



St Helena  
Government

ST HELENA LEGISLATIVE COUNCIL  
SELECT COMMITTEE 1  
THIRD REPORT  
HEALTH & SOCIAL CARE  
PROVISION OF FACILITIES AND SERVICES  
PUBLISHED 17 JUNE 2025

Laid in House on 26 June 2025

# **Legislative Council of St Helena**

## **Select Committee 1**

### **Third Report**

#### **H&SC: Provision of Facilities and Services**

The inquiry focused primarily on the following:

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

**With the formal minutes relating to the report  
Published 17 June 2025**

## Select Committee 1

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### *Select Committee 1*

As per the Select Committees (Establishment) Order 2022, Select Committee 1 is appointed by the Legislative Council to scrutinise sectors of Government activity. Select Committee 1 is responsible for reviewing and scrutinising:

- (i) Health and Social Care
- (ii) Environment, Natural Resources and Planning and
- (iii) Education, Skills and Employment.

### *Current membership*

|        |                             |
|--------|-----------------------------|
| Chair  | Councillor Robert Midwinter |
| Member | Councillor Gillian Brooks   |
| Member | Councillor Ronald Coleman   |
| Member | Councillor Elizabeth Knipe  |

### *Powers*

The Committee is one of two Select Committees, the powers of which are set out in the Select Committees (Establishment) Order, 2022, and the Standing Orders of the Legislative Council. These are available to view on the St Helena Government <https://www.sainthelena.gov.sh/government/legislative-council/> website.

### *Staff*

The current Secretary of the Committee is Marita Bagley.

### *Contact Information*

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## Introduction

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In March 2025, Select Committee 1 commenced its third inquiry for after-the-fact review and scrutiny of decisions, policies and activities of the Government for Health and Social Care Portfolio, focusing on: **Provision of Facilities and Services** in the following areas:

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

We felt this third topic was current, relatable and would garner a high level of public interest. Members of the public and organisations were invited to get in touch with the Committee to share experiences and issues of concern within this sector, on St Helena.

The Committee received one Letter from a constituent, a report from Equality & Human Rights Commission (EHRC) and related information in respect of policies and procedural guidelines was received from the Health & Social Care Portfolio (H&SC) of the St Helena Government (SHG).

A live evidence session was held on Monday 24<sup>th</sup> March 2025, with the Equality & Human Rights Commissioner, based on her report during which key findings were presented.

The EHRC Commissioners are appointed under Schedule 1 (section 4) of the Commission for Equality & Human Rights Ordinance 2015 on the recommendation of the Judicial Services Committee (JSC). EHRC Commissioners are advocates in the promotion and protection of human rights on St Helena, engaging fully in collective consideration of all issues as well as acting in good faith and in the best interest of the commission.

The EHRC is a non-departmental public body, an institute of the State but independent of the State, established under the Commission for Equality & Human Rights Ordinance 2015. Their stated role is to protect and promote human rights in St Helena through various means, including investigating complaints, research, advocating and empower, enforce, education and monitor.

A live evidence session was also held on Monday 19<sup>th</sup> May 2025, with the Minister and key members of staff from the Health and Social Care Portfolio. At this live evidence hearing Session 1 was based on the portfolio's response to the EHRC report and Session 2 was be based on more general Portfolio related matters that had been raised with Select Committee Members during their respective Constituency Meetings..

We are grateful to everyone for their contribution and cooperation with our inquiry.

**As the current Legislative Council will be dissolved on 30<sup>th</sup> June 2025, pending a General Election, and the current Select Committee will therefore also be dissolved, and noting that Government will as a result enter into a period of purdah until after the General Election, we have not placed specific timeframes to our recommendations, but would moreover hope that the finding of the Select Committee will be debated further between the incoming Members and other relevant parties in order to formulate an agreed action plan for addressing the recommendations made.**

## Report

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On 24 March 2025 a live evidence session was held with the Equality & Human Rights Commissioner. The session aimed to discuss a report submitted by the Equality and Human Rights Commission (EHRC) in response to the Committee's public call for information. Catherine Turner, CEO and Commissioner of the EHRC, presented the findings of the report and indicated that the EHRC had received a significant number of complaints related to Health and Social Care, prompting an investigation into the issues raised. Their review aimed to assess potential risks and ensure that Government actions aligned with constitutional obligations regarding fundamental rights and freedoms.

The report highlighted several critical areas of concern:

- **Insufficient Legal Framework:** The EHRC found the current laws governing Health and Social Care to be inadequate, particularly in Adult Social Care, hindering the ability to determine whether the Government meets its obligations effectively.
- **Focus on Human Rights:** The report highlighted the importance of assessing Health and Social Care from a human rights perspective, focusing on what constitutes fair and reasonable access to services.
- **Recommendations:** The EHRC had made eleven recommendations, primarily addressing the legal and physical infrastructure necessary to uphold human rights within the Health and Social Care sectors.
- **Conclusion:** As part of the Committee's ongoing inquiry, there was a critical need to explore further the expressed need for clearer legal definitions of individual rights and responsibilities within Health and Social Care. The discussion also raised questions about how the success or failure of current laws is measured, particularly since evaluations by EHRC are only based on complaints lodged with the EHRC.
- **Next Steps:** The Committee will further explore the implications of the EHRC's findings and recommendations and continue to engage with stakeholders to enhance the legal framework surrounding Health and Social Care.

End of Summary in respect of Live Hearing relating to the EHRC Report

## FOURTH LIVE HEARING SESSION 1

On Monday 19<sup>th</sup> May 2025 the fourth formal live hearing of Select Committee 1 was held. The Committee's focus was on Health and Social Care, specifically examining:

### Provision of Facilities and Services

- Hospital (including palliative)
- Community Care Centre (CCC), Sheltered Accommodation and Domiciliary Care
- Safe Haven and Children's Services

The hearing consisted of two sessions, with the first addressing the report received from the Equality and Human Rights Commission (EHRC) in response to our public call for information. Questions were directed to senior officials of the Health and Social Care Portfolio regarding the EHRC report, to which a written response has already been received from the Portfolio. Representatives from the Portfolio and the substantive Portfolio Director, who joined via an internet link, who were present for the meeting were:

- Tracy Poole-Nandy, Portfolio Director – Health & Social Care
- Hon. Martin Henry, Minister – Health & Social Care
- Tim McDermott, Head of Governance and Safeguarding Lead
- Rosalie Brown, Head of Service – Social Care (Adults and Children)



The hearing aimed to scrutinize the Health & Social Care Portfolio's response to issues raised by the Equality and Human Rights Commission (EHRC) concerning health services, adult and child social care, and safeguarding. It also reviewed the state of infrastructure, staffing, legislation, public complaints, and operational procedures across services. It was noted that the legislative framework shows there is currently a lack of specific legislation for Adult Social Care relying instead on the UK's Community Care Act of 1990. Additionally, whilst considered still relevant by H&SC, it was the view of the EHRC that a review of the Welfare of Children Ordinance (WOCO) was required to bring it up to date. EHRC had suggested that a Romeo and Juliet clause be considered for inclusion in legislation for St Helena, however H&SC emphasised caution be taken in this respect, given the unique demographics and historical context of St Helena. While there could be some flexibility regarding such relationships under new statutory reporting requirements in the UK, it is believed by members of H&SC that the legislative framework in St Helena is not yet mature enough to adopt this concept fully.

The supply of medication and other matters relating to the pharmacy were discussed, and it was stated that post-expiry medications have been used safely due to freight delays, yet limited supply and high costs impact availability, with air freight reserved for chilled medications. The formulary system regulates stocked drugs to balance availability and fiscal constraints, although access to chemotherapy drugs can be logistically challenging on a case-by-case basis.

Access and coordination of healthcare are particularly troubling for rural patients, who struggle with unsynchronized tests and appointments; improvements in scheduling are being committed to.

Service complaints and feedback were via a formal central complaint system. This had recording only 46 complaints in 2024 and related mainly to GP access and overseas referrals, highlighting a discrepancy between formal complaints and informal reports made to the EHRC. Safety reports in care settings frequently cite incidents like slips and falls. Domiciliary care currently supports around 40 individuals, while day-care services at CCC cater to 10 per day. Both sheltered accommodation and CCC are at full capacity, causing delays in hospital discharges, with supported living only accommodating five individuals due to staffing and budget limitations amid a growing elderly population. Governance and safeguarding mechanisms, including multi-agency approaches and Public Guardian structures for vulnerable adults, are in place, with capacity assessments determining decision-making abilities for individuals.

The support system for victims of domestic abuse lacks a dedicated facility for male victims, but ad hoc support is available, although it was recognised that societal attitudes can deter reporting. Nevertheless, steps are being taken to enhance gender-inclusive messaging and response systems.

Finally, while overseas medical referrals were temporarily expedited through BIOT funding, which is limited, the Government is focusing on investing in equipment and prevention strategies to reduce reliance on off-island treatments.

## Recommendations & Conclusions – Session 1

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The Committee has assessed the formal responses from the Health Portfolio and has made the following recommendations:

### 1. LEGISLATION

Testimony provided by the Health and Social Care Portfolio during the 4th Formal Hearing of Select Committee 1 highlighted the absence of dedicated legislation for adult social care on St Helena. Current practices rely on alignment with the UK's Community Care Act 1990, which, while effective as a guide, lacks the statutory authority needed to secure consistent, enforceable standards locally. The Equality and Human Rights Commission (EHRC) has identified this legislative gap as a pressing concern.

In addition, the Welfare of Children Ordinance (WOCO), while largely still relevant and reflective of the UK's 1989 Children Act, has not undergone substantial review or modernization in recent years. Proposed updates include adjustments to reflect the extended scope of the Safeguarding Board, which now encompasses both children and adults.

It was also noted that certain recommendations made by the Equality and Human Rights Commission (EHRC)—such as the implementation of a “Romeo and Juliet clause”—may be more appropriately addressed through professional guidance rather than legislation at this time.

#### **Recommendation 1.1:**

##### **Urgent Development of Adult Social Care Legislation**

The Committee recommends that the development and enactment of Adult Social Care legislation be treated as a matter of immediate priority within the legislative programme, in order to provide a statutory framework for protecting and supporting vulnerable adults, particularly in the context of a rapidly aging population and growing demand for complex care services.

#### **Rationale:**

- Legislative reform will ensure compliance with human rights obligations and strengthen the accountability and governance of adult and child care services.

#### **Recommendation 1.2:**

##### **Strategic Review of the Welfare of Children Ordinance (WOCO)**

The Committee recommends that the Welfare of Children Ordinance (WOCO) be formally reviewed during the presence of Anthony Douglas (a previous CEO of CAFCASS in the UK) on St Helena in October 2025, leveraging his expertise in child protection and social care systems. His independent insight can support a holistic review of WOCO to ensure that it remains aligned with modern safeguarding practices and fully integrates the responsibilities of the multi-agency safeguarding board, including adult protection.

#### **Rationale:**

- Mr. Douglas's visit provides a timely and strategic opportunity to carry out a **targeted review of WOCO**, assess implementation gaps, and inform best-practice revisions.



- Public confidence and operational clarity for professionals in health and social care will be improved through clear legal mandates.

### **Recommendation 1.3:**

Development of Non-Statutory Practice Guidelines to Support Consistency in Adult and Child Social Care Provision

The Committee recommends that the Health and Social Care Portfolio develop and publish clear, island-appropriate practice guidelines or codes of practice in relation to Romeo and Juliette Relationships, where legislation is currently absent or delayed, including:

- Adult social care provision and assessment;
- Capacity and consent decision-making;
- Youth relationships and safeguarding boundaries;
- Inter-agency collaboration and referral pathways.

That these guidelines be aligned with UK best practice and adapted to St Helena's specific demographic, legal, and cultural context, drawing from existing UK legislation where applicable, but clearly identifying them as non-statutory practice frameworks.

That these guidelines be developed in consultation with civil society stakeholders, including the EHRC, safeguarding board, NGOs, and front-line service providers, to ensure they are practical, inclusive, and rights-respecting.

### **Rationale:**

- In the current legislative climate, issuing **non-statutory guidance** offers a realistic and immediate mechanism to standardize care and safeguard vulnerable individuals.
- Clear guidelines promote consistency in decision-making and support professional accountability, particularly in areas where the legal framework is incomplete or evolving.
- This approach allows for timely implementation and future integration into law as resources and legislative capacity permit.

## **2. APPOINTMENTS**

### **Review and Enhancement of the Health Passport System and Implementation of Automated Appointment Management Tools**

During the 4th Formal Hearing of Select Committee 1, concerns were raised regarding the difficulties faced by patients—particularly those from outlying areas and on lower incomes—who must make multiple trips to Jamestown for medical appointments, blood tests, and scans. The Health and Social Care Portfolio acknowledged these challenges and committed to exploring improvements in coordination.

A Health Passport System was previously introduced under the Safeguarding Board to support person-centred care planning, but it was noted that this tool is due for review. Further, there was general agreement that limited coordination and communication around appointments can place additional financial and logistical burdens on patients.

### **Recommendation 2.1:**

The Committee recommends that the Health Passport system be formally reviewed and updated to function as a central tool for coordinating medical appointments, especially for

individuals requiring multiple services on the same day. This review should ensure the system remains user-friendly, inclusive, and aligned with current service delivery needs.

#### **Recommendation 2.2:**

The Committee recommends that the Health and Social Care Portfolio explore and pilot automated appointment management tools, including:

- SMS and/or voice call reminders for upcoming appointments;
- Simple mechanisms for patients to confirm or cancel appointments via phone or SMS;
- Automated rebooking pathways for missed appointments;
- Integration with patient records for streamlined access by medical and administrative staff.

#### **Recommendation 2.3:**

That an internal assessment be undertaken of the digital infrastructure and staffing capacity required to implement such systems, with recommendations for phased rollout and training as needed.

#### **Rationale:**

- Enhanced appointment coordination reduces patient travel, improves attendance rates, and alleviates pressure on front-line administrative staff.
- A modernized Health Passport can support continuity of care, especially for vulnerable groups such as the elderly, those with complex needs, or individuals with limited mobility.
- Automating reminders and cancellations is a low-cost, high-impact strategy that improves system efficiency, reduces wasted clinical time, and supports patient engagement.

### **3. MEDICATION SUPPLY AND PHARMACY**

#### **Strengthening Public Trust through Communication on Medication Expiry and Medical Supply Delays**

During the 4th Formal Hearing of Select Committee 1, the Health and Social Care Portfolio acknowledged that due to ongoing global supply chain issues, freight challenges, and the island's geographic isolation, there have been occasions where expired medications have been dispensed. It was noted that this practice, while not ideal, has occurred only when clinically safe and necessary, based on professional advice. Contributing factors include:

- Long shipping lead times;
- Limited airfreight capacity;
- Global medication shortages;
- Unexpected patient needs outpacing stock levels.

Although the Portfolio provided assurance that expired medication use poses no clinical risk, it was also recognized that some patients are distressed by receiving medications past their expiry date. Furthermore, the lack of public awareness regarding supply delays can fuel misunderstanding and erode trust.

#### **Recommendation 3.1:**

The Committee recommends that the Health and Social Care Portfolio develop a public communication protocol for circumstances where expired medications may be used or where significant delays in critical medical supplies are anticipated or occurring.



**Recommendation 3.2:**

The Committee recommends that this protocol includes the publication of timely updates through SHG's official channels, including the website, local radio, and social media, clearly explaining:

- The nature of the delay or supply issue;
- The specific classes or types of medication affected;
- The clinical safety position and assurance provided by medical staff;
- Expected resolution timelines or mitigation steps.

**Recommendation 3.3:**

The Committee recommends that the Portfolio also implement a procedure for front-line pharmacy staff and clinicians to provide a brief explanation to patients when dispensing expired medications, including the reason for use and safety assurances.

**Rationale:**

- Proactive communication helps to manage patient expectations, reduce anxiety, and demonstrate transparency in health service delivery.
- Patients have a right to understand the rationale behind any deviation from standard pharmaceutical practice, particularly when it concerns expiry dates.
- Increased public awareness can mitigate misinformation and build confidence in the health system's handling of logistical challenges.

## 4. COMPLAINTS

**Strengthening Complaint Management and Public Feedback Mechanisms through EHRC Collaboration and Increased Public Awareness**

During the 4th Formal Hearing of Select Committee 1, it was noted that while the Health and Social Care Portfolio formally recorded only 46 complaints in 2024, the EHRC indicated that it had received additional complaints that were not reflected in the Portfolio's records. This discrepancy points to a lack of centralized complaint-sharing between external bodies (e.g., EHRC) and the Portfolio's internal governance systems. Additionally, feedback raised during the hearing indicated that many members of the public may not be aware of the formal process for submitting complaints or feedback. The dedicated email address ([healthfeedback@sainthelena.gov.sh](mailto:healthfeedback@sainthelena.gov.sh)) is underutilized, partly due to limited public promotion.

**Recommendation 4.1:**

The Committee recommends that the Health and Social Care Portfolio establish a formal complaints liaison arrangement with the Equality and Human Rights Commission (EHRC) to ensure that any complaints received by the EHRC concerning health or social care services are promptly shared with the Portfolio's Governance Team for investigation and response.

**Recommendation 4.2:**

The Committee recommends that regular (e.g., quarterly) coordination meetings or information exchanges be initiated between EHRC and the Health and Social Care Governance Unit, to:

- Track and follow up on unresolved complaints;
- Identify thematic issues or recurring service concerns;
- Support shared learning and service improvement.

**Recommendation 4.3:**

The Committee recommends that the Portfolio increase public awareness of the official feedback process, including:

- Publicizing the [healthfeedback@sainthelena.gov.sh](mailto:healthfeedback@sainthelena.gov.sh) email address via local radio, social media, notice boards at clinics and CCC, and the SHG website;
- Encouraging public use of this email and clarifying what constitutes a complaint versus general feedback;
- Promoting the option for in-person or telephone submissions for those with limited digital access.

**Rationale:**

- Improved collaboration with EHRC enhances complaint capture and resolution, strengthens public accountability, and ensures no grievances fall through institutional gaps.
- Centralizing all complaints allows the Portfolio to identify service trends, mitigate risks, and improve patient experience.
- Publicizing accessible feedback routes promotes transparency and empowers service users to engage constructively.

## 5. FACILITIES AND OCCUPANCY

### **Development of a Long-Term Strategic Plan to Address Bed Capacity Constraints and Future Demographic Pressures, with Consideration of Private Sector Opportunities**

During the 4th Formal Hearing of Select Committee 1, the Health and Social Care Portfolio confirmed that Community Care Centre (CCC) and Sheltered Accommodation are operating at full capacity, creating persistent delays in hospital discharges and limiting the availability of long-term care placements. Testimony from the Hon. Minister for Health and Social Care revealed that since the CCC opened 15 years ago—despite clear recognition of the island's aging demographic—only four additional care beds have been created. Additionally, it was emphasized that projected care demands over the next few years are expected to increase significantly due to rising chronic illness, longer life expectancy, and complex care needs emerging in younger age groups.

The absence of adequate residential care space is causing patients to remain in hospital beds unnecessarily, limiting clinical capacity and compromising service efficiency. There is a need for urgent strategic planning to assess future demand, optimize available infrastructure, and explore innovative service delivery models, including private sector and community-led solutions.

**Recommendation 5.1:**

The Committee recommends that the Health and Social Care Portfolio lead the development of a comprehensive Strategic Plan to address long-term bed capacity needs, including:

- Projections of care demand based on demographic and health trends;
- Assessment of current and future infrastructure gaps;
- Options for expanding CCC, supported living, and alternative residential care models;
- Operational and staffing implications of expansion.



### **Recommendation 5.2**

The Committee recommends that this Strategic Plan explore opportunities to partner with the private sector, including:

- Facilitating investment in retirement or assisted-living homes;
- Offering incentives such as land lease arrangements or shared funding models;
- Supporting local entrepreneurship in home care or respite services;
- Establishing standards and licensing frameworks to ensure quality assurance.

### **Recommendation 5.3**

The Committee recommends that the plan include a community consultation phase, to engage residents, NGOs, and family caregivers in shaping sustainable and culturally appropriate care options.

#### **Rationale:**

- Failure to address the infrastructure shortfall will further strain the hospital system and reduce quality of care for both acute and long-term patients.
- A strategic, future-focused approach allows the government to budget responsibly, plan work force development, and align with changing population needs.
- Partnering with the private sector offers a cost-effective pathway to expand services while preserving public resources and increasing consumer choice.

## **6. CARE INFRASTRUCTURE**

### **Public Awareness Campaign to Promote the Children's Home, Domiciliary Care Services, and Support for Male Victims of Domestic Abuse**

Throughout the 4th Formal Hearing of Select Committee 1, it was evident that while a range of social care services are in place—including the Children's Home, Domiciliary Care, and Safe Haven—public awareness of these services remains limited. The Portfolio acknowledged that services such as domestic abuse support for men are available on a case-by-case basis, but cultural stigma and lack of targeted communication may prevent men from coming forward.

Similarly, it was noted that domiciliary care plays a critical role in supporting aging residents in rural and remote areas, and that the Children's Home continues to support vulnerable young people, but these services are not consistently profiled or promoted to the wider community.

#### **Recommendation 6.1:**

The Committee recommends that the Health and Social Care Portfolio develop and launch a coordinated public awareness campaign to improve understanding and visibility of the following key service areas:

- The role, eligibility, and capacity of the Children's Home;
- The scope and availability of Domiciliary Care, including how individuals or families can request support;
- Support available for male victims of domestic abuse, including assurance that these services are accessible, confidential, and inclusive.

#### **Recommendation 6.2:**

The Committee recommends that the campaign specifically seek to challenge stigma associated with domestic abuse against men, by promoting inclusive messaging, sharing anonymized case examples where appropriate, and reinforcing that services are available regardless of gender.

**Recommendation 6.3:**

The Committee recommends that information be disseminated through multiple platforms, including:

- Local radio and newspaper features;
- SHG social media and website;
- Posters and leaflets in clinics, CCC, police stations, and public gathering spaces;
- Community outreach via councillors, NGOs, and churches.

**Recommendation 6.4:**

The Committee recommends that a dedicated contact point or helpline be clearly publicized for each service, along with guidance on referral and support pathways.

**Rationale:**

- Promoting these services ensures that vulnerable children, isolated adults, and survivors of abuse are aware of the help available and how to access it.
- Male victims of domestic abuse are particularly underrepresented in reporting statistics, likely due to social stigma, and require reassurance that services are safe and supportive.
- Highlighting the availability and success of existing services builds public trust and demonstrates the value of SHG's social care programs.

## **7. EHRC RECOMMENDATION 4**

### **Equality and Human Rights Commission to Refer OPTCAT Concerns to the Safeguarding Board for Collaborative Review and Local Adaptation**

During the 4th Formal Hearing of Select Committee 1, the Equality and Human Rights Commission (EHRC) recommended that the Optional Protocol to the Convention Against Torture (OPTCAT) be extended to St Helena. The Health and Social Care Portfolio acknowledged the importance of safeguarding those in closed or involuntary settings, such as the prison, mental health facilities, and the dementia unit. However, officials noted that a full, formal implementation of OPTCAT—with its requirements for an independent national preventive mechanism (NPM), diverse membership, and international standards—would be unfeasible given the island's limited resources and scale.

Instead, the Portfolio recommended that the EHRC raise the matter formally with the Safeguarding Board, where a tailored, context-appropriate approach could be developed that upholds the spirit of OPTCAT without the burden of full international compliance requirements.

**Recommendation 7.1:**

The Committee recommends that the Equality and Human Rights Commission (EHRC) formally submit their concerns and recommendations regarding OPTCAT implementation to the St Helena Safeguarding Board, for discussion, analysis, and potential incorporation into local safeguarding protocols.

**Recommendation 7.2:**

The Committee recommends that the Safeguarding Board be tasked with exploring practical ways to embed the core principles of OPTCAT—namely, independent oversight, prevention of ill-treatment, and transparency—within existing governance structures, including:



**Recommendation 7.3:**

The Committee recommends that the Safeguarding Board give consideration to enhancing monitoring protocols for involuntary care settings (e.g., prison, CCC dementia unit, hospital mental health suite), whilst also reviewing the effectiveness and independence of existing visiting Committees or oversight bodies;

**Recommendation 7.4:**

The Committee recommends that, where appropriate, the Safeguarding Board proposes locally achievable alternatives to international NPM requirements.

**Recommendation 7.5:**

The Committee recommends that the Safeguarding Board report back within a defined timeframe (e.g., six months) with recommendations on how the key protections of OPTCAT can be adapted and applied in St Helena's context, with input from relevant stakeholders including the EHRC, prison service, healthcare providers, and social care leads.

**Rationale:**

- While full OPTCAT compliance may not be practical, the principles of dignity, prevention, and independent oversight are vital for the protection of individuals in state care or custody.
- Referring this issue to the Safeguarding Board ensures a multi-agency, systems-level response and avoids siloed decision-making.
- Tailoring a local safeguarding mechanism allows St Helena to demonstrate its commitment to human rights while remaining proportionate to its size and capacity.

## **8. EHRC RECOMMENDATION 5**

### **Clarification of Responsibility and Referral of Statutory Sick Pay Review to the Employment Rights Committee**

During the 4th Formal Hearing of Select Committee 1, the Equality and Human Rights Commission (EHRC) recommended that statutory sick pay regulations be reviewed, with a view to gradually increasing the days allowed until there is parity between private and public sector workers. While the Health and Social Care Portfolio expressed support in principle—particularly to reduce unnecessary clinic visits for short-term sick notes—it was made clear by the Minister and officials that this issue does not fall under the remit of the Health and Social Care Portfolio.

Instead, it is a matter of employment policy and labour rights, and should therefore be considered by the Employment Rights Committee, which is responsible for ensuring adherence to employment legislation and labour standards as identified in the Employment Rights Ordinance, 2010.

**Recommendation 8.1:**

The Committee recommends that the Equality and Human Rights Commission (EHRC) formally refer their recommendation regarding statutory sick pay parity to the Employment Rights Committee.

**Recommendation 8.2:**

The Committee recommends that the Employment Rights Committee be asked to review current sick pay provisions, including:

- The number of days allowed under statutory sick pay schemes in the private sector;
- Opportunities to incrementally increase these days to match public sector entitlements;
- The impact of sick pay regulations on employee well-being, public health, and healthcare service usage.

**Recommendation 8.3:**

The Committee recommends that Health and Social Care continue to advocate for reforms that reduce pressure on clinical services, including supporting a standardised approach that allows for self-certification for short-term absences, in line with best practice.

**Rationale:**

- Alignment of sick pay standards contributes to equitable treatment of workers and promotes public health by discouraging absenteeism.
- Referral to the appropriate legislative body ensures clear division of responsibility and allows expert review from a labour rights perspective.
- Reducing unnecessary GP visits for administrative sick notes supports more efficient use of healthcare resources.

## **9. EHRC RECOMMENDATION 6**

### **Advancing Work toward a Local National Insurance or Health Contributory Scheme to Support Long-Term Sustainability of Health and Social Care Services**

During the 4th Formal Hearing of Select Committee 1, the Equality and Human Rights Commission (EHRC) recommended that consideration be given to establishing a local National Insurance scheme or similar model to support greater parity and financial security in health and social care provision.

In response, the Health and Social Care Portfolio acknowledged the merit of this recommendation and noted that discussions had already begun at a broader Government level. It was further highlighted that Minister Brooks' 2025/2026 Budget Speech committed to exploring sustainable financing for health services through a National Health Contributory Scheme, with funding allocated for preliminary scoping work.

**Recommendation 9.1:**

The Committee recommends that Health and Social Care (H&SC) ensure that work on exploring a sustainable funding model is progressing in alignment with the Government's stated policy direction, as outlined in Minister Brooks' 2025/2026 Budget Speech.

**Recommendation 9.2:**

The Committee recommends that Terms of Reference (ToR) be finalised and published for the commissioning of a consultancy or feasibility study **into the creation of a National Health Contributory Scheme** (or equivalent), including:

- An assessment of current and projected health service costs;
- Modelling of contribution rates and coverage options;
- Consideration of equity, affordability, and administrative feasibility;
- Benchmarking against similar small islands or low-population jurisdictions.



**Recommendation 9.3:**

The Committee recommends that the feasibility study include public consultation and stakeholder engagement, to ensure transparency, build public trust, and incorporate the views of both employers and employees, as well as vulnerable and low-income groups.

**Rationale:**

- Long-term sustainability of health and social care cannot rely solely on direct public funding, especially as demand increases.
- A contributory scheme provides an opportunity to build shared responsibility and resilience into health financing.
- Advancing this work aligns with budget commitments, Select Committee scrutiny priorities, and the recommendations of EHRC.

**10. EHRC RECOMMENDATION 7****Consideration of Accommodation for Couples Requiring Care or Respite, with Promotion of Retirement Housing as a Public and Private Sector Opportunity**

During the 4th Formal Hearing of Select Committee 1, it was highlighted that current care facilities do not consistently accommodate couples, often leading to the separation of long-term partners when one or both individuals require care or respite. The Committee and the Health and Social Care Portfolio both acknowledged the importance of preserving relationships and dignity in later life and recognised this gap in the island's care infrastructure.

At present, the Community Care Centre (CCC) and other supported living arrangements lack sufficient purpose-designed units for couples, though informal attempts have been made to accommodate joint requests when space allows.

The hearing also identified a clear business and social opportunity for the development of retirement homes or assisted-living facilities that could cater to the aging population and provide a sustainable model for independent living with integrated care options.

**Recommendation 10.1:**

The Committee recommends that, as a part of the long term strategic planning referred to in Recommendation 5, consideration be given to the development of accommodation that is suitable for couples requiring care or respite, to ensure that partners are not involuntarily separated due to limitations in current care facility design or policy.

**Recommendation 10.2:**

The Committee recommends that Health and Social Care (H&SC) incorporate couple-friendly living arrangements into the strategic development of their care infrastructure, particularly in:

- Future CCC expansions or refurbishments;
- Supported living or assisted living schemes;
- Respite care planning.

**Recommendation 10.3:**

That the Government promote and facilitate opportunities for private sector investment in retirement housing, by:

- Identifying land or redevelopment opportunities suitable for such projects;
- Providing clear guidance on care standards and licensing;
- Offering planning support or incentives where appropriate.

**Recommendation 10.4:**

The Committee recommends that H&SC continue to develop and facilitate such arrangements within their own services, where possible, by:

- Prioritising flexibility in care placement for couples;
- Documenting relationship status and joint care preferences during care assessments;
- Reviewing existing accommodation models to identify practical improvements for shared living options.

**Rationale:**

- Separation of couples in later life can lead to emotional distress and negative health outcomes.
- Providing couple-friendly care solutions upholds principles of dignity, choice, and person-centred care.
- Retirement housing represents a growing need and a viable private sector investment opportunity, helping to diversify care options while easing pressure on Government facilities.

## **11. EHRC RECOMMENDATION 8**

### **Legislative Action to Criminalise Coercive Control and Non-Physical Forms of Domestic Abuse, and Referral to the Safeguarding Board via EHRC**

During the 4th Formal Hearing of Select Committee 1, the Equality and Human Rights Commission (EHRC) raised significant concerns about the absence of comprehensive domestic abuse legislation on St Helena. Current legal frameworks do not explicitly criminalise coercive control, psychological manipulation, or economic abuse, despite growing awareness that these forms of abuse can be equally as damaging as physical violence.

The Health and Social Care Portfolio acknowledged these legislative gaps and indicated that while work on safeguarding continues, domestic abuse legislation needs to be strengthened, modernised, and formalised.

Given the emotional and psychological toll such abuse takes on victims—particularly in a small and close-knit community—it is essential that St Helena’s legal system clearly defines and prohibits all forms of domestic abuse, including non-physical abuse and coercion.

**Recommendation 11.1:**

The Committee recommends that robust anti-domestic abuse legislation be introduced, specifically including:

- The criminalisation of coercive control, psychological and emotional abuse, financial control, and intimidation;
- Clear definitions of non-physical abuse that align with international best practice and UK legislation (e.g., Serious Crime Act 2015);
- Provisions for protective orders, victim support mechanisms, and multi-agency response protocols.



**Recommendation 11.2:**

That the Equality and Human Rights Commission (EHRC) formally raise this matter with the St Helena Safeguarding Board, to:

- Begin a multi-agency policy review on how non-physical abuse is currently addressed;
- Identify operational gaps in protection, prosecution, and prevention;
- Recommend policy and legal pathways to expedite legislative drafting.

**Recommendation 11.3:**

That the incoming Government in conjunction with the Attorney General's Chambers prioritise legal drafting resources to support this legislation, recognising the link between domestic abuse and long-term physical and mental health burdens, housing insecurity, and intergenerational trauma.

**Rationale:**

- Victims of coercive control and emotional abuse currently lack adequate legal protection.
- Criminalising non-physical abuse ensures that the law reflects the full spectrum of harm experienced by victims.
- Early and decisive legislative action sends a strong message that domestic abuse in all its forms will not be tolerated on St Helena.

## 12. EHRC RECOMMENDATION 9

### **Independent Risk and Staffing Review of the Children's Home to Strengthen Safeguarding, Identify Training Needs, and Align with Legislative Frameworks**

During the 4th Formal Hearing of Select Committee 1, testimony from the Health and Social Care Portfolio highlighted the operational complexity and emotional demands of running the Children's Home, including challenges around staffing levels, safeguarding responsibilities, and increasing behavioural needs among some residents. It was acknowledged that some children exhibit challenging behaviours which have at times led to risk for both staff and peers.

The Health and Social Care Portfolio indicated a commitment to strengthening oversight and improving outcomes at the Children's Home. This aligns with the need to ensure that the Welfare of Children Ordinance (WOCO) remains an effective legal tool and that operational practices at the Children's Home fully reflect safeguarding best practice.

To achieve this, an independent review—including a comprehensive risk assessment—is recommended to examine existing systems, identify risks and training needs, and enhance the safety and well-being of both children and staff.

**Recommendation 12.1:**

The Committee recommends that an independent review of the Children's Home be commissioned, with a focus on:

- Staffing levels, staff competencies, and deployment models;
- Physical and psychological risks to both children and staff;
- Incident response protocols and reporting;
- Alignment with the Welfare of Children Ordinance (WOCO);
- Identification of training and development needs for staff and management.

**Recommendation 12.2:**

The Committee recommend that this review include a site-specific risk assessment, incorporating feedback from staff, management, and where appropriate, children in care, to provide practical recommendations for improving safety, support, and service quality.

**Recommendation 12.3:**

The Committee recommends that the outcomes of the review inform future planning, including:

- Targeted training and recruitment strategies;
- Infrastructure or resource adjustments;
- Amendments to policy or procedures in collaboration with the Safeguarding Board;
- WOCO updates as part of its upcoming legislative review.

**Recommendation 12.4:**

The Committee recommends that the Health and Social Care Portfolio reaffirm and follow through on its commitment to strengthen safeguarding and service delivery at the Children's Home, ensuring the safety, dignity, and rights of all children in residential care.

**Rationale:**

- Independent scrutiny provides transparency and confidence that care standards meet legal and ethical obligations.
- A proactive risk-based approach helps prevent harm and ensures a safer environment for staff and children.
- Linking this work to the WOCO review supports cohesive legislative and operational development in child welfare.

## 13. EHRC RECOMMENDATION 10 AND 11

**Assessment and Future Planning for Adults Cared for at Home by Elderly Carers, with Urgent Reinstatement of Overnight Respite Services**

During the 4th Formal Hearing of Select Committee 1, concerns were raised regarding adults with complex needs being cared for at home by aging or elderly parents. While these families often provide care with dedication and resilience, the absence of a clear long-term plan for future care creates anxiety and uncertainty for both carers and service users.

The Health and Social Care Portfolio acknowledged these concerns and confirmed that some work is already underway in supported living and care planning. However, it was also noted that overnight respite care services—which are essential for supporting family carers and avoiding crisis—are currently suspended due to staffing shortages.

The Committee agreed that both issues must be addressed as a matter of priority to provide peace of mind for families and allow SHG to strategically prepare for future demand.

**Recommendation 13.1:**

That the Health and Social Care Portfolio undertake formal care planning assessments for all adults with complex needs currently being supported by elderly or aging parents, to:

- Identify individual care trajectories and long-term requirements;
- Establish future housing, support, and supervision needs;
- Offer reassurance and planning clarity to family carers.



**Recommendation 13.2:**

That a central register or tracking system be developed to monitor this specific group of service users and ensure future needs are incorporated into strategic care delivery planning.

**Recommendation 13.3:**

That Overnight Respite Care be reinstated as a matter of priority, as soon as staffing capacity allows, to:

- Prevent carer burnout;
- Reduce the risk of breakdown in home care arrangements;
- Support continuity of care and emergency preparedness.

**Recommendation 13.4:**

That these actions be fully integrated into the broader strategic plan for adult social care and aging, including considerations for:

- Supported living expansion;
- Residential care infrastructure development;
- Domiciliary and community-based service scaling.

**Rationale:**

- Proactive planning ensures continuity of care for vulnerable adults and reduces future system strain.
- Elderly carers deserve peace of mind that their loved ones will be supported should they become unable to continue providing care.
- Respite care is essential to sustainable home care and must be recognised as a core component of the care system, not an optional service.

## CONCLUSION OF SESSION 1

The fourth formal hearing of Select Committee 1 provided an important opportunity to scrutinise the delivery, coordination, and strategic direction of health and social care services on St Helena. Through evidence presented by the Minister for Health and Social Care, senior portfolio officials, and in reference to concerns raised by the Equality and Human Rights Commission (EHRC), the Committee gained valuable insight into both the strengths and the challenges of the current system.

The Health and Social Care Portfolio demonstrated a high level of transparency and engagement, acknowledging systemic pressures while outlining areas of progress and future commitment. The hearing highlighted the dedication of staff working within constrained resources, and their commitment to safeguarding, dignity, and person-centred care.

However, critical issues requiring urgent attention were also made clear. These include the lack of adult social care legislation, insufficient infrastructure to meet the needs of a growing elderly population, coordination gaps in service delivery, and the need for increased transparency in complaint management. Additional focus must also be placed on long-term planning for vulnerable adults cared for by elderly parents, the reinstatement of overnight respite services, and ensuring that couples are not unnecessarily separated due to limitations in accommodation design.

The Committee also recognises the importance of progressing wider reforms—such as exploring a National Health Contributory Scheme, improving medication supply transparency, and developing inclusive, rights-based responses to domestic abuse and

safeguarding. The Committee supports the development of clear practice guidelines where legislation is delayed and urges proactive engagement with key partners, including the Safeguarding Board and EHRC.

The hearing reaffirmed the importance of strategic planning, legislative modernisation, and public engagement in building a responsive, resilient, and inclusive care system. Select Committee 1 will continue to monitor progress in these areas and encourages the Government and relevant stakeholders to take forward the recommendations arising from this session with urgency and resolve.



### FOURTH LIVE HEARING - SESSION 2

We returned to our program of business for the day and in this second session the Select Committee focused on the main activities, areas of policy and procedures, within the areas of Health and Social Care that we were reviewing. We were not focusing on the EHRC response here, but moreover these were the original questions that the Select Committee were looking at initially, prior to our public call for evidence; there may well be overlaps, unfortunately, but this is the main focus of questioning that we had intended.

The Committee has reviewed the formal responses from the Health Portfolio during this session and has established the following recommendations:

#### 1. COMPLAINTS

##### **Consideration of a Simplified Digital Feedback Mechanism at the Point of Discharge to Improve Patient Experience Monitoring**

During the 4th Formal Hearing of Select Committee 1, the Committee noted the low number of formal complaints recorded (46 in 2024), despite feedback received through other channels indicating a wider range of service user concerns. The Health and Social Care Portfolio acknowledged that while a formal feedback email exists, uptake is limited and there may be barriers—such as time, confidence, or access to technology—that prevent patients from sharing their experiences.

To strengthen the capture of real-time feedback and promote a culture of continuous improvement, the Committee suggests the introduction of a simple, digital feedback tool to be offered to inpatients prior to discharge from the General Hospital. This would allow patients to record their experience conveniently and privately at the point of care, and ensure the Health and Social Care Portfolio has more complete data to inform service improvements.

##### **Recommendation 1.1:**

The Committee recommends that Health and Social Care consider piloting a simplified digital feedback system using a tablet device (e.g., iPad) to allow inpatients to provide feedback prior to discharge from the General Hospital.

##### **Recommendation 1.2:**

The Committee recommends that the feedback tool be user-friendly and designed to capture key elements of patient experience, such as:

- Quality of care received;
- Communication with staff;
- Cleanliness and comfort;
- Areas for improvement or concern;
- Whether the patient would feel confident returning to the hospital in the future.

##### **Recommendation 1.3:**

That the system be designed to accommodate patients with varying levels of digital literacy, using simple language, visual icons, and optional audio support, and that staff be trained to assist where necessary while maintaining patient privacy.

**Recommendation 1.4:**

That data from the feedback tool be integrated into existing governance and quality improvement processes, with anonymised trend reports reviewed regularly by hospital management and the Governance Unit.

**Rationale:**

- Capturing feedback at the point of care increases participation and provides more accurate insight into patient experience.
- A digital tool reduces the administrative burden of paper forms and can support efficient analysis of recurring themes or concerns.
- Improving feedback processes demonstrates commitment to transparency, accountability, and continuous service improvement.

## **2. APPOINTMENTS**

### **Increase Public Awareness of the Consequences of Missed Appointments to Improve Attendance and Service Efficiency**

During the 4th Formal Hearing of Select Committee 1, the Health and Social Care Portfolio identified that missed appointments are a persistent issue, contributing to delays in care, inefficient use of limited clinical resources, and longer waiting times for other patients. While the Portfolio is working to improve appointment coordination—especially for those travelling from rural areas—no-show rates continue to affect the smooth delivery of services.

The Committee acknowledged that a lack of public understanding about the wider consequences of non-attendance may be contributing to the issue. A targeted awareness campaign could help change behaviours by making the public aware of how missed appointments impact both the healthcare system and other patients.

**Recommendation 2.1:**

The Committee recommends that Health and Social Care develop and launch a public information campaign to raise awareness about the impact of missed appointments, including:

- The number of appointments missed in a given period;
- The effect on service capacity, waiting lists, and staff time;
- Real-life implications for other patients awaiting urgent care.

**Recommendation 2.2:**

The Committee recommends that the campaign encourage responsible appointment management, including:

- Cancelling or rescheduling appointments in advance when possible;
- Utilising a planned SMS or phone reminder system (if introduced);
- Emphasising that cancelled appointments can be reallocated to others in need.

**Recommendation 2.3:**

The Committee recommends that the message be delivered across multiple accessible platforms, such as:

- Local radio and newspaper features;
- Social media graphics and short videos;
- Posters and digital signage at clinics, hospital, and community care facilities;
- Scripts for front-line staff to explain policies at the point of care.



**Rationale:**

- Increased public understanding fosters shared responsibility for making the most of limited healthcare resources.
- Reducing no-show rates improves clinical efficiency and allows quicker access for patients in need.
- Encouraging simple behaviours like notifying the service in advance can lead to meaningful service improvements.

### 3. NEONATAL CARE

**Consideration of Sustainable Funding Mechanisms to Procure New Incubators for Neonatal Care**

During the 4th Formal Hearing of Select Committee 1, it was noted that St Helena's neonatal incubators are aging and approaching the end of their functional lifespan. The Health and Social Care Portfolio highlighted the critical role incubators play in stabilising premature and high-risk new-borns, and the need to replace or upgrade this equipment to maintain safe standards of care in the hospital's maternity and paediatric units.

Given the island's remote location and limited access to emergency paediatric evacuation, reliable and modern incubator units are essential for neonatal survival and early intervention. However, the high cost of medical equipment and budget constraints pose significant barriers to immediate replacement.

**Recommendation 3.1:**

The Committee recommends that Health and Social Care explore a range of funding options to procure new neonatal incubators, including but not limited to:

- Inclusion in future capital or health equipment budgets;
- External grant funding from overseas development partners or global health charities;
- Private sector sponsorship or community fundraising campaigns;
- Philanthropic donations from individuals or diaspora networks.

**Recommendation 3.2:**

The Committee recommends that a business case be prepared to support the procurement, outlining:

- The current condition, limitations, and risk profile of existing incubators;
- Clinical justification for replacement, including usage rates and medical outcomes;
- Cost estimates, shipping requirements, and maintenance considerations.

**Recommendation 3.3:**

The Committee recommends that the Portfolio engage with potential partners such as NGOs, medical charities, and regional organisations, to identify targeted funding or in-kind donation schemes for medical equipment.

**Rationale:**

- Ensuring access to functioning neonatal incubators is vital to safeguarding infant lives and preventing early complications.
- Diversifying funding streams offers a practical way to address urgent medical equipment needs without placing full pressure on the local budget.
- Community involvement in a campaign to support neonatal care could also strengthen public ownership and support for the health system.

## 4. SERVICE DELIVERY AND INFRASTRUCTURE

### Consideration of Restructuring Health Services to Enable Delivery of Specific Care Elements in Dedicated Settings

During the 4th Formal Hearing of Select Committee 1, the Health and Social Care Portfolio acknowledged the operational pressures of delivering multiple, complex services within a single hospital site, including acute care, outpatient clinics, mental health services, and oncology. Concerns were raised about the impact of this arrangement on patient privacy, comfort, and continuity of care, particularly for vulnerable groups such as cancer patients undergoing treatment.

The Committee also noted that co-locating all services in one facility may not always be optimal, especially for patients requiring extended, sensitive, or emotionally challenging care. Exploring dedicated or decentralised service models could improve the patient experience and support more efficient resource allocation

#### **Recommendation 4.1:**

The Committee recommends that Health and Social Care consider conducting a service delivery review to assess whether specific elements of care—such as oncology, chronic disease management, or mental health support—could be restructured or delivered in dedicated settings or satellite facilities, outside the main hospital environment.

#### **Recommendation 4.2:**

The Committee recommend that the review explore the feasibility, cost-effectiveness, and clinical impact of creating separate or specialised care environments, with specific attention to:

- Improving patient comfort and dignity (e.g., for cancer patients receiving chemotherapy);
- Enhancing infection control and patient flow management;
- Reducing scheduling conflicts and space limitations within the main hospital.

#### **Recommendation 4.3:**

The Committee recommends that the Portfolio consider opportunities to utilise existing community infrastructure or underused Government buildings, which could be adapted to accommodate outpatient clinics, day treatments, or specialist care hubs.

#### **Recommendation 4.4:**

The Committee recommends that this review be incorporated into the long-term strategic planning of health services, taking into account projected increases in chronic and complex care needs as a result of an aging population.

#### **Rationale:**

- Dedicated care settings can improve patient experience, reduce anxiety, and provide a more therapeutic environment.
- Separating certain services from the general hospital allows for greater flexibility and improved service coordination.
- Restructuring care pathways is increasingly important as health service demands diversify and grow.



## 5. DEDICATED SERVICES AND SUPPORT

### Advancing the Development of a Structured Diabetic Service and Reintroducing School-Based Nursing Support to Address Rising Preventative Health Needs

During the 4th Formal Hearing of Select Committee 1, it was acknowledged by the Health and Social Care Portfolio that diabetes continues to be a growing public health concern on St Helena. While efforts have been made in primary care to manage cases, there is currently no dedicated diabetic clinic or specialist service, limiting continuity of care, early intervention, and patient education. It was noted that the Portfolio was trying to address this by establishing a community diabetic service going forward.

Additionally, the Committee noted the absence of school-visiting nurse services, which were previously in place to support children and young people with health needs, provide preventative care, and monitor long-term conditions from an early age. The reinstatement of this service was recognised as a potential early intervention measure, especially given increasing childhood health risks, including obesity and mental health concerns.

#### Recommendation 5.1:

The Committee recommends that the Health and Social Care Portfolio prioritise the planned development of a structured diabetic service, which may include:

- A dedicated diabetic clinic with routine monitoring and education;
- Improved coordination between GPs, nurses, and dietitians;
- Patient empowerment through group education sessions and self-management tools;
- Regular foot care, eye screening, and complication prevention services.

#### Recommendation 5.2:

The Committee recommends that the re-establishment of a school-visiting nurse programme be progressed, with defined roles for:

- Health screening, immunisations, and growth monitoring;
- Support for students with chronic conditions (e.g., asthma, diabetes, epilepsy);
- Early identification of emotional, nutritional, or developmental concerns;
- Health promotion and wellbeing education in partnership with schools.

#### Recommendation 5.3:

The Committee recommends that these services be integrated into long-term strategic health planning, particularly in relation to:

- Reducing future demand on secondary care;
- Promoting preventative healthcare and early intervention;
- Supporting families and young people in managing long-term conditions from an early age.

#### Rationale:

- A dedicated diabetic service improves patient outcomes, reduces hospital admissions, and supports a preventative approach to a high-burden condition.
- School nursing services can provide critical early health support and education, contributing to long-term wellbeing and reducing future healthcare demand.
- These services are key components of a proactive, community-focused health system.

## 6. TRIAGE SYSTEM

### **Increase Public Understanding of the Triage Process and Clarify Reasonable Timeframes for Seeing a Doctor**

During the 4th Formal Hearing of Select Committee 1, concerns were raised about public confusion and dissatisfaction with GP access, particularly around delays in seeing a doctor and a lack of clarity on how the triage system determines appointment urgency. The Health and Social Care Portfolio acknowledged these concerns and confirmed that a clinical triage system is in place, which prioritises patients based on need, not order of contact.

While this system is clinically appropriate and intended to ensure that the most urgent cases are seen first, the lack of consistent public understanding has led to misconceptions about fairness and access. Patients may not always be aware of what constitutes an urgent case, what alternatives are available, or what to expect in terms of wait times for routine appointments.

#### **Recommendation 6.1:**

The Committee recommends that the Health and Social Care Portfolio undertake a public information campaign to improve understanding of the clinical triage system, including:

- How patient information is assessed to determine urgency;
- The difference between urgent and routine appointments;
- The average wait time for non-urgent cases;
- When patients can reasonably expect to see a doctor versus another healthcare professional.

#### **Recommendation 6.2:**

The Committee recommends that communication materials be distributed widely and in accessible formats, using:

- Local radio segments and public service announcements;
- Printed posters and leaflets in clinics, pharmacies, and community centres;
- Social media posts and FAQs on the SHG website;
- Scripts for reception and triage staff to use consistently when explaining the process.

#### **Recommendation 6.3:**

The Committee recommends that this campaign also promote responsible use of health services, including:

- Encouraging early contact for routine care;
- Highlighting the role of nurses, pharmacists, and other professionals;
- Providing guidance on self-care and when emergency services are more appropriate.

#### **Rationale:**

- Improved understanding of the triage process helps manage expectations, reduce frustration, and build trust in healthcare access.
- Transparency around appointment timelines and roles enhances public confidence in the fairness and safety of the system.
- Consistent messaging empowers patients to make informed decisions about their care needs.



## 7. RECRUITMENT AND TRAINING

### Enhancing Recruitment, Training, and Workforce Development in Health & Social Care

During the 4th Formal Hearing of the Select Committee on Health & Social Care, significant concern was raised regarding persistent staffing shortages across all areas of care services on St Helena—particularly in the Community Care Centre (CCC), domiciliary care, and sheltered accommodation (Cape Villa, Deason's Centre, and Piccolo). The evidence highlighted the following key challenges and activities:

**Staffing Deficits:** As of the hearing date, there were 10 vacant care positions at the CCC, 4 in catering, and around 15 across sheltered accommodation. Staff turnover is frequent due to retirement, migration, or pursuit of higher wages in the UK or overseas territories.

**International Recruitment:** Recruitment is being conducted weekly via a South African agency. However, the process is often delayed due to immigration, visa, and medical clearance requirements—especially for candidates from Zimbabwe residing in South Africa.

**Training Limitations:** Mandatory and in-service training (e.g. safeguarding, medication handling, equality & diversity) is inconsistently delivered due to operational strain and staffing shortfalls. While local and in-house training has been attempted, uptake remains low.

**Care Certificate Implementation:** With support from UK Health Security Agency (UKHSA), the Care Certificate has been launched as a structured training programme to build foundational care skills. Five staff had begun training by the hearing date. This initiative was positively received and is considered a crucial step forward.

**Workforce planning and Succession:** Collaboration with the Education Directorate and HR is underway to better plan for retirement and future service needs. The island faces an ageing care workforce, making proactive succession essential.

**Youth Engagement:** A partnership is being developed with Education to deliver a Health and Social Care ETEC (technical qualification) to create a school-to-career pathway.

#### Recommendation 7.1:

The Committee recommends that the Care Certificate Programme be Institutionalised

- Mandate the Care Certificate as a required qualification for all new social care staff within six months of employment.
- Scale training through internal assessors and supported learning time, with a goal of full cohort participation within 18 months.
- Position the certificate as the first stage in a structured career pathway toward senior roles or professional qualifications.

#### Recommendation 7.2:

The Committee recommends that HSC Develop and Implement a Succession Planning Framework

- Conduct a gap analysis to identify roles at risk of vacancy due to retirement or turnover within the next 2–5 years.
- Establish clear development pipelines for internal candidates, including shadowing, mentoring, and phased responsibility handovers.

- Track skills shortages annually and align recruitment efforts to anticipated service pressures.

### **Recommendation 7.3:**

The Committee recommends that HSC Strengthen Collaboration with UKHSA and other International Partners

- Maintain and deepen the relationship with UKHSA to co-develop advanced training modules in dementia care, mental health, palliative care, and safeguarding.
- Secure CPD-accredited content for local delivery and formalise visiting tutor or e-mentorship arrangements.
- Explore further secondments, short-term placements, and remote teaching from UK-based professionals.

### **Recommendation 7.4:**

The Committee recommends that HSC Expand Access to Advanced Training and E-learning

- Develop an e-learning platform or partner with an established provider to deliver flexible training modules.
- Ensure all staff have access to digital devices and protected time for monthly CPD.
- Establish a minimum training expectation for annual CPD hours linked to performance development.

### **Recommendation 7.5:**

The Committee recommends that HSC Partner with the Education Directorate to Promote HSC Careers

- Finalise and launch the Health & Social Care ETEC within the school curriculum by the next academic year.
- Create a structured pathway from school to employment, including placements, apprenticeships, and sponsorship opportunities.
- Launch a targeted youth recruitment campaign featuring current care staff and showcasing career progression.

### **Recommendation 7.6:**

The Committee recommends that HSC Improve International Recruitment Efficiency

- Streamline internal coordination between HR, Immigration, and recruitment agencies to shorten lead times from offer to deployment.
- Develop hybrid employment models that allow for remote onboarding and training before arrival.
- Build a pipeline of vetted international candidates for priority placement as vacancies arise.

## **Rationale**

- **Workforce Stability:** Staffing shortages are already impacting care delivery, leading to emergency closures (e.g., day-care) and overreliance on remaining staff. A consistent intake of well-trained local and international personnel is essential for sustainability.
- **Quality of Care:** The Care Certificate and advanced training will ensure that all frontline staff meet a standardised level of competence, critical for safe, person-centred care.
- **Long-Term Sustainability:** Without succession planning and youth engagement, the island risks a continuous cycle of staff loss without replacement. Structured internal development and school pathways will reduce dependency on overseas hires in the future.



- **Operational Resilience:** E-learning and remote training allow flexibility amid staff shortages, ensuring that learning and professional development do not stall due to operational pressures.
- **Community Engagement:** Promoting Health and Social Care as a respected, long-term career option—especially to young people—will help reverse negative perceptions and attract new talent.
- **Strategic Alignment:** This recommendation aligns with national goals for improving health outcomes, reducing import reliance, and building capacity within St Helena's own population.

## 8. DOMICILIARY CARE

### Complete Review and Development of Domiciliary Care Services

During the Health and Social Care evidence session, it was noted that domiciliary care services on St Helena are under pressure due to staff shortages, increasing complexity of needs, and delays in hospital discharge caused by the unavailability of sufficient home care support. The Head of Social Care (Rosalie Brown) confirmed that patients who are medically fit for discharge often remain in hospital due to delays in establishing packages of care at home. This directly contributes to hospital bed blocking, limits capacity for new admissions, and negatively affects patient well-being.

Additionally, recruitment difficulties and funding constraints have led to service interruptions and emergency resource reallocation, including pausing some community services like day-care. The current state of domiciliary care limits the ability of patients to remain in their homes safely, which contradicts best practice and patient preference.

The Portfolio Director noted that she believed Domiciliary Care was an area that would probably benefit from investment, and stated that a review of domiciliary care is currently underway, as referenced in the broader discussion on staffing and capacity.

#### **Recommendation 8.1:**

The Committee recommends that HSC complete the ongoing review of Domiciliary Care Services

- Finalise the current operational and needs-based assessment of domiciliary care.
- Include in the review an evaluation of:
  - Current service capacity vs. actual community demand.
  - Staffing levels and recruitment trends.
  - Service delivery models, including hours of care, response time, and emergency coverage.
  - Service users' outcomes and satisfaction.

#### **Recommendation 8.2:**

The Committee recommends that HSC develop an options paper for Domiciliary Care Expansion (Subject to Funding Availability)

- Prepare and submit a costed options paper outlining:
  - Short-, medium-, and long-term models for developing the service.
  - Potential for increased coverage, enhanced training, and extended service hours (including evenings/weekends).
  - Resource requirements (staff, transport, training, digital systems).

- Potential use of hybrid or tiered care models (e.g., visiting care combined with assistive technology or community responders).

### **Recommendation 8.3:**

The Committee recommends that HSC prioritise investment in preventing Hospital admissions and enabling early discharge

- Make the case for funding domiciliary care development by evidencing its impact on:
  - Reducing delayed hospital discharges.
  - Supporting aging-in-place for elderly residents.
  - Alleviating pressure on residential and acute care services.

### **Recommendation 8.4:**

The Committee recommends that HSC Engage with UKHSA, Local NGOs, and Potential Donors

- Explore partnership opportunities to pilot or co-fund innovative home care delivery models or workforce development schemes.

### **Rationale**

- **Systemic Benefit:** Improved domiciliary care reduces unnecessary hospital stays and alleviates long-term pressures on residential care facilities and hospital bed capacity.
- **Person-Centred Care:** Most service users prefer to remain in their own homes if safe, practical, and properly supported. Investing in home-based care aligns with best practice in health and social care delivery.
- **Cost Effectiveness:** Home-based care is typically more cost-effective than institutional care. Funding reallocation toward this model could generate savings in other areas.
- **Strategic Alignment:** This recommendation supports ongoing workforce development, discharge planning, and community-based care—key priorities identified during the evidence session.

## **9. FOSTER CARE**

### **Re-advertise and Promote Foster Care to Strengthen Local Provision**

During the Health and Social Care evidence hearing, the Select Committee discussed issues related to the Safe Haven and Children's Home as part of broader concerns around care provision. Although foster care was not discussed in depth during this session, there were clear implications that residential care settings had been under strain as a result of staff turnover, and also that alternative family-based care options are limited or underutilized.

It is common in small jurisdictions like St Helena for shortfalls in foster placements to result in children being cared for in residential settings, even when a family environment may be more suitable. This concern aligns with broader themes raised in the session around capacity, staffing, and the need for holistic and community-based approaches to care. The absence of current foster placements or limited public engagement with the foster care program suggests a need to renew public awareness and interest. It is likely that previous foster recruitment efforts have lapsed, been under-resourced, or not targeted effectively.



**Recommendation 9.1:**

The Committee recommends that HSC Re-advertise the Foster Care Programme Island-wide

- Launch a refreshed public campaign across local radio, newspapers, social media, and community bulletin boards to promote the importance of foster care.
- Emphasize the urgent need for family-based alternatives to residential placements for children in need of care and protection.

**Recommendation 9.2:**

The Committee recommends that HSC Update and Re-issue Foster Care Information Packs

- Provide clear, user-friendly guides explaining the role of foster carers, eligibility, support provided, and application process.
- Ensure materials are accessible both online and in printed format at key community locations (e.g. CCC, Safeguarding Directorate, libraries, schools).

**Recommendation 9.3:**

The Committee recommends that HSC Host Community Information Sessions

- Conduct community briefings and open Q&A sessions to dispel myths, address concerns, and engage potential foster families directly.
- Involve current or past foster carers (if available) to share personal experiences and encourage participation.

**Recommendation 9.4:**

The Committee recommends that HSC Incentivise Participation and Streamline On-boarding

- Review the foster carer support package to ensure it includes appropriate financial, emotional, and training support.
- Streamline background checks and on-boarding procedures to reduce delays while maintaining safeguarding standards.

**Recommendation 9.5:**

The Committee recommends that HSC Develop a Long-term Foster Care Recruitment and Retention Strategy

- Establish foster care promotion as a permanent component of community outreach, with annual targets and regular evaluation.
- Consider partnership with schools, churches, and NGOs to identify and encourage suitable candidates.

**Rationale**

- **Child-Centred Care:** Family-based care often provides better emotional, social, and developmental outcomes for children than institutional settings.
- **Service Resilience:** Expanding foster care capacity reduces pressure on residential homes, especially in emergencies or during staffing shortfalls.
- **Community Involvement:** Re-engaging the public around fostering can foster a stronger community approach to child welfare and safeguarding.
- **Efficiency and Flexibility:** A larger pool of foster carers allows for quicker, more flexible placements suited to each child's specific needs.

## CONCLUSION OF SESSION 2

The evidence presented during Session 2 of the Select Committee's Live Hearing on 19 May 2025 provided a comprehensive and candid overview of the current state of health and social care provision on St Helena. The session, chaired by the Hon. Robert Midwinter, revealed a service that is both committed and strained—delivering essential care in challenging circumstances while navigating systemic pressures, limited resources, and high public expectations.

Across hospital services, community care, residential accommodation, and clinical appointments, the recurring themes of workforce shortages, resource limitations, and infrastructure constraints were evident. From the delayed discharges at the General Hospital due to a lack of domiciliary care capacity, to the inability to meet optimal standards in palliative or neonatal care due to outdated or insufficient equipment, it was clear that operational pressures are being managed through constant adaptation rather than long-term strategic stability.

The session also highlighted positive developments, including the introduction of the Care Certificate with UKHSA support, improvements to hospital food provision, and the enhanced alignment of visiting specialist services with population health needs. Furthermore, the partnership with education to introduce the Health and Social Care ETEC qualification signals a strategic intent to develop a sustainable, locally sourced workforce pipeline for the future.

However, the evidence also pointed to urgent areas requiring attention:

- Staffing shortages in CCC, domiciliary care, and sheltered housing continue to force emergency closures or restrict service delivery.
- Appointment non-attendance and patient behaviour are contributing to inefficiencies in access to care.
- Infrastructure constraints, such as the lack of adequate neonatal incubators or single-room palliative spaces, are limiting service quality.
- Foster care and community-based alternatives for children in care are underutilized and need renewed promotion and investment.
- Training delivery has been compromised by lack of time and staffing, despite new programs being in place.

The testimony from senior officials—including the Portfolio Director for Health and Social Care, the Head of Social Care, and the Head of Governance—demonstrated a high level of commitment, realism, and transparency. Yet it also underscored the fact that without dedicated investment, strategic workforce development, and better community engagement, the current service model risks becoming unsustainable in the face of rising complexity and demographic pressures.

Moving forward, the Select Committee must ensure that the recommendations discussed—including the completion of the domiciliary care review, the expansion of the Care Certificate program, the promotion of foster care, and the development of a long-term staffing strategy—are progressed with urgency and clear accountability.

This hearing has provided a vital foundation for policy refinement, funding prioritisation, and improved oversight of the island's most essential services. It is now incumbent on both Government leadership and operational teams to turn these insights into coordinated, measurable action. The people of St Helena deserve a health and social care system that is not only functional, but future-ready—equipped to meet their evolving needs with dignity, quality, and compassion.



## Formal Minutes

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Tuesday, 17 June 2025 at the Legislative Council Office, The Castle, Jamestown

Members present:

Councillor Robert Midwinter (Chair)  
Councillor Gillian Brooks  
Councillor Ronald Coleman  
Councillor Elizabeth Knipe

The Report was read and agreed to.

The Recommendations and Conclusions were read and agreed.

Annex 1 agreed to.

Resolved, that the Report be the Third Report of Select Committee 1 to the Legislative Council.

Ordered, that the Chair make the Report to the Council.

Adjourned to a day and time to be fixed by the Chair.

Approved:



Hon. Robert Midwinter MLC  
Chair of Select Committee 1

## Witnesses

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The following witnesses gave evidence. Transcripts can be viewed on the St Helena Government website.

*Monday 24 March 2025*

Mrs Catherine Turner, CEO and Commissioner of the Equality & Human Rights Commission.

*Monday 19 May 2025*

Mr Martin Henry, Minister for Health and Social Care  
Mrs Tracy Poole-Nandy, Portfolio Director, Health and Social Care  
Mr Tim McDermott, Head of Governance and Safeguarding Lead  
Rosalie Brown - Head of Service, Social Care, Adults and Children



## **Annex 1: Summary of the written evidence**

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We received evidence from the Equality & Human Rights Commission (EHRC) and a Member of the Public after advertising for information in advance of our evidence session. We also received a written response from the Health & Social Care Portfolio in respect of the report published by the EHRC.

All of the above written evidence will be shared on the St Helena Government Website alongside this report.



**St Helena  
Government**

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24 June 2025

Cllr Robert Midwinter  
Chairman  
Select Committee 1

On behalf of Health & Social Care Portfolio, I wish to extend my sincere thanks to Select Committee 1, chaired by yourself, its members and the Council Administration staff for conducting and finalising this in-depth inquiry into the provision of Health & Social Care services. I also wish to express my appreciation to the Equality and Human Rights Commission (EHRC), and in particular to Commissioner Catherine Turner, for their active contribution to this vital Portfolio.

#### **Legislative & Policy Recommendations**

The Committee's report provides analysis of our current service delivery challenges and offers a number of actionable recommendations. Of particular note are the findings on the need for dedicated adult social care legislation. These recommendations align closely with our objective to develop a more robust and locally responsive legal framework. We recognise the importance of aligning our practices with international best practice, while also accommodating St Helena's unique demographic context. The Committee's clear suggestions regarding the development of non-statutory practice guidelines, especially in relation to safeguarding, capacity, and consent are in line with our ongoing legislative priorities.

#### **Operational Improvements**

The report also highlights several operational aspects of service delivery. The Committee's feedback on enhanced coordination in appointment management, the establishment of a digital feedback mechanism for real-time patient experience, and improved public communication protocols regarding medication supply challenges validate and support our current direction. Modernisation of our Health Passport system and the phased introduction of automated appointment reminders are already being tabled and we are committed to aligning this with the support of the recommendations to reduce patient travel burdens and streamline clinic workflows. Further to this, a policy options paper for Adult Residential Care has been presented to the Health & Social Care Advisory Board to determine and provide underlined evidence of the current needs and the direction of financial strategic investment.

#### **Resource Constraints and Strategic Planning**

The Committee's detailed observations on resource constraints, such as under-capacity at our Community Care Centre and challenges in domiciliary care are of significant concern. The suggestions to develop a long-term strategic plan for bed capacity, expand options for couple-friendly accommodation, and establish a sustainable model for fostering and domiciliary care are fully aligned with our agenda for systemic improvement.



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We are actively pursuing new collaborations with local and international partners, including NGOs and potential private sector investors, to explore innovative models for service delivery. These innovations must also go hand in hand with workforce development with the emphasis on training, mentorship, and e-learning as capacity-building mechanisms that will ensure our frontline professional outputs, supported with clear pathways for long-term career progression. The introduction of the Care Certificate programme is one of these initial steps to create a platform to ensure a basic standard of care is delivered across the piece.

#### **Acknowledgement & Future Collaboration**

I would also like to acknowledge the outstanding dedication of our health and social care professionals. Their resilience and commitment, even in the face of constrained resources, are critical to both our daily operations and our capacity for reform. Moving forward, whilst respectfully understanding the importance of the independent EHRC, a more cohesive approach and collaborative engagement would pave the way for quick, positive and holistic outcomes for service users and further strengthen the integrity of our care systems. Future Select Committee review as with recommendations from this report, should now be used to independently monitor this progress and make further suggestions on this approach.

#### **Conclusion**

While the challenges outlined by the Committee underscore the complexities inherent in delivering equitable and effective care within our isolated and financially constrained environment, they also provide support for blueprint of future improvements. The Health & Social Care Portfolio is committed to working in partnership with the Select Committee, EHRC, and all stakeholders to improve our service offering. Together as an entire community with a common understanding and goals, we can foster a Health & Social Care system that is resilient, responsive, and firmly grounded in the principles of dignity, inclusivity, and strategic foresight for the greater good.

Martin Henry  
Minister for Health and Social Care

**Health & Social Care Portfolio**



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Cllr Robert Midwinter  
Chair, Select Committee1  
The Castle  
Jamestown

24<sup>th</sup> June 2025

Dear Cllr Midwinter,

**Subject: Response to SC1 H&SC Provision of Facilities and Services Report**

Thank you for the opportunity to comment on the report.

This is an excellent report which accurately reflects our evidence and makes some excellent recommendations which the EHRC fully supports.

The EHRC has only one comment (for information only):

**Recommendation 4.1:**

The Committee recommends that the Health and Social Care Portfolio establish a formal complaints liaison arrangement with the Equality and Human Rights Commission (EHRC) to ensure that any complaints received by the EHRC concerning health or social care services are promptly shared with the Portfolio's Governance Team for investigation and response.

The Commission for Equality and Human Rights Ordinance 2015, confers rigorous confidentiality rules on the staff and Commissioners, therefore it is not always possible for the EHRC to share information. Our staff always explain the Hospital Complaints Procedure to clients and offer the leaflet and form. They will also assist in filling in the form and with email facilities for those not on the internet. However sometimes clients want to tell us what went wrong but do not want to make a complaint in their own name. In this instance we cannot share any information which might identify them.

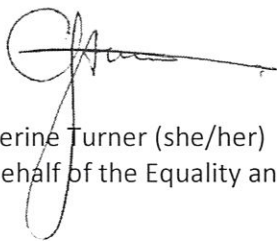
The EHRC looks forward to continuing to work constructively with the Health and Social Care Portfolio and gives its commitment to achieving the recommendations



under its purview. To that end the EHRC would be very pleased to engage in quarterly meetings with the portfolio team as this would increase communication and assist its understanding.

Thank you again for the opportunity to engage with Select Committee One and for the resulting constructive report.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'Catherine Turner', written over a circular stamp or seal.

Catherine Turner (she/her)

On behalf of the Equality and Human Rights Commission of St Helena

