Health & Social Care Portfolio

Select Committee 1 – Equality and Human Rights Commission Submission Response

Introduction

The Health & Social Care Portfolio (H&SCP) would like to take the opportunity to thank the Equality and Human Rights Commission (EHRC) for taking the time to draft such an extensive report outlining a number of recommendations, and providing additional rationale at the live hearing on 24th March 2025.

This response report has been prepared following the third Formal Hearing of Select Committee 1 (SC1), convened on 24th March 2025, within the Council Chamber at the Castle in Jamestown.

The H&SCP is committed to active engagement with all stakeholders and welcomes the opportunity to address some of the issues, concerns, and recommendations made by the EHRC, and looks forward to working collaboratively with them in the future to ensure transparency and to build a better consensus on the way forward for the delivery of Health & Social Care here on St Helena.

This report summarises the key issues raised during the hearing, reflects the Committee's ongoing scrutiny of the Health and Social Care portfolio, and outlines next steps for engagement with relevant stakeholders in response to the EHRC's submission.

As part of this response, in section 1 each recommendation has been listed with comments from the Portfolio, with section 2 focussing on the live hearing commentary.

Section 1 - Response to recommendations

Health

Recommendation 1 – Adult Social Care legislation be enacted as a matter of urgency

Lack of legislation for adult care – As mentioned above there is no legal framework for adult social care. The Health and Social Care Portfolio have no legal framework on which to base their actions, services and policies. The corollary to this is that clients do not know to what they are entitled nor how to access that entitlement.

In the considered opinion of the EHRC this lack of legislation is a potential breach of several of the rights listed above, including the right to redress and the right to information.

The H&SCP support the need for the introduction of St Helena specific adult social care to help the services we provide keep the people we support safe. At present, the provision of statutory adult social work is aligned to The Community Care Act 1990 in the UK in the absence of local legislation.

The H&SCP have been keen to explore similar states, and have identified legislation from our sister island, The Falklands as a potential framework that could be mirrored.

Adult legislation is on the legislative framework for Government, and will be prioritised in line with the framework process. This is a priority for social care, but despite the requirement to wait for the legislation the H&SCP are confident that its absence does not hinder the support and interventions offered, including the effective safeguarding of adults and vulnerable adults

The St Helena Mental Health Ordinance, 2015 underpins all areas of intervention and support from a statutory perspective in relation to those presenting with, or those who have a mental health diagnosis.

Recommendation 2 – A review of the Welfare of Children Ordinance be carried out within the next Legislative Council

Welfare of Children Ordinance - This legislation was being developed 20 years ago, and it is no longer fit for purpose. Best practice has changed.

For example, children are allowed to marry (with parental consent) and have children themselves at 16. Child marriage is not acceptable under the CRC. The marriage age in the UK is 18.

There is a need for consideration and public discussion on whether we need a “Romeo and Juliet” law or policy. St Helena does not have a close-in-age exemption in its legislation. Close in age exemptions, commonly known as "Romeo and Juliet laws", are put in place to prevent the prosecution of individuals who engage in consensual sexual activity when both participants are significantly close in age to each other, and one or both partners are below the age of consent.

Because there is no close-in-age exemption, it is possible for two individuals under the age of 16 who willingly engage in intercourse to both be prosecuted for statutory rape, although this has not happened. Similarly, no protections are reserved for sexual relations in which one participant is a 15-year-old and the second is a 16- or 17-year-old

The H&SCP is content that WOCO remains relevant to standard practice in the UK which is based upon The Children Act 1989.

At present, the only amendment that the Portfolio feel is required would be to reflect the changes in the Safeguarding Board to reflect this now being joined with vulnerable adults.

In the live hearing, Mrs. Turner states:

The Welfare of Children Ordinance we have, we have reviewed, and we are working with Social Care to look at that in detail, because the Commission, I'm afraid, lacks some expertise, and we are not lawyers, so going through a piece of legislation and being able to pick out what may or may not happen in a given circumstance is difficult, and we wouldn't want to make a recommendation that was not helpful or incorrect, so we are looking to work with them on that.

It is unclear what concerns the EHRC could have with WOCO when by their own admission they do not have the expertise to undertake legislative review. The H&SCP are not aware of any attempts by the EHRC to engage on amendments to WOCO. The St Helena Children's and Vulnerable Adults Safeguarding Board is the statutory instrument that would be best placed to determine the need for any updates to this legislation, and as a partner agency to the board if this were deemed necessary then we would support and engage in the process. However, no proposal for review has been submitted by the EHRC, who themselves are statutory members.

In the UK there is further legislation in regards to rights and responsibilities of statutory services in regards to care leavers and children with disabilities, however, this could be a policy requirement that sits underneath the auspices of the Safeguarding Board, as an alternative to new legislation.

The 'Romeo & Juliet Clause' referred to by the EHRC exists in some nation states, but is not currently in place in the UK as a statutory instrument. The upcoming statutory requirement to report child abuse in the UK does make a provision for a 'Romeo & Juliet Clause', specifically when it comes to teenagers in consensual sexual relationships. In these professionals need to be confident that the individuals are both over the age of 13 and that there are no concerns about any abuse or coercion in the relationship.

To implement such a position would require significant legal steer, impact analysis specific to St Helena, stakeholder engagement, and public consultation. Section 13 of Sexual Offences Act 2003, states:

13 Child sex offences committed by children or young persons

(1) A person under 18 commits an offence if he does anything which would be an offence under any of sections 9 to 12 if he were aged 18.

(2) A person guilty of an offence under this section is liable—

a) on summary conviction, to imprisonment for a term not exceeding 6 months or a fine not exceeding the statutory maximum or both;
b) on conviction on indictment, to imprisonment for a term not exceeding 5 years.

The H&SCP would recommend significant caution in advocating for a legal change until a deep analysis is undertaken. The portfolio does not have the data to provide any opinion on this. This would need to be driven by Executive and Legislative Council, and require criminal justice lead. Should such direction be given, the H&SCP would engage as required.

Recommendation 3 – A robust protocol be established for the monitoring of care of patients in mental health facilities in South Africa.

Mental Health Ordinance – People sent to South Africa for treatment, cannot access our Court system, and St Helena has no jurisdiction in South Africa. The patients may not have capacity to act for themselves. We cannot protect vulnerable Saint Helenians from here.

Recommendation 4 – St Helena Government extends the OPTCAT to St Helena, as soon as practicable.

Any facilities here that hold non-voluntary patients/clients must be protected by Optional Protocol to the Convention Against Torture and Other Cruel, Inhuman or

Degrading Treatment or Punishment (OPCAT) as should any overseas facility to which our Courts send our vulnerable people who are not voluntary patients.

OPCAT is an international human rights treaty adopted by the United Nations in 2002 and entered into force in 2006. This has been ratified by UKG and the FCDO is keen that it is extended to all its Overseas Territories.

The main objective of OPCAT is to prevent torture and other forms of ill-treatment in places of detention, this includes anywhere where people are held without their own consent, for example the Mental Health ICU at the hospital and the Dementia Unit at the CCC and the Prison. It establishes a system of regular visits to such places by a statutory committee with powers to act to prevent torture and other cruel, inhuman, or degrading treatment or punishment.

The H&SCP cannot speak to specific care of patients, whether mental health patients or otherwise. However, there is a recognition that the ability to provide care on island for some mental health patients is limited.

Indication has been given to the H&SCP from South Africa that it is no longer an option to send involuntary psychiatric patients there for care. The portfolio can send voluntary patients to South Africa for private psychiatric care but this is outside the remit of the recommendation.

The initial premise for the room at the hospital was that patients would only be in there a short time and if we could not treat them safely then we would medivac. As this is no longer an option the H&SCP need to find a way of supporting very unwell patient's long term. These challenges are being addressed at leadership level.

In terms of local resource, the H&SCP have one small semi-secure room in the hospital which is multi-purpose but does allow to secure a patient which has been in recent times for a number of weeks, and despite having had patients on a voluntary basis, it has worked well. It has been designed to be as ligature free as possible and there are ways in which it can be modified depending on the patient's level of risk. It also affords some privacy as staff can sit in the observation port. The rationale behind having the room in the hospital was to make maximum use of staff; for example, when the mental health team are observing a patient in the room, support is given by hospital domestic and nursing services – a more effective use of resource. Given the limited use of the secure room, amounting to a small number of days per year, the proportionality of resource allocation has to be accounted.

Longer term patients would require a facility to meet their needs which would be safe but also not be as institutionalized as a hospital setting. Alternative provisions could be considered as there appears to be a demand for this type of service offer, but as outlined comes with additional funding requirements.

The H&SCP has not previously received any recommendation from the EHRC for the application of The Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT), nor has the suggestion been raised in other forums.

Given that the H&SCP can't move involuntary patients to South Africa it is assumed the suggestion that this should apply to any overseas facility need not apply.

The demands of the articles of OPCAT (a subgroup with 15 members, no two members of the Subcommittee on Prevention may be nationals of the same State….etc.) seem to be somewhat impractical and disproportionate for St Helena. The inclusion of other agencies in this, including the prison, would require a multi-agency dialogue if any steps were taken to create anything that aligns to the principle of OPCAT. The H&SCP would recommend that the EHRC bring this, as a partner and lead agency on Human Rights, to the Safeguarding Board for consideration.

By way of assurance, in cases where individuals do not have capacity and deputies are appointed to advocate for them, the Office of the Public Guardian performs a statutory oversight role, with the functions laid in out Section 8, 125 (1) of the Mental Health And Mental Capacity Ordinance, 2015.

Recommendation 5 – The regulations for statutory sick pay be reviewed and the days allowed be increased annually until there is parity with the public sector.

Recommendation 6 – Consideration be given to a local National Insurance scheme or similar

The EHRC currently has 14 clients who are complaining about the excessively long wait for treatment overseas which is having life changing impacts on their lives from losing jobs, missing out on promotion, living in pain, to fear of leaving the house. This is now improving due to the promise of additional funding from UKG.

The financial impact for the long-term sick and their families can be devastating particularly as the entitlement to sick pay is only 5 days per annum in the private sector.

The challenges with overseas medical treatment, and waiting lists impacted by financial constraints, have been well documented. The H&SCP welcome the increased funding for overseas treatment this year. The addition of a CT scanner to Jamestown General Hospital has significant increased diagnostic capabilities that have reduced the amount of investigatory visits to South Africa, and allows for more targeted referrals, with shorter durations off island.

The H&SCP has increased cost saving measures that can significantly improve patient outcomes, which include increasing the number of visiting specialist to the island, including the provision of an orthopaedic surgeon performing operations that would have previously required overseas referral, as well as increasing the number of visiting specialists. This is alongside significantly modernised optometry and audiology services.

The recommendations provided here by the EHRC are governmental policy decisions that sit outside of the H&SCP function. They are fiduciary and as such need to be driven by Government, with support from the Financial Secretaries team.

Health Complaints

The H&SCP has a robust complaints management procedure that monitors, grades, investigates, and feeds back on all complaints received formally.
All complaints should be managed through the governance team, and the figures produced by the EHRC do not align with figures from the central recoding database.
There is an acceptance that on occasions the EHRC may contact direct clinicians or staff members with their concerns, and that these are not always passed through for central recording. As such the H&SCP cannot monitor trends and may not be able to offer assistance in the same way as if the concern was raised through formal channels.

The EHRC are encouraged to send all concerns to healthfeedback@sainthelena.gov.sh to ensure that they are processed in line with procedure.

Specifically to the concern raised in the report by the EHRC:

If the EHRC had not found assistance for this man, he would not have been able to go for all his tests and may not have been diagnosed. Information on medical fee exemption policy is not publicised and therefore when he gets his bill he will have had the additional costs of those tests too. The EHRC understands that the hospital must function with limited resources and that scenarios like this are almost unavailable however lack of information on the medical fees exemption policy and the reduced pharmacy hours are exacerbating the situation.

The medical fee exemption is driven by government policy outside of the H&SCP, and is linked to the entitlement to certain benefits. The H&SCP are provided with a list of those people on IRB and BIP to apply the exemptions as required for each category. The H&SCP have been actively looking at its fees and charges, with work ongoing.

The H&SCP needs to make clear that the provision of health care to Saint Helenians is not prohibited by ability to pay at the time of treatment. No treatment will be withheld due to any concerns over ability to pay.

Many of the 8 concerns raised by the EHRC, following their table of figures do not require comment as they are based on either historic or resolved concerns, but the H&SCP feel it is important to comment on the following:

There have been 9 complaints about the availability of key drugs and being issued out of date medication (Naproxen, omeprazole, contraceptive pill, insulin to name but a few.)

Whilst the EHRC have not given an indicative guide of when these were raised as concerns, it is recognised that the extended supply chain to St Helena, and global availability of certain drugs at any given point can result in shortages of drugs, or the arrival of drugs that have short dates. In all instances the procurement team work tirelessly to secure available drugs or alternatives against significant global cost rises in drug prices, in some cases representing up to a 1500% increase in wholesale costs in only a 12 month period.

Changes to shipping provision provider have increased shipping costs, and have created challenges with ensuring regularity of delivery, particularly with cold chain supply of drugs, leading to the need to secure alternative reliable suppliers.

The issuance of drugs that have passed date is done on the guidance of the Pharmacist, who obtains guidance from National Institute of Health and Care Excellence (NICE) and the British National Formulary (BNF). This ensures that patients continue to get safe and effective medical treatment.

We have received 2 complaints from people who obtained a diagnosis in South Africa and were told they could be treated immediately but the hospital management here refused the treatment, and they had to return home.

Decisions in regards to clinical interventions are based upon clinical need. It should be recognised that the former provider, MSO, are a private entity in terms of health provision and as such can offer additional treatment that falls outside of the reason for referral, which would not happen in public sector health provision. All clinical decisions made by our overseas providers are undertaken in conjunction with the Chief Medical Officer and where cases are very complex in nature, supported by a multi-disciplinary team in the UK.

Social Care

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.

In recent months the EHRC has not received any new complaints about the care in the CCC despite the difficulties with staffing levels. In the past we have had complaints of violence by staff and ill treatment. These have been raised with the Minister and the Director in general terms (the victims did not want to be identified) and passed to the relevant authority.

The EHRC is concerned that the amount of accommodation available is not meeting the needs of the aging population. We understand that on occasions elective surgeries have been delayed due to the number of elderly people being kept in hospital as there is no room at the CCC. With an aging population demand for support from social care will inevitably increase. This could lead to challenges under the Constitution.

It is important that those in care are treated with dignity; the residents in the CCC must be allowed the freedom and the privacy they would have in their own homes. For example, to choose when to get up and when to go to bed and how they occupy their time. Couples also have a right to be together and remain together this is true even in our later years. Currently the CCC has no double rooms and the accommodation at Deasons and Cape Villa will not accommodate two people comfortably.

The H&SCP are pleased that there have been no complaints raised to the EHRC about the care provided at the CCC in recent times. This is testament to the hard work of the staff, in a very challenging and demanding environment.

The historic complaints highlighted about violence and ill treatment are extremely serious allegations, and in any such case the H&SCP would actively support rigorous investigation and would engage with our partners at the Royal St Helena Police to provide as much information to support as possible. The H&SCP is committed to providing safe, quality care for all of our residents at all care facilities.

The pressure on accommodation has been an ongoing issue for some time, and there is a recognition that some people remain in hospital longer than would be preferred awaiting social care beds. Against a backdrop of an aging population, with increased health concerns including a high incidence of non-communicable diseases such as diabetes and hypertension, there will continue to remain pressure on availability of facilities.

Social Care leadership have looked at the accommodation at Cape Villa previously for twin/double rooms and will continue to review as a viable option depending on each circumstance. Alongside this there is a review of the accommodation at the CCC, with potential expansion of the current footprint.

Domiciliary Care

This is an area of deep concern to the EHRC. When someone has the capacity to make an informed decision, they have the right to choose to stay in their own home and they should be assisted to do so. The level of assistance the state will provide should be defined in law and equally available to all. As discussed above there is no legislation, however the EHRC is aware that despite very limited financial and human resources Adult Social Care work to spirit of the UK Care Act.

Parents and carers of loved ones with disabilities being cared for at home must also be supported and know what support they can rely on. While care plans and assistance are in place the EHRC is often contacted by our clients who have been let down due to early morning staff meetings which mean the client has to remain in bed, sometimes in wet/dirty nappies until someone arrives to help with bathing and dressing. Carers are often running late meaning they have insufficient time to clean, hang out washing or assist with cooking and personal care.

People cannot make informed decisions and organise their lives if there are no protections and no legal duty to fulfil an agreed care plan. This is why the EHRC stresses again that the people of St Helena need the protections of an Adult Care Ordinance.

The H&SCP have increased the provision of domiciliary care over the last 3 years, which has enabled many more people to remain in their own home much longer. The H&SCP are concerned about this being an 'area of deep concern' for the EHRC.

There have been no concerns raised directly form the EHRC either centrally through governance or to social care leaders, including the domiciliary care manager. The H&SCP encourage the EHRC to bring forward their concerns, especially where they have been contacted directly by people who have been let down by the service. Unless the H&SCP get this information we cannot make amendments to the service provision.

Once again, the H&SCP support the introduction of St Helena specific legislation in this field, but as noted prior, the Care Act 1998 affords protections to the people of St Helena.

The budget allows for all of the basic care needs to be met island wide for those assessed as requiring it. There are ongoing activities on a 1-1 basis for younger adults with complex needs but beyond this unless the budget increases in social care the service will have to focus upon basic needs. The CCC offer day care support with positive activities and there are a number of people who access this on a daily basis.

Recommendation 8 – the introduction of robust anti-domestic abuse legislation which makes coercion and other non-physical abuse a crime by the end of this Legislative Council.

The Safe Haven service is excellent but there is currently no support or refuge for men suffering domestic abuse.

There is a desperate need for robust anti-domestic abuse legislation which makes coercion and other non-physical abuse a crime.

A legislative change to support anti-domestic abuse would be for Government to address and take forward, and the H&SCP would support and collaborate with key partners.

The Royal Saint Helena Police have echoed the concerns from the EHRC, specifically noting missing UK legislation such as:

Engage in controlling / coercive behaviour in an intimate / family relationship
Contrary to section 76(1) and (11) of the Serious Crime Act 2015.

The H&SCP would be happy to engage and support any required legislative reform.

The H&SCP are pleased that the EHRC extol the safe haven, but it should be noted that it is not exclusively for the provision of support to women. Whilst this is a key demographic given rates of domestic violence where men are the perpetrators, and therefore likely to account for women using the facility more, support is given by Social Services to male victims of abuse. The H&SCP have previously accommodated males outside of the refuge setting to support them during a period of crisis. The Royal St Helena Police have indicated that in the last 6 years there have been very low single figures of recorded domestic violence against men.

As the provider of the islands Victim Support Scheme, the H&SCP encourage the EHRC to provide any data sets they hold to the Safeguarding Board so an informed decision can be made about whether there is a need for, and whether the EHRC can lead, the development of a National Anti-Domestic Abuse Strategy.

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.

The Children's home is a difficult issue with potential for various human rights abuse claims if certain circumstances were to arise. This is due entirely to the circumstances of St Helena and not a criticism in any way of the management or staff. We are a small community, and we *cannot have all the facilities a larger island or country may have. Therefore, children of both genders, various ages and with varying social care needs share the same space. Limited staff numbers mean carers working alone with difficult children or young people. Protecting the varying needs and rights of each young person in the home is a delicate balancing act. Not only must children be protected, but the staff also need to be able to properly protect themselves too. The Portfolio have a duty of care.*

Children under the care of the H&SCP will have a range of varying needs, the management of any placements take into account any risks or safeguarding concerns.

The role that St Helena Government play in looking after children is one of the most important things they do. There exists a unique responsibility to the children that are looked after. In this context SHG and Legislative Council are considered as being the 'corporate parent' of these children and young people, and the critical question that they should ask in adopting such an approach is: 'would this be good enough for my child?'

In order to thrive, children and young people have certain key needs that good parents generally meet. The corporate parenting principles set out seven principles that local authorities must have regard to when exercising their functions in relation to looked after children and young people, as follows:

- to act in the best interests, and promote the physical and mental health and wellbeing, of those children and young people
- to encourage those children and young people to express their views, wishes and feelings
- to take into account the views, wishes and feelings of those children and young people
- to help those children and young people gain access to, and make the best use of services provided by the local authority and its relevant partners
- to promote high aspirations, and seek to secure the best outcomes, for those children and young people
- for those children and young people to be safe, and for stability in their home lives, relationships and education or work; and
- to prepare those children and young people for adulthood and independent living.

Despite shortages in staffing resources across the island, the H&SCP does not compromise the safety of children and young people. Staffing levels fluctuate according assessed needs and there are times when lone working applies. All of which is managed by the Children's Home manager, with support provided by Children's Social Care. There is active recruitment to the children's home, with a current advertisement for a Technical Cooperation Officer as Children's Home Manager.

There are arrangements in place for the Children's and Adults Safeguarding Board to provide assurances on the quality of care provided at the home, and Legislative Council have in place a children's champion whose terms of reference include providing assurance about the children's home.

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 chance to plan its longer-term delivery requirements.

Recommendation 11 – Overnight Respite care be reinstated as soon as staffing allows. This must be a priority.

The EHRC has several clients with problems accessing respite care, both day care and overnight assistance. Since the closure of Barn View in 2015 there has been no overnight care for many clients. Some carers, mainly parents, have not had a night out together or a full night of sleep for over nine years. We have parents in their mid-60's through to over 80 years old coping day and night without a break. Even if their loved one goes to Day Care those few hours only give chance to catch up on the household chores. There seems to be no plan for what will happen when they can no longer go on. There is no residential care for younger adults with high support needs.

The H&SCP acknowledges this recommendation as an ongoing concern, and there are a number of families awaiting respite. Adaptations were made to a bungalow at Piccolo hill to accommodate up to 3 adults at any one time, however, due to demand on placements we are now using this bungalow as an extension of the CCC and will do so for the foreseeable future. This decision was taken to address the issue with people in hospital awaiting social care placements. There is also a concern about staffing a respite facility. Recruitment into social care remains challenging and it is envisioned that there would be the requirement for at least 8 to 10 staff to run a full respite service, especially in instances where some service users will require 2:1 support.

Unpaid carers provide a valuable services to loved ones, neighbours and friends. There is a presumption that families will support each other out of their duty of care, with social care providing some additional support such as carers allowance, where assessed. Some carers remain in employment, but the expectation appears to be that they should get paid for duties they would ordinarily undertake to support others within their household.

Day Care

Day care has also raised some complaints from Social Care clients:

There appears to be a reluctance to drive to certain places to collect clients

1. *Wheelchair accessible cars are in short supply, and it appears frequently off the road.*
2. *There used to be a variety of activities for the elderly and disabled living at home. Carers would take them shopping, to meet friends, to visit graves or the library or to look at the sea. Now everyone must go to the CCC for day care. As one client put it, "Why would I want to spend the day looking at people and seeing my future?"*
3. *Because staff start at 8.00/8.30 am and must be on the bus home at 4pm the length of time some people spend at Day Care is very short. By the time someone has driven to Longwood, Levelwood, Sandy Bay or Blue Hill to collect a client and they arrive at Day Care, the clients feel it is almost time to go home.*

The H&SCP are now in a position to appoint a bus driver specifically to meet the needs of social care, including day care. This should help address some of the issues highlighted, however, the logistics of providing day care are challenging with limited facilities available and low staffing levels. It is not possible to guarantee providing day care for everyone requiring this service at the required times. There are limited resources and availability of day care spaces. This explains the use of the CCC as a central location.
A question that the H&SCP would propose is: Is there an over reliance on social care? There are a significant number of registered charities on St Helena. As is done in the UK and other countries, any of the charities could consider programmes to support our vulnerable adults, such as a voluntary befriending group to support integration, inclusion and social engagement.

Section 2 – Additional Comment on Live Hearing Evidence from EHRC

The H&SCP felt that it was important to respond to some of the verbal evidence given during the questioning of the EHRC CEO, Mrs Turner. Key points are as follows:

'W*e'd had a substantial amount of complaints or issues raised, not always negative about Health and Social Care, so we had started investigating the complaints and looking at what was happening'.*

As highlighted above, there has been very little interaction with the central complaints management process, and the figures presented by the EHRC in their written evidence do not amount to a 'substantial amount'. The total number of complaints for the year 23-24 was only 46 across the portfolio. The H&SCP have thousands of contacts with patients and service users every week, and the H&SCP contend that these figures do not represent a substantial amount, especially when broken down by category, wherein almost 20% were related to wait times for non-emergency overseas medical referrals.

'We have had to write and ask for policies, some of which have been shared with us, some of which have been refused. So if we can't get them, members of the public can't get them'

No policies have been refused in regards to the sharing of information as these are also public documents. The only information that has been refused was in regards to the sharing of information in regard to individual cases and data arising from the cases. The H&SCP have a robust Data Confidentiality Policy which restricts the sharing of patient information as well as data sets that could lead to identification of patients.

'It doesn't matter if they are of any specific race, origin, male, female, age, all the protected characteristics, language, religion, political or other opinion, all of those things are protected. So it shouldn't matter who you are. You get the same treatment as everybody else with your condition, the right to prevention, treatment and control of disease […]. We should have access to essential medicines, and again, we, I think work is being done on this, but I'm not entirely sure where, how far we've got, but in the UK, they have something called NICE, which is the National Institute of Clinical Excellence, which says what drugs will be used to treat what illness or what condition, so that everybody knows what's available to, so we don't necessarily have a right to the most expensive, or the latest state of the art treatment, we have a right to the best treatment that can be afforded. We have a right to proper maternity care and child and reproductive health, so pap smears, vaccinations, all of the other things that go along with that. Antenatal care, postnatal care, those are all covered, but again, it's at a level that can be afforded, equal and timely access to basic health services.'

All patients requiring clinical intervention are treated equally regardless of their background. All interventions are based upon clinical need and prioritised accordingly. As noted above, the availability of medical supplies is subject to the challenges in regards to freight. All chilled medical supplies are air freighted as there is no affordable way at this time to sea freight chilled supplies.
Air freight can cause delivery delays and therefore impacts the availability of medical supplies. There has been a lot work undertaken to improve the supply chain in discussions with NHS England and South Africa.
The H&SCP do take notice of NICE clinical guidance, as noted previously, and has its own internal structures including the Drug and Therapeutics Committee and a standardised formulary. It is not possible to keep a published list of availability as this fluctuates based upon the circumstances highlighted above.

There is ongoing work on the creation of a standard of care guidance, which will guide clinical interventions and decision making moving forward. Ultimately, there will always be limitations to the portfolio's ability to deliver care, it's an acceptable fact of living in such a remote, and financially constraint, island.

Health, education and information; that's anything that we can do as individuals to protect our own health, to maintain our own health, we should be informed about and the participation of the population in health related decision making means that the population as a whole should be able to help influence and have a voice in saying, we will put 10% of our care to elderly care, 20% to children.

The Joint Strategic Needs Analysis undertaken in 2022 included a public consultation relating to the health and wellbeing of the wider community and is a public document. This consultation captured the voices of the community of all ages.
The H&SCP health promotion team, under the leadership of the Public Health Lead is working on a wider strategy in regards to prevention, which will also include public

consultation. Alongside this there is participatory voice in the while systems approach to obesity.
There is also a screening programme in place for a number of medical conditions which can help people take control and manage their own health and wellbeing.

It would be an impossible position for H&SCP to operate in the best interests of its patients and service users if resource allocation internally was determined by public opinion, or driven by elected officials who do not have the clinical knowledge to inform rationale. Resources are allocated by need and demand, and attributed to areas that can achieve the best care and outcomes for patients and service users. No democratic country could ever determine allocation of healthcare funding based upon the populace decision. There could never be a situation wherein the public could choose to defund a particular service in preference of another just due to public perception/bias.

I think where there is an urgent need to make a decision, if you cannot delay by having a referendum on it, and we'll vote on it in six weeks, it has to be proportionate, that's the word we use. So for an emergency like bird flu or COVID, a decision has to be made very quickly, because the minute an infected piece of meat or an infected person comes onto the island, we are all at risk. So I would say that where there is an urgent need, it is proportionate to make an urgent decision.

The H&SCP needs to stress that there cannot be a determination of prioritisation within healthcare made by 'referendum', or driven by popular opinion. Decisions are made based on data informed practice, expert guidance, and expected clinical outcomes. In urgent cases, as in the example suggested by the EHRC, public health decisions are made on the recommendation of the CMO and the Public Health Committee in conjunction with the ministerial government in order to protect the population from communicable diseases. This is conferred in law through the Public Health Ordinance, 1939.

But this was more about having practices there for people who, perhaps, like Muslim women, should only really see a female doctor, and that the advice, at least there is some effort towards achieving that. It isn't always possible if we only have half a dozen doctors and none of them are female. It is very difficult, and I appreciate that it's not always possible to have if we need a surgeon that we can't suddenly say, well, it can only be a female surgeon, but anything that can be done to mitigate that, having appropriate people to chaperone, or proper screening so that people aren't visible, those sorts of things are the things that we were thinking about there for cultural appropriateness.

The H&SCP tries to be sensitive to the cultural appropriateness but it cannot make a commitment or any guarantees around things such as the sex of a doctor. Recruitment into the H&SCP is challenging; maintaining a full complement of suitably trained and qualified medical and nursing staff means the portfolio must appoint those most suited and experienced from those that apply. Specifically to chaperones, any patient can bring a chaperone to a GP appointment where required, for either cultural needs or in order to advocate on their behalf. During a surgical intervention or gynaecological intervention there are always chaperones present, regardless of the gender of the clinician, most often in the guise of female nurses.

'[…] palliative care, but because there aren't the agencies that you can get, Macmillan nurses who can come in and do end of life care. It falls on people who are perhaps not as well educated as they would like, perhaps not able to take the responsibility to look after somebody at that very difficult time, and there is a lack of support for people in that position'

The H&SCP need to make clear that whilst there are no agencies like Macmillan, there is a clear palliative care pathway, delivered by our qualified community nurses; who provide clinical interventions as required in conjunction with oncology. Personal care support is also provided by domiciliary care where required during this sensitive time.

The service encourages the patient to express their wishes as part of their end of life plans and where possible enable this to happen at home in conjunction with support from other allied health professionals including the Occupational Therapy and Physiotherapy services.

The H&SCP are progressing with the implementation of ReSPECT, an established UK programme that creates personalised recommendations for a person's clinical care and treatment in a future emergency in which they are unable to make or express choices.
These recommendations are created through conversations between a person, their families, and their health and care professionals to understand what matters to them and what is realistic in terms of their care and treatment.

'The Commission, I'm afraid, lacks some expertise, and we are not lawyers, so going through a piece of legislation and being able to pick out what may or may not happen in a given circumstance is difficult, and we wouldn't want to make a recommendation that was not helpful or incorrect'

It is difficult to align calls for legislative reform from the EHRC with the statement 'we wouldn't want to make a recommendation that was not helpful or incorrect'. A blanket call for reform without any evidence of need or requirement is particularly helpful. The EHRC have forums to express concern amongst key leaders, professionals, and experts who can give real, practical advice on impacts of any legislative changes on the way care is provided, both in health and social. Moreover, as a platform, with increased engagement from the EHRC the Safeguarding Board would allow access to key leaders across all of the public service, the FCDO, and key partner agencies here on St Helena.

'We have worked with Social Care on a scheme, a sliding scale scheme to get disabled people into work, which was actually accepted by the last Social and Community Development Committee, but right before the general election, so it never came through.'

The H&SCP would be happy to meet with the EHRC to review this, and actively support any plans to bring disabled people back into the workforce as this can have a positive impact on the individuals and they can no doubt offer much needed skills to the employers.

'Mistreatment at the CCC that has all been dealt with, yes, and we've had no further complaints. It's all been very, yes, very good, from there on, we passed on some complaints to the police, and they were looked at, and there have been actions taken, I understand, and the clients and their families have both said that they're happy with the outcome.'

The H&SCP would like to clarify that these are no contemporary concerns, these were from some time ago. The investigations into these concerns was supported by the portfolio, and appropriate actions were taken. The H&SCP have a zero tolerance stance on any suspected mistreatment and will take action to protect our service users and support criminal and disciplinary processes.

'The medical negligence cases that are waiting to go through. For some of them, the negligence or the event happened as much as nine years, eight, or nine years ago, 2016/17, and so they've been waiting a very long time, and for the most serious ones, the level of care that is now needed is way beyond what it used to be.'

The H&SCP are not in a position at this time to make any comment on any medical negligence claims other to say that it is supporting the legal processes and has dedicated resources to ensure any requirements that are set upon it are met. We will continue to provide care based on need for all individuals regardless of any litigation.

The Hon Elizabeth Knipe
Your report states that there's currently no support or refuge for men suffering domestic abuse. As the EHRC is a member of the Safeguarding Board, has this been raised as a concern with the Board? […]

Catherine Turner CEO EHRC
Yes, it has been raised with the Safeguarding Board, probably two years or more ago, and it is something that I know they want to review, and we have had difficulty getting statistics on domestic abuse in general, but then disaggregated for male and female. So that is now available, and we're hoping, now working with the police, to get some figures together so we can see what the demand might be for a male place of safety.

No data has been presented on the scale of the concern relating to male victims. As stated, the H&SCP, in partnership with housing, have accommodated male victims in locations other than the Safe Haven. However, having undertaken a review of the

Safeguarding Board minutes (which are published in a redacted format), it has not been possible to see when this was brought by the EHRC as an issue. The H&SCP recommend that the EHRC align this to their concerns over domestic abuse legislation and present any evidence or reliable data sets they can secure to the board, so agreement can be made on a Domestic Violence Strategy for St Helena.

Once again, the H&SCP would like to thank the EHRC, and its CEO, Mrs Turner, for the work that they have done in presenting this evidence to the Select Committee. There are many offers of collaboration made throughout, and it is hoped that H&SC, the EHRC and other parties can work together to make the provision of H&SC work for the people of St Helena.