service offer changes.

Rosalie Brown - Head of Service, Social Care, Adults and Children
Just an example, for example, I'll use the Community Care Centre. It provides permanent, permanent care for residents, say, for example, it started doing a different provision, and we got facilities to extend, and we started doing a respite service, or like even day-care. Then you'd add that into your statement of purpose. So, it's the Statement of Purpose is about what you provide as a service.

The Hon Minister Martin Henry
I think, just to add, because this wouldn't be known to the committee or members in the public, but it's okay for me to state as is, that we are now right in the middle of doing a, we're looking at the aging demographic, as is, a policy review, and looking at the potential outcomes. So, it's covering some of the elements which you probably would want to see in a KPI recommendation, whereas. However, from a policy perspective and doing it through this way, I think it's far more practical, because we are now investigating and looking into the service itself and seeing what can be provided potentially, what we will need to provide in the future, and how it is, how is it going to be funded, etc. So, I think, from a policy perspective, it's more holistic to treat it and wrap through it around that area, rather than it being pinned down to specific KPIs in particular, because it's far too complex, I think, to pin somebody's services to a KPI.

The Hon Gillian Brooks
Thank you. And I know we spoke earlier about legislation, so a lot may have been covered, but I will ask the question anyway, and that is that the EHRC report highlights the lack of legislation for adult care. So, how are the services measured, and how is the provision of the care services guided to ensure that the care that you provide is sufficient and effective?

Tracy Poole-Nandy - Portfolio Director for Health & Social Care
Okay? So given the lack of legislation, adult legislation on Island, what we always fall to is UK based legislation, and as outlined previously, we base ourselves on the Community Care Act 1990. So in regards to social work practice, provision of care, etc., we rely heavily on that as a practice guide to make sure that we're compliant from a statutory perspective. And given that you've got social workers on the Island that are UK registered with Social Work England, we have to be compliant with legislation that underpins practice and good practice, and standards.

The Hon Gillian Brooks
Thank you very much. Thank you, Mr. Chair.

The Hon Robert Midwinter
Okay, thank you, and I will now hand over to my Honourable colleague, the Honourable Betty Knipe.

The Hon Elizabeth Knipe
Thank you, Mr. Chair. My question will focus on domestic abuse. Can the committee tell me, please? The EHRC raised concerns that there were currently no facilities for men who are subjected to domestic abuse. Are you able to comment on what, if any, plans are in place to address this issue? Thank you.

Tracy Poole-Nandy - Portfolio Director for Health & Social Care
Yes, I can respond to this because we have had one person, a male, who was a victim of domestic abuse, and we supported that individual to have them accommodated elsewhere, albeit not in the refuge, but in a safe place where we could provide support. You know, active support. So, in regards to the refuge itself, we're looking, we're looking at the current offer that we have, because we find ourselves in a position where it quite frequently becomes alternative accommodation as an actual refuge provision, and traditionally, refugees are for women, because, as we know, 90-something percent of women are victims of domestic abuse, in comparison to a much smaller number of male victims. But as a social care offer and a refuge offer we will support anybody who is considered to be a victim of domestic abuse and provide them with support, whether that be accommodation, a safety plan, a support to exit that relationship. We support those individuals. We have an ID for the Island that's UK-trained. She's also been trained, trained, actually by EHRC, in regards to victim support, because we offered her some of her time to be able to support the victim support scheme that is set within EHRC, so that we make sure that we encompass all areas of support. So, to answer your question, Councillor Knipe, we support individuals, regardless of gender, when they become victims or are victims of domestic abuse.

The Hon Elizabeth Knipe
May I come in here? You say that 90% of the, it's always women who are abused

Tracy Poole-Nandy - Portfolio Director for Health & Social Care
Over 90%

The Hon Elizabeth Knipe
What do you think is the reason that men don't come forward to report the abuse? You think it's because, say, not sure that they're going to be treated or handled respectively? Do you have any idea of why they are resistant to reporting abuse of men in particular?

Tracy Poole-Nandy - Portfolio Director for Health & Social Care
No, I don't think it's about that per se. I think it would be more in line with it’s challenging as a man to seek out support when they are a victim of domestic abuse. I think the prevalence where a male is the victim is much lower, because international statistics suggest that, okay, but I think it's challenging for a male to come forward and disclose it they are a victim of domestic abuse from an ego perspective, or what people perceive to be, well, you're a man, why didn't you? Why didn't you defend yourself? It's really difficult as a male to come forward, and I don't think it's so much about the response that they'll get from services. I think it's how they will be perceived by the wider community, as not being able to defend themselves against a woman. And I think it becomes the question about male-female relationships, etc.,

and also how people perceive males as opposed to females when they are victims. So, I think it's that thought process more than anything. But wherever, wherever somebody is a victim of domestic abuse, whether that be a same sex relationship or not a same sex, you know, not a same sex relationship, we would openly encourage people to come forward and seek support, and the support is there, so we need to make sure that people are aware of that. I do note that most of the campaigns from the White Ribbon perspective have been about female victims in the main, and we have, we have had this raised by a number of male people, males in the community, saying, well, what about the male victims? But we do recognize that, and I think what we need to consider as a core offer is how we emphasize that we're there for everybody and not just for female victims.

The Hon Elizabeth Knipe
Thank you.

Tim McDermott - Head of Governance and Safeguarding Lead
Could I just add in as part of our response, we reached out because we were a little unsure as to kind of figures of male victims of domestic violence on St Helena, in conversation with the police around this, to kind of get an idea of what the scale was, and in their statistics that they hold, they have only had two reported cases of female violence against men, directly against men, in a number of years.

The Hon Minister Martin Henry
I think just to add, not only to your particular question, but I think what's, what's come about here is the situation, which I think the island and we face in a general concept, which is about time, space, and funding. So, in particular, there are other elements within the report that recommend that we have certain facilities available. Et cetera, et cetera. However, while important and while necessary, when these events do occur, it always sits in the realms of when events occur, the frequency between events, and how much goes into particular elements based on those frequencies. That's how most places operate. For instance, you determine the size of your fire service depending on the frequency of fires, etc. And this is no different from how you have to logically put things into perspective. So, one event every 10 years, do we set up an entire unit, or do we, as the Portfolio Director has mentioned, yes, we would support and manage it, but do we do it as and when those events occur, knowing nowhere, but having criteria around, what do we do? So, it's, it's those elements which we must consider, and I must say again, in a small, isolated, cash strapped community, service has limitations, and those limitations are based on the frequency of use.

The Hon Robert Midwinter
Thank you, and just to add, I mean, it is a community-wide responsibility for this issue, both I and Councillor Gillian Brooks are on the White Ribbon Day working group. The group itself is very gender balanced. The White Ribbon Day movement started from a group of men in Canada, but has evolved into being. You know, focusing on not just violence against women and girls, but also on other forms of gender-based violence. So, I think that's worth acknowledging.

So that concludes the main questions from members for session one. However, to wrap this session up, and I unfortunately will be repetitive here, because what I wanted to do was also just run through each of the 11 recommendations made by the EHRC, and I acknowledge that in your response, you have actually done that, but again, for the benefit of the listening public, if we could briefly summarize the responses to each of the recommendations that came through from the EHRC report, if we may so Recommendation 1 was Adult Social Care Legislation being acted as a matter of urgency.

Tracy Poole-Nandy - Portfolio Director for Health & Social Care
So, in response to that, Councillor Midwinter the we're in the process again of updating the policy options document, which will then inform an ExCo document, which will then fall in line with the legislative framework that's currently in place, it is highlighted on the framework as being one of the priorities for updated or new legislation. So, it's not being the priority as we speak, but it is a priority, and we hope to get that completed very soon.

The Hon Robert Midwinter
Okay? Thank you. Recommendation 2, a review of the Welfare of Children Ordinance should be carried out within the next Legislative Council, and obviously, you did mention the WOCO before. So again, your response on that?

Tracy Poole-Nandy - Portfolio Director for Health & Social Care
Yeah, so again, my response on that is, it's absolutely relevant. The only area of amendment that we would seek would be to address the area of safeguarding, but also it encompasses Adult Social Care in regards to all other areas of the childcare legislation. It remains absolutely relevant to practice, and is a good practice standard, as is the 1989 act in the UK, which WOCO mirrors very, very well.

The Hon Robert Midwinter
Okay, thank you. Recommendation 3, a robust protocol should be established for the monitoring of care of patients in mental health facilities in South Africa.

Tracy Poole-Nandy - Portfolio Director for Health & Social Care
We only have one individual who's in a mental health care facility in South Africa, and we work very closely with ER24 to manage her care and welfare in South Africa. She also has an advocate who visits her on a very regular basis. The long-term care for anybody with a mental health problem or mental health diagnosis is not going to be in South Africa; that will not be an option. This is an isolated case that only occurred due to an individual who was employed in St Helena as a consultant, so it won't be an option going forward. In terms of that individual, their long-term care plan is yet to be established, but that isn't the, that isn't the, you know the discussion today; it's around all patients.

The Hon Robert Midwinter
Thank you. Recommendation 4, St Helena Government extends the OPTCAT to St Helena as soon as practicable.

Tim McDermott - Head of Governance and Safeguarding Lead
Remind me what that stands for?

The Hon Robert Midwinter
The Optional Protocol to the Convention Against Torture.

The Hon Minister Martin Henry
Sorry, Tracy, I think Tim can respond to this one.

Tim McDermott - Head of Governance and Safeguarding Lead

Thank you, Mr. Chair. The protocols of the OPTCAT are fairly extensive, and based on the resource that we'd need to put in place, to apply that wholesale would be very, very challenging, the, as far as we can see, that would extend as part of the multi-agency team to the prison, the dementia unit at the CCC, and perhaps the mental health Suite at the hospital. We put forward the recommendation that, as a substantive member of the Safeguarding Board, the Human Rights could bring forth, bring this to the Board, and that we could look at incorporating some of the principles and values into a localized version of this. The requirements for OPTCAT are far too significant for us, including a panel of 10, 15 members, with no two members of the same nationality, etc., it wouldn't be possible to do that here. The other option that we would put out there is to suggest that we do have a Prison Visiting Committee that takes care of all of those who are involuntarily held in the prison. So, you know that there are some safeguards in place for certain areas, but we wouldn't reject it, or we'd ask the Human Rights bring it to the Safeguarding Board, to have a conversation about how we could implement something locally.

The Hon Robert Midwinter
Okay, thank you. Recommendation 5 - The regulations for statutory sick pay should be reviewed and the days allowed be increased annually until there is parity with the public sector.

Tracy Poole-Nandy - Portfolio Director for Health & Social Care
I honestly don't think this is something that Health and Social Care have control over. It's because the private sector will manage their own employee, employment and management, absence, and sickness. I don't think this is something that we can change. I don't know, Tim, if you want to come in at all, but we can advise and support. I think, from our perspective, we would like everybody to be treated the same in terms of self-certification and when you have to come in for a sick note, for example, we wouldn't want people to have to come after two days of being poorly to the hospital to get a sick note to prove, to prove to the employer that they're off sick, we would much rather have a statutory sick which suggests that you have seven days of sick leave, which is self-reported, and beyond that, you would require a doctor's certificate. And I think this is something that we try to advocate, led by the Minister, because we recognize it impacts the appointments at the hospital and Jamestown in particular, the GP clinic for repeat sick certificates, and it does impact our service. So, having that process in place for everybody and making it much fairer, I absolutely would agree with the EHRC.

Tim McDermott - Head of Governance and Safeguarding Lead
Yeah, to echo what Tracy said, I completely agree that it's not really within our purview to do. What I would just point out, though, is that we monitor the number of sick notes that we give out, and the vast majority of sick notes are for one or two days. The average sick note would be, will be less than three days on average, and that's against the odd sick note being over, over 60/70, days in terms of the provision. When, when we send people overseas, of course, we do give them an allowance whilst they're over there getting medical treatment, and we pay for their accommodation and their breakfast, etc. But I can't see that we wouldn't support that wholeheartedly, a change to the system.

The Hon Minister Martin Henry
Just one further comment. And I think just there, I think we would support, and I would personally support the Human Rights Commission actually addressing. That is a community response, rather than focus it at this particular area. We are, we are only on the receiving end, rather than being or having the privilege to be able to make those significant changes, it is a response well beyond our remit.

The Hon Robert Midwinter

Okay, thank you. Recommendation 6: consideration should be given to local National Insurance Scheme more similar.

Tracy Poole-Nandy - Portfolio Director for Health & Social Care
Again, this is beyond us, and I'm sure The Hon Minister Martin Henry will come in here, but this is something that's been, that has been considered at a more senior level than the portfolio level, so I do not think this is something that we can comment on from a portfolio perspective, but maybe the Minister can.

The Hon Minister Martin Henry
I think yes, this is something that needs to be looked into across the board. We did last year set aside funds, from the Government's perspective, to look at this through a true finance perspective. Finance is the element that will pop this up and look at it across the board, any insurance schemes, especially, which entail looking at the whole population paying into particular elements of care, etc. But it is most definitely, in my point of view, time for this to be done and to be done very soon, simply because of the current use I can see coming on, both Health and Social Care in the not-too-distant future, if it isn't already with us right now.

The Hon Robert Midwinter
Okay. Thank you very much. This, I believe, is a more focused Social Care, is Recommendation 7 - Consideration be given to developing accommodation suitable for couples. Couples should not be split up if one or both need Care or Respite. There is a business opportunity for the development of retirement homes.

Tracy Poole-Nandy - Portfolio Director for Health & Social Care
No, I agree. I agree that people shouldn't be split up, and we have previously offered a couple who both moved to the care of the CCC a shared room. I mean, that couple declined it. Maybe they got to that point in their life, and they're happy to have separate rooms. I don't know, but I know I agree, and I think this is an opportunity for maybe the private sector to develop further residential settings on the Island and consider that as an opportunity. Obviously, in the UK and elsewhere around the world, a majority of the residential settings are privately run and of an excellent standard. So, I think this is a really good opportunity for anybody out there who wants to think about a business opportunity, and we would fully support that. We would want to have similar, similar sort of governance structures in place that we have, good practices currently, whereby we review them and we make sure that they're fit for purpose, etc., etc., and that staffing ratios are good for training and support. So really do…..

The Hon Robert Midwinter
Tracy's just frozen. Just one minute. Tracy, you froze just as you were finishing off there.

Tracy Poole-Nandy - Portfolio Director for Health & Social Care
Sorry yeah, I thought, I thought you'd freeze as well. So, moving my head slowly, I was just saying, I think it's a good opportunity for the private sector, for ourselves, to expand our current residential offer would be subject to funding, and funding wouldn't just be in terms of building space, but obviously. But I do think, I do think we need to consider, as a community, what business offices are in this area, given the demand, I think it's a really good opportunity for the private sector.

The Hon Robert Midwinter

Okay, thank you. And I think Ros wanted to come in as well,

Rosalie Brown - Head of Service, Social Care, Adults and Children
just to add that we have previously had couples, and we have very difficult at the CCC with the rooms, because the size of the rooms, but we have accommodated where we can, and put two beds, put one bedroom, was a sitting room and one bedroom, one bedroom with the two beds in. But when you've got one of the partners who requires a hoist or requires a commode in the room, that is a little bit more difficult. But we do, and I've tried to for them to remain on the same unit, and also to spend the days together and be involved in all activities and whatever to do, to do together, and the same with shelter as well. And just on another note, where there's been families, particularly on somebody who's been end of life or palliative care, we've encouraged families to be able to stay over, even though there is not a relative room, but we've made it, make changes to room and put like a reclining chair in so somebody can get some rest and stay with the family and loved one at that very difficult time.

The Hon Robert Midwinter
Thank you. And then Recommendation 8 - The introduction of robust anti domestic abuse legislation, which makes coercion and other non-physical abuse of crime by the end of this Legislative Council, which I cannot see happening by the end of this Legislative Council, but I'll let you respond to that.

Tim McDermott - Head of Governance and Safeguarding Lead
I think we could support any changes that would improve the quality and protections around domestic violence. This is a legislative issue for the Government to take forward, and as part of their legislative program, we would support that. We did liaise with the police on this to see what their real concerns were, and they highlighted that they were, they were concerned around kind of controlling, coercive behaviour, much like the Human Rights have suggested and that they didn't feel that the current legislation perhaps gives that, that level of flexibility to be able to prosecute those areas. As part of our response, we did encourage the Human Rights to act as the provider of the domestic, of the Victim Support Scheme to try and help us understand the scale of the problem, and, you know, bring forward statistics on the number of people that engage in that scheme and what they know and what data they hold, so that we can work together as a multi-agency to provide the evidence needed to support the legislative change.

The Hon Robert Midwinter
Thank you. And Recommendation 9 - An independent review of the children's home and its staffing arrangements, including a risk assessment, should be carried out to identify and or reduce risks to both children and staff and to identify training needs.

Tracy Poole-Nandy - Portfolio Director for Health & Social Care
Yeah, I can respond to this one. So, we currently have two residential children's homes. We can only accommodate two children in those residential homes because we have reviewed them ourselves in regards to safety and individual needs. So, in regards to review, we do actually have Anthony Douglas, who was the previous Chief Executive Officer of CAFCASS in the UK, and previously undertook a review of social care provision, to St Helena. So, he's joining us in October for a couple of weeks, primarily to look at how we improve public proceedings, which are care proceedings in regards to children and young people. But what I've asked him to do whilst he's there, obviously, because we want to utilize his skill set, is just to see where we were and where we are now, and part of that could be the review. I don't think it necessarily warrants the full review, because we review our provision, on a very, very frequent

basis, to make sure it meets the need, and it has the scrutiny of the court, but I think Anthony can do that on our behalf, and he's an expert in regards to childcare and the provision of childcare services.

The Hon Robert Midwinter
Okay? Thank you, and Recommendation 10 - Long-term care needs of adults being cared for at home by elderly parents be assessed and a plan for future care be made. This will give carers peace of mind and SHG a chance to plan its longer-term delivery requirements.

Tracy Poole-Nandy - Portfolio Director for Health & Social Care
I think, to respond to that, we were aware of the individuals that reside in the care of their parents, and these are the same people that haven't had respite for a long term, long time since the closure of Barn View, or Respite as it used to look like. So, we are aware of the numbers in this respect, and I think they're forming part of the overall review of what the demand is going to be going forward, because we're cognizant that of these issues ourselves and we but the fact that we have continued to run at full capacity doesn't enable us to have a long-term plan in place outside of what we've already got. What we do find ourselves doing on St Helena, and I think this is for everybody, is that we have to plan as it occurs. And this happens very often, because we don't have increases in the budget on an annual basis to increase capacity across the island, numbers of beds, numbers of staffing, etc. So, in conjunction with the review of what we've got now, what we need going forward that will be presented to the new Ministerial Government in regards to their policy priorities and where they want to invest for the longer-term planning of people who are going to need care and support on the Island,

The Hon Robert Midwinter
Okay, thank you. The last recommendation is obviously interlinked with that Recommendation 11 - Overnight respite care be reinstated as soon as staffing allows, this must be a priority.

Tracy Poole-Nandy - Portfolio Director for Health & Social Care
Again, we're running at capacity. We do have a respite unit, that we have, but we don't have any additional resources with which to establish that. As you will be aware, social care has undertaken international recruitment, and that's just starting to prove successful. So, we've increased in terms of our carers on the island, but it still nowhere meets the vacancy levels that we currently experience across Health and Social Care, but we're moving in the right direction. So, it would be in line with when we've got enough staff to start to do that. We do have a number of people who provide respite too, in different ways, and we are moving towards providing overnight respite for some of those individuals, but that isn't all of those individuals, but it's based on assessed need. So, some people do wish to have overnight but there's SHAPE, and some people don't. So, it's subject to assess need on the Island, really, and for those individuals. So, when we've got adequate staffing in place to meet the needs of those we care for currently, I would suggest this probably falls into next year's financial budget, in light of not 2025 obviously, but 2026, in regards to what we need to meet actual need on the Island for next year. And again, it's the budget that's provided to us by the UK Government. It needs to be which is the priority from a Ministerial perspective. Is it to provide respite care to those individuals, or is it to improve education, or is it to improve other areas of service? Because we're aware it's a very small budget that has to deliver everything.

The Hon Minister Martin Henry
Mr. Chair, if you allow, could I just make a summary comment on the recommendations and our response to the entire report, and it's just to say a few, a couple of words. First and foremost, we would

like to thank EHRC, sorry, the Human Rights Commission, for the report. I do think, personally, that a lot of our desires are aligned. They are, they are raising points that we deal with all the time. Our teams deal with this all the time. Of course, we have limitations with actually putting those things on the ground, which makes it a bit more difficult. So, although we may not totally agree on some of the wording in between, we agree with a lot of the principles in general, we see the need, and we see that we can move in those particular directions. I would also just like to add, as our report does, add whilst there is no legislation in certain areas, this is just to champion the use of the Safeguarding Board itself. It is a multi-agent disciplinary board, which means that it isn't run by Health and Social Care. It is independent, run by an independent specialist, it has the other elements, including the human rights on board, and that form could be used to bring some of these things to light and to address in real time, rather than waiting on a particular report to be written. So, all I have to say is that, like our teams, we have to deal with situations as they occur. I would much prefer a relationship where we deal with those situations as they occur through the forums we currently have, until we can establish the ones that we all would so like to have. So, like I said, just to sum up, I would like to thank them for the report, and just to say that I hope we can use some of these forums moving forward to address the more local situations and continue continuously champion the ones that we want to between us. Thank you.

Approved by Select Committee Chair:

Councillor Robert Midwinter

10th June 2025