



SAINT HELENA **AUDIT SERVICE**

PUBLIC HEALTH & SOCIAL SERVICES



VALUE FOR MONEY REPORT

V06 - SEPTEMBER 2009

Value for Money audits are conducted by the Audit Service on behalf of the Legislative Council, in order to determine whether St Helena Government resources have been used with proper regard to economy, efficiency and effectiveness.

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Report Distribution: Chief Administrative Health and Social Service Officer, Chief Secretary and Legislative Council. The executive summary is provided to the Public Accounts Committee and Audit Committee.

It is available to the public through our website (www.audit.gov.sh), in the Public Library and at the Audit Service Offices.

EXECUTIVE SUMMARY

This review forms part of the Value For Money (VFM) Audit Plan 2009/10. The objective of the audit was to determine whether the Public Health and Social Services Department's outputs are effectively achieving the outcomes that are prioritised in the Sustainable Development Plan or other statements of SHG policy objectives. We did not examine the Department's efficiency (the relationship between inputs and outputs) or economy (the costs paid for inputs).

In October 2007, Saint Helena Government (SHG) issued its Sustainable Development Plan which set out priorities across the range of SHG activities. In particular it set out key actions for which the Public Health and Social Services Department (PHSSD) were responsible and set targets to measure their success. We found that the department were meeting five out of six of these targets. Therefore, by the criteria set out in the SDP, the department is successfully achieving the desired outcomes of key actions with which it was tasked. In view of this, our overall opinion is as given below:

PUBLIC HEATH AND SOCIAL SERVICES DEPARTMENT

GOOD	Management arrangements are conducive to achieving effectiveness only minor enhancements, if any, can be identified.
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Our opinion is based upon the work undertaken and the findings detailed in the body of this report. The range of possible audit opinions given for Value for Money is good, adequate and inadequate. Definitions of the audit opinions can be found at Appendix A to the main report.

Business planning, (or Strategic Planning as it is now known in SHG) is a process that can help to ensure that a department's outputs are focussed on meeting the policy objectives set by government. We have examined this process in a series of audits that resulted in reports in February 2006, November 2006 and May 2008. We have repeatedly drawn attention to the need for central review of departmental business plans to ensure that departmental objectives are aligned with National Strategic Objectives through the SDP. The Business Plan of the Department for 2008/09 included actions relating to only three of the five 'Key Actions' with which the Department was tasked in the SDP and this is an example demonstrating the lack of an effective process to ensure alignment between SHG policy objectives and departmental plans. However in both cases SHG strategy has since evolved so that the Department is no longer charged with these key actions, and furthermore the changes recently introduced to the planning process now mean that similar gaps are unlikely to occur. We also identified other areas where the Department's planning could be improved, but consider that implementation of SHG's recently issued guidance on Strategic Planning will address these issues.

Accordingly we have made no recommendations.

The assistance given by all SHG staff and third parties is acknowledged with appreciation. A list of those involved is included at Appendix C.

1. FINDINGS AND CONCLUSIONS

1.1 The main findings and conclusions are presented here and are based upon the actual work undertaken and evidence gathered.

The Sustainable Development Plan on Health

1.2 The Sustainable Development Plan includes specific actions and targets for PHSSD. These targets monitor the achievement of the overall Sustainable Development Plan. The strategy for health is 'To improve the health and wellbeing of the island'. Six targets are set against this strategy.

1.3 We reviewed each target included in the plan and obtained progress for the year from the department to consider the achievement of the targets set. Progress against the targets is reported on as follows.

1.4 The first target for Health is to 'Maintain or improve life expectancy for residents of the island'. The indicator for 2008/09 is a life expectancy of 76. In 2008/09 the life expectancy was calculated as 75.47. We consider this to be on target.

1.5 The second target which is to 'Reduce incidence of uncontrolled diabetes' included an indicator for 2008/09 of no more than 12% of the population with uncontrolled diabetes. Actual population for 2008/09 with uncontrolled diabetes was 4.37%, so the target has been comfortably exceeded.

1.6 Target number three was to 'Reduce incidence of hypertension' and included an indicator of no more than 18% of the population with

hypertension. In 2008/09 28% of the population were on the hypertension register but only 5.25% had uncontrolled hypertension. The department does not use the indicator set in the SDP any more as progress in identifying persons with hypertension,



which is required before any treatment can be given, has the effect of increasing the indicator. The preferred measure is now the one used in the FLITs which is 'Increase % of patients on the EMIS hypertension register with a BP of 150/90 or below from a baseline of 65%.' Strong progress has been made on treating hypertension as measured by this indicator with 95% of hypertensive patients having a systolic blood pressure of less than 150 as at September 2008.

1.7 'Reduce hospital inpatient days for the elderly' is target number four with an indicator for 2008/09 of 1,665 inpatient days for people over 65 years of age. The actual for 2008/09 was 1,486 inpatient days. In other words PHSSD managed to reduce inpatient days for the elderly to 11% below the target, indicating strong progress.

1.8 'Increase percentage of elderly staying in their own home and reduce the percentage in care' (target number five) included a 2008/09 indicator of % of elderly in care less than 47%. However the percentage sign was included in error and the target should have been that the number of elderly in care was less than 47 persons. In 2008/09 56 patients were in full time residential care, so this target has not been met.

- 1.9 The final target which is to 'Reduce the number of doctor appointments' included an indicator for 2008/09 of 5.5 doctor appointments per head population. This target was achieved for 2008/09 with 4.7 doctor appointments per head population.
- 1.10 In summary four of the six targets set in the Sustainable Development Plan relating to health were exceeded for the year 2008/09 and one indicator was on target. Only one indicator fell significantly short of target.

Resources allocated to PH&SSD objectives

- 1.11 Total funds budgeted for 2008/09 for which the Department had responsibility came to over five million pounds and can be analysed as follows:

Source	Budget
Consolidated Fund	3,415,973
Development Fund	192,000
Local Funding	
CCC Completion Costs	
Development Fund	703,000
DFID Funding	
Health Link 3	
Development Fund	450,000
DFID Funding	
Health Strategy	
Development Fund	290,000
DFID Funding	
Solid Waste Management	
Total	5,050,973

- 1.12 In common with other departments, the PH&SSD Business Plan does not make it easy to tell what funding is allocated to supporting what

objectives. This problem is particularly acute in the case of the Public Health and Social Services Department because of the amount of funding passing through Development Fund projects.

- 1.13 The format of the new Strategic Plans will require the department to show the total funding allocated to meeting particular high level objectives and to show the analysis of this funding by source.

Links between the Sustainable Development Plan and the PH&SSD Business Plan

- 1.14 Working out whether the PHSSD 08/09 business plan is focussed on high level SHG policy objectives is difficult because the business plan's introduction has:
- No table of context
 - 1 mission statement
 - 3 policy aims
 - 5 overarching strategies
 - 7 basic values
 - 7 objectives
 - 8 prioritised health targets
 - 8 principles for health and social care, and
 - 22 points identified by HODs and Councillors describing the way forward with the department's strategic objectives.
- 1.15 The 2008/09 plan was a roll forward of the 2007/08 business plan. It refers to the Sustainable Development Plan, but only in a section that is carried forward from the 2007/08 plan that was agreed before the SDP was actually published.
- 1.16 When we looked at the detailed chapters for each section within the department, we were however able to find a good range of objectives in the

section chapters of the business plan supporting three of the five key actions and all of the targets relating to PHSSD in the SDP.

1.17 The SDP key action: "consideration of a contributory health scheme for St Helenians working offshore – PHSSD – 2008/09," is not reflected in the PHSSD business plan for 2008/09-2011/12. This piece of work has not been forgotten and is expected to be addressed as part of the work of the Welfare Finance Adviser that SHG is now in the process of recruiting. However we could find no evidence of a deliberate change of strategy between the publication of the SDP in October 2007 and the adoption of the Business plan in April 2008 and it would appear that the omission was either accidental or resulted from a decision within the department not to plan to implement a key action that the department was tasked with but that they felt they did not have the capacity to deliver on.

1.18 The SDP key action: "Introduction of Health and Safety Legislation for the Workplace – PHSSD – 2008/09-2011/12" is also not reflected in the Business Plan. We understand that following the visit of a Health and Safety Consultant in 2007/2008, it was decided to focus on other ways of promoting Health and Safety and these priorities are reflected in the latest statement of SHG policy priorities.



1.19 Again we can find no evidence that there was a deliberate change of strategy over the relevant period.

1.20 In our Business Planning and Key Performance Indicator Value for Money Audits (of February 2006, November 2006 and May 2008) we have repeatedly drawn attention to the need for central review of departmental business plans to ensure that departmental objectives are aligned with National Strategic Objectives through the SDP. Public Accounts Committee have also made recommendations and gained assurances from SHG that this process will be implemented.

1.21 We are confident that this vital process will occur in relation to the strategic planning for 2010/11-2013/14 that is now underway and so have not repeated this recommendation in this report.

1.22 The policy objectives outlined in the SDP are themselves confusing as regards one key area for healthcare. The text of the SDP (at page 40) says that the health strategy for the coming years will involve re-orientation of the present residential accommodations to meet the increasing need of providing residential health care for the elderly. One of the five key actions for the department however is re-orientation of care for the elderly to enable them to stay at home, with a target set, as described above, for reducing the numbers of elderly in care. It is therefore not clear whether the Department should be planning to increase or decrease provision for residential care. The Business Plan mirrors this confusion by quoting the SDP's statement on meeting the increasing need of providing residential health care for the elderly,

while its detailed targets and actions aim at reducing the need for residential care by an increased emphasis on community care.

1.23 The department's Business Plan includes forty two objectives. Eleven of these objectives do not have a specific outcome or output which makes it more difficult to monitor progress.

1.24 The current Strategic Planning Guide includes the following definitions that will be particularly useful to PHSSD in improving the monitoring of performance:

Performance Measure

The quantitative or qualitative factor that the Department wishes to measure. For example, educational attainment needs a measure of the outcomes of education.

Performance Indicator

A particular value or characteristic used to measure output or outcome of the Department's Strategic Objectives. For example, examination results as an indication of educational attainment.

Performance Target

The intended quantified level of performance towards achieving the Department's Strategic Objectives that is to be achieved by the Department within a specified period of time. For example, 85% of secondary school students passing their School Leaving Certificate in 2012.

1.25 In terms of the performance measures, it was noted that both the target and performance measure were sometimes included in the same column. Business Plans should include ideally a relevant performance measure in its specific column such as 'Number of nurse practitioners' and in the target column the actual number of nurse practitioners such as 6.

1.26 We conclude that while the business planning process had considerable room for improvement, the result was that sections within PHSSD were appropriately tasked with actions that reflected the priorities set by SHG.

Monitoring progress during the course of the year

1.27 Progress against the Business Plan targets is reported upon on a quarterly basis at Senior Management meetings. This is a new process adopted by the Public Health department with the first reporting date being the 2 February 2009.

1.28 Minutes of the meeting produced include reporting from all Heads of Sections on the progress against their section's targets for the period.

1.29 This process should ensure continued focus through the year on the selected priorities.

1.30 The Public Health department's ultimate aim is to improve the health and social well-being of the people of St Helena. This aim is broken down into key objectives for each of their nine sections relating to the services that they provide. There are thirty six key objectives included in the business plan with target dates for 2008/09 or ongoing. Twenty one of these objectives were achieved for the year 2008/09.

1.31 Some of the departments achievements included:

1.32 There were four full time doctors and one full time dentist for 2008/09 which meets the performance measure of quality of medical staff and a reduction in the number of days without four doctors.

1.33 A target of minimum of 50 mental health visits per month was met for 2008/09. An average of 146 clients were seen each month and a Mental Health group has been established which assists with achieving the objective of ensuring clients remain mentally healthy within the community living an independent and sociable lifestyle with minimum regression of mental health problems.

1.34 Two units of blood is always available and there is an acceptable storage for blood with a new blood bank now in place, assisting with the objective of providing a safe, effective and efficient diagnostic laboratory and transfusion medicine service.



1.35 Promotion of oral health for the Dental section through education interventions was achieved for the year 2008/09 recognised by National Smile week and other promotional days.

1.36 In the Environmental Health section, fish and meat inspections were an ongoing process, as well as the cleansing and waste management service was ongoing.

1.37 Some of the objectives that were not achieved included:

1.38 Positive performance of outsourced services. This included the laundry service successfully outsourced and the Hospital cleaning. Progress had been made with the laundry service with information submitted to the

Tender Board on the 3rd bidder. The outsourcing of cleaning was put on hold pending the outcome from the outsourcing group on the outsourcing of cleaning for SHG departments.

1.39 Restructuring of PHSSD. Progress had been made on this target with approval being sought from the Chief Secretary on the Senior Management restructure.

1.40 Production of policies and regulations to support the implementation of the Welfare of children ordinance. Some policies had been drafted however due to there being no Social Work Manager; no further action had been done. Target date was set for June and December 2008.

1.41 Improved community care for older people. The performance measures for this target were a comprehensive audit of the current service and proposals for improved service including costings. The current service is being reviewed however no further action been done on this objective and the target dates were for November 2008 and January 2009.

Elderly Care

1.42 The department's strategic objective for the older person's service is to support older people and emphasise strengths, not limitations. The service that they aim to deliver is care in the most appropriate setting; be it in the person's home, in sheltered housing or the Community Care Centre.

1.43 The target in the Sustainable Development Plan is re-orientation of care for the elderly to enable them to stay at home by increasing the

percentage of elderly staying in their own home and reduce the percentage in care.

1.44 At 1 April 2009 there were 44 residents in the Community Care Complex and 13 in the Elderly Care Unit at the General Hospital. This has now been reduced to 53 residents. Because this was the one SDP target for the department that was missed we present some further detail on this area.

1.45 One of the business plan objectives for the Medical Service is to increase the number of people over 70 years enjoying a level of health in a home environment that allows them to maintain autonomy, self esteem and their place in society.

1.46 The performance measure for this objective was a reduction in the number of institutionalised older people by reducing hospital stay and giving home support in the form of home help, community nursing and home ergonomics to ensure a safe and manageable environment. However no target is set for this measure.



1.47 The Business Plan includes 7 key objectives for the Older Persons Service, of which 3 of these objectives were achieved for 2008/09.

1.48 The amalgamation of the current health and social service care provision for older people with a performance measure of a single office with common documentation and data recording procedures. This objective was achieved for 2008/09.

1.49 The opening of the Community Care Centre and subsequently the closing of Sundale and the Haven and transfer of management of the ECU from Hospital to Older Persons Service. The CCC has since been opened and the closing of the Haven was done. Part of the Sundale complex, the Challenging Behaviour Unit, is currently being used for adults with Learning Disabilities and the Elderly Care Unit is still in operation. This objective was only part met for 2008/09.

1.50 Six weeks following admission to residential care, all clients undergo a multidisciplinary assessment to determine if options other than residential care are appropriate. This ensures that residential care placements are appropriate. The assessments were performed by the Manager, Older Persons Service.

1.51 Targets dates for issuing a staff handbook, conducting a comprehensive audit of the current service and making costed proposals for improvement, establishing a policy on collection of data, and recruiting a social worker with specialised expertise were missed.

APPENDIX A**AUDIT OPINION DEFINITIONS**

Every Value for Money audit concludes with an overall opinion based upon individual opinions that are applied to each of the review areas identified in the scope of the audit. The range of opinions, together with an explanation of their meanings, is as follows:

<i>Value For Money Opinions</i>	
GOOD	Management arrangements are conducive to achieving Value For Money and only minor enhancements, if any, can be identified.
ADEQUATE	Management arrangements are generally conducive to achieving Value For Money – but further important enhancements could be made.
INADEQUATE	Management arrangements are not considered to be adequately conducive to achieving maximum Value For Money.

APPENDIX B**SCOPING AND RESOURCING**

To examine whether the objectives were achieved with regard to economy, efficiency and effectiveness, the Audit Service assessed the following:

- Spends on PH&SS objectives that is included in other budgets i.e. other than PH&SS such as Development Fund;
- Progress against targets that measure outputs, in both the business plan for 2008/09 and the SDP. (E.g. At least one peer educator/lay counsellor in each department undertaking health education for employees is a measure for outputs);
- Progress against targets that measure outcomes, in both the business plan for 2008/09 and the SDP. (E.g. Decrease in number of acute admissions with mental health problems is a measure of an outcome.)
- Progress against specific actions mentioned in the SDP in the department's areas.

This was done by:

- Interviewing Chief Administrative Health and Social Services Officer and other key SHG employees;
- Reviewing the departments Business Plan for 2008/09;
- Reviewing the Sustainable Development for Health related objectives;
- Reviewing expenditure totals for 2008/09 incurred by the department and others such as Development Funded projects;
- Reviewing budgets for 2008/09 and 2009/10 for the department and others such as Development Funded projects.

The audit was undertaken during the period April 2009 to July 2009. The total cost of undertaking the audit was £4,700.

APPENDIX C

LIST OF PERSONS CONSULTED

The assistance given to the Audit Service by all those listed below during the course of the audit is acknowledged with appreciation.

Names	Title	Department
Carol George	Chief Administrative Health & Social Services Officer	PH&SSD
Helen Lawrence	Assistant Secretary	PH&SSD
Carol Youde	Health Promotion Coordinator	PH&SSD
Desmond Wade	Chief Finance Officer	Finance
Dax Richards	Senior Accountant	Finance
Dr. Corinda Essex	Chief Development Officer	DEPD
Sandra Sim	Assistant Secretary (A)	OCS
Glenda Peters	Human Resources Administration Officer	HR