



Isle of Man
Government

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Department of Health and Social Care

2019/20 Q2 Performance Update:

Programme for Government &
DHSC Service Delivery Plan

DHSC Q2 2019/20 DHSC Programme for Government Update

This section sets out the Q2 performance on the following Programme for Government areas:

- National Indicators
- Key Performance Indicators
- Actions

The outcomes we will help to achieve

Programme for Government Outcomes

OUTCOME	National Indicator(s)	Explanation	Measure	Q1 19/20 - Data	Q2 19/20 - Data
We have affordable and accessible housing which meets our social and economic needs	Reduce the time that people wait for residential or nursing care	It's important that as people get older they have accommodation that meets their needs. If people don't have to wait as long for the right accommodation, they will be able to live more independently for longer. We will measure the length of time people are waiting for residential or nursing placement following a needs assessment.	Number of eligible people on the waiting list for residential or nursing care following needs assessment	11	4
We live longer, healthier lives	Increase the number of people regularly undertaking physical activity	We want people to live longer, healthier lives. This includes taking responsibility for their own health. A part of this is doing more exercise. We will measure the number of people who are doing the minimum recommended physical activity per week through the healthy lifestyles survey.	The percentage of adults achieving at least 150 minutes of physical activity per week in accordance with UK Chief Medical Officer (CMO) recommended guidelines on physical activity	The 2018 survey took place in Q4 2018/19; it is anticipated that the data will be made available in Q3 2019/20	The data will be made available in Q3 2019/20
	Reduce the number of people dying prematurely from preventable cancer	Deaths from preventable cancer and heart disease are two of the biggest causes of death in the Isle of Man. We will measure these statistics through information provided by Public Health.	Under 75 mortality rates from cancers considered preventable	Annual measure: 2019/20 fig. 86.1 per 100,000	Annual measure: 2019/20 fig. 86.1 per 100,000

	Reduce the number of people dying prematurely from heart disease	Deaths from preventable cancer and heart disease are two of the biggest causes of death in the Isle of Man. We will measure these statistics through information provided by Public Health.	Under 75 mortality rate from cardiovascular disease considered preventable	Annual measure: 2019/20 fig. 54.3 per 100,000	Annual measure: 2019/20 fig. 54.3 per 100,000
	Improve the health related quality of life of the population	As people grow older, they need more support to help them live more independently with a good quality of life, particularly those with long term conditions. We will measure this through information provided by Public Health	Increasing the average health status score of adults using survey responses to questions covering 5 dimensions: mobility, self-care, usual activities, pain/discomfort, anxiety/depression	Annual measure: due Q3 2019/20	Annual measure: due Q3 2019/20
	Increase healthy life expectancy	If the Programme for Government is succeeding, then we will be living longer, healthier lives. Healthy life expectancy is defined as 'Healthy life expectancy at birth: the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health'. We will measure healthy life expectancy based on the lifestyle survey and mortality rates.	Healthy life expectancy at birth as measured by Public Health	Not available	Male: 63.8 years Female: 57.9 years
We have improved the quality of life for children, young people and families	Improve safety in care environments and protect people from avoidable harm	We need to look after the most vulnerable people in our society, particularly in care environments. We will measure the number of reported incidents in care	The number of reported Safeguarding alerts in adult care homes	21	31

at risk		environments.			
	Increase the number of families supported out of early help assistance	If we can support more families to become independent so that after an initial intervention they are able to return to a more stable life, then we will know that our early intervention is working. The Children's Services Partnership will provide this data.	Number of families entering early help that were supported out of assistance and remained so	100%	93%
	Maintain the number of children in care relative to current UK benchmark	We want to protect children who are vulnerable or at risk. Currently the number of children in care is below the UK average which is a good benchmark to maintain.	Number of children under 18 in care per 10k of population compared to UK figures	4.8 per 1,000	5.0 per 1,000
	Maintain number of children with child protection plans relative to UK benchmark	It's important that vulnerable and at risk children have a plan in place which sets out the right level of intervention. Currently the number of children with child protection plans is below the UK average which is a good benchmark to maintain.	Number of children under 18 subject to a child protection plan per 10k of the population compared to UK figures	6.0 per 1,000	6.0 per 1,000

Programme for Government Key Performance Indicators

OUTCOME	POLICY STATEMENTS	KPI	Baseline	Target	Q1 19/20 - Data	Q2 19/20 - Data
We live longer, healthier lives	We will help everyone to take greater responsibility for their own health, encouraging good lifestyle choices	Maintain our uptake of adult screening programmes at current levels	Cervical – 80% Bowel – 63% Breast – 72%	Cervical – 80% Bowel – 63% Breast – 72%	81.75% 62.2% 77.12%	Cervical - 81% Bowel – 65.2% Breast – 73%
		Maintain percentage of eligible population registered with GP online services	27%	27%	28%	31%
	We will help people to stay well in their own homes and communities, avoiding hospital and residential care wherever possible	Reduce emergency admissions at Noble's for people with long term or chronic conditions, where appropriate management in the community has been shown to reduce the need for unplanned hospital admissions. These include conditions like asthma, diabetes and epilepsy	16%	13%	*see below	*See below
		Increase and maintain bed utilisation / occupancy levels at Ramsey Cottage Hospital	80.1%	85-90%	87.6%	86.6%
		Reduce adult acute mental health bed occupancy	92%	85%	97%	93%
		Increase in 5 day discharge follow-up rate by Mental Health Services	94%	100%	85%	92%
		Older people will be transferred to Community Social Work team caseloads within three months of being on a Hospital Social Work team caseload	10%	90%	70%	78%
	We will improve	The hospital will achieve 93% aggregate performance for 2 week cancer waiting times	80.3%	93%	86.9%	77.3% (FYTD aggregate 82.1%)

	services for people who really need care in hospital	No patient will wait >52 weeks for elective inpatient surgery	6.4%	0%	8.0%	9.2%
		ED attendances less than 4 hours from arrival to admission, transfer or discharge	79.5%	85%	87.7%	89.8%
		ED attendances less than 6 hours from arrival to admission, transfer or discharge	92.3%	95%	95.9%	96.4%
		Reduce ED mean waiting time	159 minutes	135 minutes	137 minutes	136 minutes
	We will work to ensure that everyone receives good value health and social care services	Maintain spend against budget through delivery of the cost improvement plan	101.4%	100%	103.4%	105.1%
		Maintain the number of patients travelling to the UK for outpatient first attendances and follow up treatment and provide care where appropriate locally	5994	5994	1,779 Patients (7,116 full financial year projection based on Q1 figure)	1,921 Patients (7,400 full financial year projection based on Q1 and Q2 figures)
We have improved the quality of life for children, young people and families at risk	We will provide safeguards for people who cannot protect themselves	In relation to adult safeguarding alerts meeting the threshold for further investigation, increase the proportion of cases where the views and wishes of the person concerned (and their carers when relevant) were sought and documented	95.5%	100%	100%	99%
		Maintain the proportion of adult safeguarding alert cases meeting the threshold for further investigation where the person concerned feels safer after the intervention	87%	87%	**see below	**see below
		We will meet all compliance standards for milestones within the Safeguarding adult's policy and procedures	93%	85%	89%	***30%

*The coding function within the organisation and the backlog of coded episodes remains on the hospital risk register. A Prior Information Notice was recently published which sought expressions of interest from appropriate providers of coding services to respond with details of how they can meet the coding needs of the department. These responses together with a proposition to restructure and develop the existing team are due to be discussed and the next steps agreed. Until such a solution is agreed and implemented we are unable to report against this indicator.

**The new RiO process for collecting this data was submitted to GTS for building in mid-March and testing was completed by the Adult Protection Team during Q1, it is now envisaged that the data will be available from Q3.

***Out of 10 cases, 7 were delayed for the following reasons: flooding (1), request of Police / AG's (1), additional information required due to complex case (4) and family member request (1).

Programme for Government Actions

Outcome	Action	Owner	Target Delivery Date	Q1 2019/20 - Update	Q2 2019/20 - Update
Responsible Island					
We have more responsive legislation and regulation	Embed a robust governance framework for Research and Development activity, whilst improving the quality of research applications and associated outcomes	Jason Moorhouse, MHK	Mar-20	<p>Additional resource has been recruited to support research education, training and development. It is anticipated that the implementation of the integrated ethics portal will be complete in August 2019; this work stream has incurred a minor delay due to staff absence.</p> <p>The DHSC's research function is currently under review and as such, further milestones may be subject to change in Q2.</p>	<p>The DHSC's research function is currently under review and as such, further milestones may be subject to change in Q3. In the meantime work has commenced to create a project plan for the advancement of R&D legislation and policy.</p> <p>The integrated ethics portal has been through testing and will be live Oct 2019 after which work on the Research Management Software will commence. It is expected that this work will still be delivered on time.</p>
Inclusive and Caring Island					
We have affordable and accessible housing which meets our social and economic needs	Investigate and report how to ensure we have accommodation that can meet the needs of an ageing population including 'care' and 'extra care' housing, and nursing and residential homes	David Ashford, MHK Minister	Jul-19	<p>Work is ongoing with the Department of Infrastructure to add further information to the final report and to develop a long-term underpinning action plan. It is anticipated that this action will be complete in Q2 2019/20.</p>	<p>The research and joint working with DOI has continued, and a significant amount of additional detail has now been added to the final report, which is now expected to be submitted to the Social Policy and Children's Committee in Q3. The RAG status has been amended to reflect the fact the target date has now passed.</p>

Healthy and Safe Island

We live longer, healthier lives	Move more services from the hospital into the community so care is provided closer to peoples' homes	Ann Corlett, MHK	Mar-21	<p>(i) The 'future' eye care pathway has been mapped and is due to be formally agreed by the Project Board at the end of July 2019.</p> <p>(ii) The broader care pathways programme is working collaboratively to deliver this action with the Transformation PMO to ensure work is aligned to recommendations 11 and 12 of the Independent Health and Social Care Review; as such, this particular work programme is under review with a revised programme of work to be agreed by August 2019.</p> <p>(iii) Initial scoping work for the GP Contract 2020 to enhance shared care has commenced.</p>	<p>(i) <u>Eye Care</u> – Detailed planning due to commence, which is to include engagement and involvement of 3rd Sector.</p> <p>(ii) <u>Care Pathways</u> – work continuing with Transformation team to ensure this activity aligns with the Independent Health and Social Care Review recommendations.</p> <p>(iii) <u>GP Contract</u> - Comprehensive analysis / mapping of existing and future service provision has commenced, with separate staff and GP questionnaires issued. Regular engagement meetings have now been established with the GP's.</p>
We live longer, healthier lives	Deliver clear legal frameworks for all essential Health and Social Care services	Jason Moorhouse, MHK	Mar-21	<p>The secondary legislation to support the Abortion Reform Act was approved by Tynwald on 22 May 2019; the Act subsequently came into operation on 24 May 2019.</p> <p>Discussions with the Transformation PMO are ongoing to agree a revised legislation programme to support the delivery of the Independent Health and Social</p>	<p>Drafting instructions for Adoption Bill now completed. This activity took longer to finalise than originally expected, but now being presented at Legislative sub-committee on the 25/10 before formal submission to the AG's.</p>

				<p>Care Review Recommendations. Further milestones will be determined once the legislation programme and priorities to support Transformation has been finalised.</p>	
<p>We live longer, healthier lives</p>	<p>Continue to digitally transform the hospital and health and care services more generally</p>	<p>David Ashford, MHK Minister</p>	<p>Mar-21</p>	<p>The Clinical Assessment and Noting platform was successfully upgraded in preparation to begin live deployment of electronic assessments. Prolonged User Acceptance Testing and hardware issues have caused some delays.</p> <p>A decision on the hardware provision for the Electronic Prescribing and Medicines Administration project is being reviewed ahead of the planned pilot.</p> <p>Clinical need has resulted in an options paper having been produced to consider an eDischarge solution earlier than was originally planned.</p> <p>Dates and resources are being finalised in order to commence the RiO 7 upgrade.</p> <p>Work is underway to agree the specification for the Integrated Digital Care Record and a draft Outline Business Case is now in</p>	<p>Infection, Prevention & Control Surveillance rollout is progressing, with the key infrastructure now built, and regular dialogue established between clinicians and the supplier. A new project Sponsor has also been appointed.</p> <p>The Clinical Assessment and Noting project has seen a further upgrade ahead of planned live deliverables due to commence November 2019.</p> <p>A decision has been made regarding a shared mobile device for use with the Electronic Prescribing and Medicines Administration system and the Clinical Assessment and Noting system.</p> <p>Detailed planning being finalised in order to commence the RiO 7 upgrade, supplier to provide further clarity regarding dates in October.</p> <p>The Integrated Digital Care</p>

				development.	Record Outline Business Case is nearing completion and will be presented to the necessary boards in due course.
We live longer, healthier lives	Define the services which will be provided on-Island and those which will be provided off-Island	Jason Moorhouse, MHK	Jan-21	<p>Recommendation 11 of the Independent Health and Social Care Review sets out the requirement to conduct "A service-by-service review of health and care provision, in conjunction with the needs assessment and an analysis of care pathway design, should be undertaken to establish what services can, should or must be provided on and off-Island, against defined standards. Where services cannot be provided safely or deliver best value by Island-based providers, the default position should be to seek services from third parties for delivery on Island whenever possible and off-Island where necessary". The DHSC is working with the Transformation PMO to identify the work programme and timescale to achieve this outcome; this will include reporting arrangements for this and other transformation activity.</p>	<p>A Project Initiation Document (PID) has been drafted by the Transformation team for a 'service by service review'. This is 1 of 7 PIDs which is a key priority of the Programme and the DHSC Board. In conjunction with the 'service by service review', a 'detailed needs assessment' and 'pathway work' needs to be undertaken. These work streams are also highlighted within the 7 PIDs as key priorities.</p> <p>The Transformation team and DHSC are working together to define the approach and implementation required for this work. A 'pathfinder approach' is currently being discussed to identify and prioritise projects/conditions which will be reviewed first.</p>
We live longer, healthier lives	Reduce waiting times for operations	David Ashford, MHK Minister	Jan-21	The focus for reducing waiting times for operations is now on improving efficiency within theatres that can open up	Initial procurement activity in relation to Theatres review concluded with no responses. Since then the team involved in

				<p>additional capacity. The Hospital's Directorate is currently exploring options to secure a consultant to review existing policy and procedures help realise any potential efficiencies within the system.</p>	<p>undertaking initial scoping activity have expressed an interest, and discussions are continuing with the AG's Office with regards to next steps. It is expected that these discussions will be completed during October. This has resulted in a further delay in the underlying activity.</p> <p>The requisite Job Planning activity has also been impacted by the delays mentioned above, as the review will suggest ways of becoming more efficient - which in turn will need to be incorporated within this work. Discussions are also continuing to seek approval to the revised Job Planning Policy.</p>
<p>We live longer, healthier lives</p>	<p>Implement the Mental Health & Wellbeing Strategy</p>	<p>Ann Corlett, MHK</p>	<p>Dec-20</p>	<p>A review of High Complex Cases at the Child and Adolescent Mental Health Service (CAMHS) has taken place by an external provider with a view to define the CAMHS from the Autism Pathway. The report is due to be shared with the Community Care Directorate in August along with recommendations for the future. The development of the Service Specification is now expected to be complete by the end of Q3.</p>	<p><u>CAMHS Service Specification / Autism Pathway</u> - the final paper from the external provider was received later than expected, and is now in the process of being considered. This has slightly delayed progression of the revised CAMHS service specification and updated Autism Pathway.</p> <p><u>Forensic Pathway / Custodial Service</u> – no further progress due to resourcing constraints.</p>

				<p>ii) The pilot for the Forensic Pathway concluded on 30th June 2019 and the final data has been collected will be reviewed as the project moves into Year 2. Year 2 needs have been identified; focus will continue on providing the Emergency Service responders to the police (DHA) and a business case for longer term funding is now being developed by DHA.</p> <p>iii) The external review of Manannan Court Inpatient Unit has been completed.</p>	<p><u>Core Recovery Service</u> - the papers have been approved the Community Care Leadership Team, and have since been presented to the DHSC Board.</p>
<p>We live longer, healthier lives</p>	<p>Improve governance and accountability in the way we provide health and care services</p>	<p>Jason Moorhouse, MHK</p>	<p>Jan-21</p>	<p>Following the publication of the Independent Health and Social Care Review in May, the DHSC is continuing to work with the Transformation PMO to scope, resource and prioritise the activity required to deliver the significant requirements set out in the recommendations of the report. In particular, recommendation 2 that stipulates that "The setting of priorities and the development of policy in both health and social care should be separate from the delivery of services. A comprehensive governance and accountability framework should be established aligned to agreed standards and underpinned,</p>	<p>The first prioritised project initiation documents have been agreed by the Transformation Programme, these include:</p> <ul style="list-style-type: none"> • Undertake Needs Assessment • Undertake Service-by-Service Review • Design and Implement Care Pathways • Establish Arms-length Delivery of Health and Social Care Services • Improve the Legislative Framework • Digital Strategy • Data, Information and Knowledge

				where necessary, by legislation. A single public sector organisation, perhaps to be known as "Manx Care", should be responsible for the delivery and/or commissioning from other providers of all required health and care services."	
We live longer, healthier lives	Design and deliver a suite of core data sets to underpin the core work streams	David Ashford, MHK Minister	Mar-21	Activity is underway to collate, calculate and validate the data submissions ahead of the publication of the Public Health Outcomes Framework and the Health Outcomes Framework in August 2019.	The Public Health Outcomes and Health Outcomes Frameworks were published online on the 9 th August 2019, and further work is currently being undertaken to enhance reporting on both Frameworks. In addition, collation of indicator reporting is being undertaken to enhance the Substance Misuse Core Data Set.
We live longer, healthier lives	Develop and implement the Integrated Care Strategy	Ann Corlett, MHK	Mar-21	A single 'Western Wellbeing Partnership Referral Form' has been approved containing 17 questions taken from 33 forms (97 fields of information) across multiple agencies. A single assessment tool and guidance note has also been approved for use by practitioners from all services. The business case for the implementation of Year 1 priorities is currently being progressed through Treasury.	Work commenced in September on the refurbishment of Peel Resource Centre to create the 'Western Wellbeing Centre', and recruitment to the Referral Coordinator post is currently underway. These actions, together with the recent appointment of a dedicated Administration Officer will facilitate the full implementation of a single point of access and single referral and assessment process for people registered with Peel Medical Centre.

				<p>Discussions to identify a funding source for the Urgent Care Practitioner pilot remain ongoing.</p> <p>Work is underway to agree the specification for the Integrated Digital Care Record and a draft Outline Business Case is in development.</p>	<p>Planning is currently underway to commence work on the development of integrated care services in the South of the Island.</p> <p>The Integrated Urgent Care project is currently in the process of being re-scoped to better align with Transformation activity. A proposal for the future governance of the project is due to be progressed in November.</p>
<p>We live longer, healthier lives</p>	<p>Achieve maximum waiting times after referral for non-urgent consultant-led treatments of 18 weeks</p>	<p>David Ashford, MHK Minister</p>	<p>Mar-23</p>	<p>Initial scoping activity to determine the way forward has commenced. As such, detailed planning has not yet begun; it is envisaged key milestones will be identified in Q2 to support this initiative.</p>	<p>A whole system scoping exercise has not been completed in light of the focus on pathways and service by service review(s) as required by the adopted Sir Johnathan Michael review and subsequent Transformation Programme. The first prioritised project initiation documents have been agreed by the Transformation Programme, these include:</p> <ul style="list-style-type: none"> • Undertake Needs Assessment • Undertake Service-by-Service Review • Design and Implement Care Pathways <p>Diabetes and Cardiovascular are the first pathfinder services to</p>

					be reviewed and relevant targets will be identified within this process.
We live longer, healthier lives	Introduce a unitary complaints process in the DHSC	David Ashford, MHK Minister	Jan-21	This was a new action for 2019/20, and scoping activity is yet to commence.	Scoping activity now progressing, with a detailed review of all existing complaints processes now commenced. Next steps are to develop a comprehensive plan to support implementation.
We live longer, healthier lives	Introduce overhauled and sustainable private medical services	David Ashford, MHK Minister	Jun-20	DHSC identified a solution to undertake a competitive dialogue exercise to secure a strategic partnership to deliver private healthcare services. However Treasury have advised this work should be led by the Independent Health and Social Care Transformation team. The expectation to deliver a service by June 2020 needs significant focus, coordination and commitment to meet this deadline in light of the diversion of this work programme from DHSC to the Transformation Team.	The Transformation team have referred the overhaul of private health services back to the DHSC to progress as it is out of scope with the Sir Jonathan Michael final report. A project manager and business analyst are now in place to drive this project forward and a PID is currently being finalised. A public consultation was launched and initial findings from this process have been published. Further analytical work of the written responses is underway and this work will be used to inform the new offering.
We have improved the quality of life for children, young people and families at risk	Ensure that all Health and Social Care services have the appropriate levels of Regulation and Inspection	David Ashford, MHK Minister	Mar-21	Following the publication of the Independent Health and Social Care Review in May, work has been ongoing to ensure activity to support this Action is aligned to recommendation 3 of the	CQC have visited the DHSC in October 2019 to scope this work further, and a new executive lead has been appointed.

				<p>report. As such, the DHSC has committed to continue pursuing the scoping exercise to be undertaken by the CQC; the dates for which are currently being determined. It has been agreed that the public consultation will provide more meaningful information following the outcome of the scoping exercise and as a result, the consultation has been postponed.</p>	
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DHSC Q2 2019/20 Service Delivery Plan Update

This section sets out the DHSC's Q2 performance against the strategic objectives listed within the Department's Service Delivery Plan, split out as follows:

- Greater Responsibility
- More Care in the Community
- Improve Hospital Services
- Protect Vulnerable People
- Value for Money
- Supporting Pillar

It should be noted that there are a number of strategic objectives that are captured within the Programme for Government reporting activity, and as such they have not been duplicated within this section.

Service Delivery Plan Objectives

Strategic Goal	Objective	Q1 - Update	Q2 - Update
Greater Responsibility	Ensure delivery of quality assurance and accountability review for all current screening programmes	Internal Audit are currently finalising the review of bowel cancer screening; the second review, breast cancer screening, has now commenced.	The final report on bowel screening now received from Internal Audit will be considered at November Board meeting. The second review, breast cancer screening, has now commenced.
	Develop programmes aimed at reducing childhood obesity and improving children's oral health; drawing on funds from the Soft Drinks Industry Levy	Work to enable measurement of children in year 7 from January 2020 has commenced. The full Manx Child Measurement Scheme will be established from September 2020. An expansion of the current supervised tooth brushing programme may be considered once the oral health strategy has been completed which is due September 2019.	The rollout of measurement programme has been delayed until September 2020 due to concern that the weighing and measuring would not be done with full engagement of schools, pupils and parents, and the correct SOPs and Weight Management Referral scheme for children and families is not in place to support those children identified with a high BMI. The group will continue to meet to ensure that DESC and DHSC are aligned and ready to roll out with full confidence from September 2020. An expansion of the current supervised tooth brushing programme to primary schools may be considered once the oral health strategy has been completed.
	Produce the oral health needs assessment report, drawing on research, local quantitative data and qualitative information	The first draft of the needs assessment report has been circulated to the oral health project group for comment; the final version is due to be complete by the end of August 2019.	The needs assessment has been typeset, and will be submitted for approval and sign-off when the Oral Health Strategy has been finalised.
	Develop and produce the Dental Public Health, Oral Health Strategy for Children 0-11 years, based on the outcomes and recommendations from the oral health needs assessment report	Work will commence once the needs assessment has been completed, which is due end of August 2019.	First draft approved by DPH to be tabled at the next Oral Health Project Group for comment/amendment. Meeting takes place on the 16/10/19.
	Develop and implement a Making Every Contact Count (MECC) pilot project	All three work streams for the MECC pilot project have now commenced and tasks have been set for each group. The Training work	A paper has been written to update senior management about the MECC project, requesting pooled funding from various areas within the DHSC for

		stream is currently reviewing the e-learning packages available, the Resources work stream is considering what resources are required in their areas to support delivery of MECC, and the Systems and Evaluation work stream is looking at how we will evaluate MECC. Results from all work streams will be reported back to next Steering Group meeting 31 July.	<p>the initial Train the Trainer programme. This paper will be presented to the DHSC Management Board 21 October. Until this is approved, some tasks are on hold.</p> <p>The Evaluation workstream is still progressing with the pre-MECC evaluation. Around two thirds of staff in the pilot project have completed the pre-MECC online staff survey. We are now requesting interviews with several senior managers regarding MECC, to find out their views about the organisational readiness for MECC. These are due to be completed in November and January 2020.</p> <p>The Resources workstream is currently providing feedback about the draft resource to support professionals to deliver MECC.</p>
	Develop a Weight Management Implementation Plan	The draft strategy was presented to Chief Officer Group in May 2019 and subsequent, further meetings with stakeholders have taken place. The strategy is scheduled for public consultation in September 2019.	Survey closed at the end of September and Health Intelligence Team has produced a report of the public responses supplying themes for exploration. Healthy Weight Summit planned for 29 November to support Whole Systems Approach working and to set up implementation planning and workstreams.
	Continue to reshape Learning Disability Services in line with the Learning Disability Strategy 2014-2019	The 2014 - 2019 Learning Disability Strategy is drawing to a close and the new Strategy is currently being developed. The Learning Disability Partnership Board met in June 19 where there was recognition of the value of the 2014 – 2019 Strategy and in particular the sub groups for Access to Health, Improved Employment Opportunities and Access to Accommodation. The Partnership Board would this work to continue especially the work in regard to Access to Health.	<p>The Learning Disability Partnership Board is scheduled to meet in October 2019 at which point an update on the new strategy will be presented.</p> <p>Work continues outside of the LD Partnership Board, particularly in regard to the Access to Health group and a new lead for this sub group has been identified.</p>
	Redesign the provision of Respite Services; remodelling the	Treasury visited the proposed site in May and have in principle approved the business case.	Preliminary discussions have taken place in regard to the use of the Eastcliffe site and the Department of

More Care in the Community	facilities at Radcliffe Villas to accommodate the identified needs of service users	Treasury have requested some further work in regard to the potential use of this particular site at Radcliffe Villas and options in regard to the use of other sites. This work has now been completed in conjunction with the Government Valuer.	Infrastructure have been asked to undertake some initial scoping work in regard to the feasibility of this site. No other sites remain under consideration. The current site at Radcliffe Villas remains the preferred option.
	Subject to full planning approval, commence the development of the Summerhill View older persons care facility	Planning approval has been received. Project and Design Teams have been established and are working within tight timescales to try and recover the time lost due to the Planning Appeal. Tender documents are due to go live on the Portal on Monday 15 th July with return by the end of August. The expected expenditure will require approval from Tynwald, however due to the timing constraints of the Planning Appeal it is unlikely that this will be presented to Tynwald in this calendar year.	<p>The Tendering process took place and after presentations, interviews and an assessment of each submission by the panel, the contract was awarded to Tooms Bros Ltd.</p> <p>Following this the Contractor is undertaking a review of the detailed design and the sequencing of the work. We are soon to tender the Mechanical and Engineering contract and this will follow a similar process for the award of the contract as above.</p> <p>As yet we do not have a firm date for submission to the Department and Tynwald until we have greater detail from our appointed contractors, as is the normal process.</p>
	Design and implement a Custodial Pathway for general and mental health including addictions that runs from point of first contact in the system through prison sentence or into community orders	<p>This initiative is currently on hold whilst the staffing issues at the Prison are addressed. Two additional practitioners have been recruited to support this work however; one post remains vacant at this time.</p> <p>Until all positions have been filled, the DHSC are unable to fully implement the new pathway.</p>	Status remains unchanged from last quarter.
	Develop a number of operational strategies within the Community Care Directorate to set out the long term direction and integration of key services including; Mental Health, Learning Disabilities and Dental Care	<p>The first draft of the Adult Learning Disability Strategy is now underway; it is anticipated the first draft should be completed by September 2019.</p> <p>As the themes for the Mental Health & Wellbeing strategy were for 10 years, it has been agreed that the next publication of the strategy is a refresh, as opposed to a new</p>	<p>The first draft of the ALDS is slightly delayed and will be ready by the end of October, there is a deadline of 18th October for final information.</p> <p>The first draft of the refresh for the Mental Health and Wellbeing Strategy is now complete. It is with the clinical general manager for dissemination to the appropriate group for comments and feedback.</p>

		strategy.	
	Work with GPs to develop the GP contract for 2020	<p>Much of the work that was completed to form the 2019/20 GP contract will be used as a foundation for the 2020 contract.</p> <p>A questionnaire, as part of the initial scoping work, is currently being developed to establish service requirements; it's anticipated that this will be issued to GPs by at 31 July 2019.</p>	<p>Two separate questionnaires have been developed and circulated, one went to GPs and their wider Practice team, and the other went to all DHSC clinical staff.</p> <p>Formal discussions are now taking place with representatives from the profession to consider how to draw these issues together into new contracting arrangements.</p>
	Subject to funding approval from the Health Transformation Fund, continue to implement all of the 18 short term recommendations from the Foundations for Integrated Care: Position Paper as part of the Pilot in the West of the Island	The business case for the continuation of the Pilot in the West of the Island is currently under review by the DHSC in light of the Independent Health and Social Care Review and the Transformation PMO priorities.	Status remains unchanged from last quarter.
	Subject to funding approval, commence detailed planning activity to support the implementation of the remaining longer term recommendations from the Foundations for Integrated Care: Position Paper as part of the Pilot in the West of the Island		Status remains unchanged from last quarter.
Improve Hospital Services	Develop and enhance quality management systems within the medical laboratory in pursuance of the ISO 15189:2012 standard (recognises quality and level of competence in medical laboratories)	Quality leads officers are in place in all departments within Pathology with regular monthly quality meetings. Pathology Manager post still awaiting funding.	Challenges remain in identifying the funding source for this post
	Complete the redesign of the chemotherapy clinic space to accommodate the increase in patients receiving treatment on	Development completed, chemotherapy service commenced operation from the new premises on the 1st July 2019.	This objective is now complete

	the Island		
	Evaluate the introduction of Histopathology (the study of changes in tissues caused by disease) Telemedicine solutions	Prior Information Notice responses received from six companies and these will be evaluated during July 2019.	We have undertaken a fact finding trip to Liverpool to look at their implementation for digital Histology and will be assessing other systems over the next few months.
	Redesign the pathway for the admission of the acute medical patient from the Emergency Department into the hospital setting	The admissions pathway has been reviewed and plans are in place to develop the Emergency Department in two phases. Phase one has identified how best to utilise the current available space within the Emergency Department and expansion into a neighbouring clinical area. This will enable a more efficient streaming of patients into the Emergency Department upon arrival. Reducing waiting times and ensuring patients receive appropriate care where required.	Plans for the relocation of Fracture Clinic to allow expansion of ED into the current Fracture Clinic are being designed and costed at the moment. Funding has been secured from a charitable partner. The project will not be progressed until the Integrated Urgent Care Programme is more advanced to ensure the model of care to be delivered in the expanded area supports our integrated urgent care strategy
	Improve access to radiology services through the continued implementation of the sustainability plan	A Tele-Radiology supplier has been chosen and they are working with the Department to provide a fully accessible remote service. A new MRI scanner and two CT scanners have been identified to future proof the Department but we are awaiting funding confirmation from local charities prior to purchase. Due to increased staffing following a robust recruitment campaign the current MRI and CT waiting lists have been reduced to a more sustainable level.	<p>Confirmation of funding has been received from the charities and from Treasury. The purchase orders for the MRI and two CT scanners have been submitted and turnkey work will begin once Siemens have visited the site in November.</p> <p>A second recruitment campaign for three Radiographers will coincide with the start of the turnkey work.</p> <p>A plan is in place to ensure patient services remain uninterrupted whilst the turkey building work and installation of machines take place.</p> <p>A quote has been received for the Global Network portal and is being progressed to be in place by the end of the year.</p>
	Review the clinical model delivered by the ambulance service to ensure that it is at the forefront of modern urgent care	Work has begun on trialling different models to support the Ambulance service with Urgent Care Practitioners. A review of a digital solution to assist with the efficiency of the service has	This Project work is currently only hold as more scoping work is required to ensure all essential stakeholders have been engaged. This scoping work is currently ongoing and will determine the way forward

	delivery	also been completed; the project team are currently awaiting confirmation of funding before further development takes place.	for each aspect of urgent care.
	Explore opportunities to develop in reach services with UK providers; repatriating clinical activity back to the Island where it is possible and clinically safe to do so	Scoping work continues with Clatterbridge Cancer Centre with an aim to re-develop Isle of Man pathways so that treatment is delivered in the right place at the right time. Initial discussions have also taken place with Liverpool, Heart and Chest Hospital for Cardiology and Respiratory services this quarter along the same theme.	Discussions are continuing with Clatterbridge Cancer Centre and Liverpool Heart and Chest Hospital respectively.
	Redesign of patient flow	Work has now commenced to address issues with patient flow within Noble's Hospital; the referral process for medical patients has been reviewed and streamlined and a standard operating procedure for referrals to Patient Flow from the Emergency Department / GPs has been developed. A new appointment within the Patient Flow Team has assumed accountability for 'Decision to Admit' within 1 hour and the teams working within Patient Flow and the Day Assessment and Treatment Unit are working collaboratively to review capacity and attendance with a view to accommodate more planned infusions. The Patient Flow Team is planning a visit to UK hospitals to view other patient flow teams and identify new ways of working.	<p>Following a recent visit to St George's Hospital in London, a redesign of Patient Flow operating procedures has taken place to ensure an improved process of referring patients from Emergency Department to Acute Medical Unit including:</p> <ul style="list-style-type: none"> • Presence of AMU Consultant in ED from midday to 8am Monday to Friday to provide senior decision making around admissions and whether patients can be managed through the Ambulatory Emergency Care clinic instead of requiring admission • Revision of AMU bed request procedure – this is a direct interaction between ED nurse in charge and AMU nurse in charge, which releases Patient Flow capacity to concentrate on generating flow within the other medical wards and surgical wards • Weekly meeting between Patient Flow and DATU Manager to identify future capacity for medical day procedures (i.e. blood transfusions/infusions etc) to avoid pressure on medical bed base • Oncology Day Unit now open and being used for procedures, infusions etc for patients undergoing cancer treatment to reduce pressure on inpatient beds
	Deliver 2 week wait for all tumour groups through the	Good progress towards achieving the 'Two Week Wait (2WW)' for cancer wait times has	The Operational Cancer Standard requires compliance of 93% of all suspected cancers to have a first

	implementation of the Cancer Care Plan	been made throughout Q1 with 86.9% of urgent referrals seen within two weeks; outperforming the 2018/19 Q4 position by 6.6%. This stems from close scrutiny of the Cancer Waiting Times Weekly Reports enabling the provision of additional clinics where a breach of the 2WW seemed likely. Analysis of 2WW performance breaches suggests that issues with clinical cover over the TT festival and the patient's choice of appointment times are the likely cause of performance breaches across all tumour groups.	<p>appointment within two-weeks of referral. Performance for Q2 was 77.3%, with approximately 34% of breaches being the result of Patient choice. Performance against this target is being closely monitored, and tumour groups not performing to the operational standard are discussed at weekly Patient Tracking List meetings.</p> <p>Demand is currently higher than capacity across a number of specialties, with the areas that are contributing most to the deterioration of the performance target being Breast, Colorectal and Urology. Actions plans are in place to identify ways of increasing clinic capacity within existing financial constraints.</p>
Protect Vulnerable People	Continue the development of an integrated (4 tier) Autism pathway	St Andrew's Healthcare has independently reviewed a number of complex cases within the Learning Disabilities Service with a second review due to take place in Q2. This is to support future planning around the autism pathway for the Island. Once this work has completed, the DHSC to will develop a service specification for the proposed future state of services for Autism and other neurodevelopmental disorders by October 2019.	Due to operational and logistical issues the review was undertaken later than anticipated, however the final recommendation document has now been received and is in the process of being considered by the relevant Department leads.
	Redesign the Core Recovery (addiction) Service	The vision document for the service, service specification and business case have now been finalised and will be ready to be presented to the Community Care Leadership Team for their approval in August 2019.	<p>The papers have been approved the Community Care Leadership Team, and have since been presented to the DHSC Board.</p> <p>The Board accepted and agreed the model and agreed that further relationships and commissioned services would be further evaluated and documented. Detailed planning activity is now being progressed, and tracking of progress will now be reported through the Operational PMO.</p>
	Design and model the integrated	The plans have been drawn up by the architect	The design plans have now been agreed and we are in

	Child and Adolescent Mental Health Service including the provision of 3 on Island beds	for the development of 'River Suite' within the Manannan Court complex. The first Project Group meeting is scheduled to take place in August 2019.	the process of finalising the room data sheets. Once this activity is complete the work will be tendered.
	Introduce fit for purpose adoption legislation to ensure compliance with best practice	Drafting instructions for the adoption legislation will be complete by August 2019; this is on schedule for completion this year.	Drafting instructions to be presented at Legislative sub-committee on the 25/10. Upon acceptance drafting resource to be identified.
	Introduce amendments to Children and Young Persons Act to strengthen arrangements for children and young people in care, care leavers, and establish the "corporate parent" in law	Drafting instructions for the Children and Young Persons Act will be developed after the adoption legislation has been introduced. At present, this is planned for 2020/21.	Status remains per last quarter - Drafting instructions for the Children and Young Persons Act will be developed after the adoption legislation has been introduced. At present, this is planned for 2020/21.
	Work with colleagues in Department of Education, Sport and Culture to develop an integrated pathway for children with disabilities	Key appointments in both Departments now mean that this objective is active again and being addressed. Timeline of 12 months up to September 2020.	A scoping exercise is underway as part of this initiative.
	Conduct a domestic abuse joint strategic needs assessment (JSNA)	Feedback from DHA Chief Officer requested substantial alterations to the JSNA. As a result, the report was withdrawn from the June Safeguarding Board. Work remains ongoing to finalise the report; the new time frame is yet to be determined.	Dr Ewart's Executive Summary has now been typeset and is currently being proof read. The underlying report is undergoing the same process. It is expected both elements will be finalised by the 14/11/2019.
Value for Money	Continue to develop a directorate wide Commissioning process for Community Care	A draft Commissioning Approach has been developed for the Community Care Directorate. It is an 'operational process' designed to sit underneath Department commissioning intention and strategy. It will require approval at Commissioning Committee before implementation or be subject to review that considers a pan DHSC position. Focus in Q1 and Q2 will be the establishment of governance processes and to scope the educational needs for the Directorate.	Following the commencement of transformation work, Commissioning is being considered on a wider Department scale with a view to establishing a consistent approach. The Executive Board for Commissioning has started to work alongside colleagues in transformation to agree the way forward. Where appropriate, aspects of the Community Care model may be considered.
	Improve the quality of financial	The DHSC management accounts are now	This objective is now complete

	information; management accounts to be produced in one template by 30 April 2019	under one accounts template, replacing the two different methods used in previous years. Additionally the template is also being used across additional Departments. Work continues to create more automated sets of financial information thereby ensuring the right information is received and reviewed by the right budget holders on a timely basis.	
	Implement Medicines Optimisation strategy in order to deliver effective prescribing and cost improvement programme across the Department	11 out of 12 surgeries on Island are utilising optimisation tools and pharmacy staff to provide safer and more effective prescribing practices. The Department has seen considerable savings in this area since the intervention of Pharmacists in GP surgeries. The implementation of an Island Wide formulary has been approved by the Secondary Care Clinical Board and will come into use once Electronic Prescribing is rolled out across Secondary Care; the Pan Mersey Formulary is already used across Primary Care. Trials for Electronic Prescribing are taking place and plan to be fully rolled out by October 2019. There have been more recruitment campaigns resulting in the employment of two more pharmacists for GP surgeries, and three more Pharmacy Technicians. A public consultation is intended to be held this summer to determine what is required from Community Pharmacy Services to help shape the model for future pharmaceutical services.	<p>The Medicines Optimisation team continues to make savings and the pharmaceutical services budget is £625k underspent year to date.</p> <p>The pharmacy team continue to support 11 of the 12 GP surgeries and the team has commenced quality and patient safety work in line with the Medicines Strategy 2019, alongside the cost saving work.</p> <p>In addition, the care home pharmacist continues to work across DHSC care homes carrying out medication reviews; and a 0.5FTE learning disability pharmacist started with the DHSC at the beginning of September.</p> <p>The results of the public consultation are expected Q3 and will form the basis of a paper to the Board of DHSC, in order to direct the development of services in the community.</p>
	Deliver savings from the Tertiary Services budget through the implementation of Cost Improvement Plans	As per recommendation 11 of the Independent Health and Social Care Review, detailed pathway work needs to be undertaken both on and off Island in order to ensure that activity can be repatriated to the Island if it is clinically safe to do so. If activity is repatriated, savings will be made to the tertiary services budget.	Status remains unchanged from last quarter.

		However, this may mean that further investment is needed within the hospital to absorb this activity. The DHSC continues to challenge invoices received for activity to make sure appropriate referrals have been made.	
Supporting Pillar	Determine future commissioning arrangements for third sector organisations	The initial scoping exercise requires extending to consider how an approach will align with wider integration and transformation agendas. The Community Care Directorate will continue work on developing a short term compliance approach and submit a request through the PMO to consider this as a longer term project.	An update against this target is now interlinked with and dependant on the establishment of commissioning within the Department/Manx Care. Intermediate compliance arrangements are to be confirmed in Q3.
	Complete premises development plan for Peel GP Surgery	Premises development plans are complete; the planning application is awaiting approval Treasury approval is also pending.	Funding has been approved and preferred supplier has been awarded contract on the basis they are already undertaking separate works on the same site.
	Further develop project management principles whilst developing associated capability, through the continued evolution of the Department's Project Management Office and supporting processes / structures	The Department is currently in the process of reviewing the project management structures necessary to deliver and oversee its challenging change agenda, and the requirement to ensure this aligns with the work of the Transformation team.	A single Department-wide PMO is now in the process of being created, bringing together all current Portfolios and project resources. Initial focus is on the requirement to undertake a re-prioritisation of all projects across the Department, whilst consideration is also being given as to how to align activity with the Transformation Programme, and the underlying governance required to support this.
	Establish a Manx Care Pathways governance framework to ensure a cohesive delivery across an integrated tiered model of care for the Isle of Man	Care Pathways have been listed in recommendations 11 and 12 of the Independent Health and Social Care Review and this work will be programmed by the Transformation PMO with input and support from the DHSC. Nevertheless work continues in respect of care pathway needs and approaches.	Transformation PIDs presented to DSHC leadership, Clinical and Government Board and signed off. Issues with resourcing of transformation teams, and also final approved pathfinder projects resulting in delay on commencing this work fully.
	Continue to implement the Information Management Strategy	Current work streams aligned to the Information Management Strategy are currently being scoped or worked on, in particular, the Implementation of the Integrated Digital Care Record. To ensure consistent information requirements in regards to reporting the Senior	The SIRO is currently in the process of reviewing a number of the Information Management Strategy reporting indicators in order to align with the work of the Transformation Team. The 'NHS Number – Persistent Indicator' paper is to be

		<p>Information Risk Officer is formulating a policy paper in regards to adopting the NHS Number as the persistent identifier – this will enable care pathway, patient safety and quality, business intelligence and information governance compliance reporting to be enhanced. Other current work streams include improving the information governance webpage to enhance the patient/service user experience, publishing the Public Health Outcomes Framework and Health Outcomes Framework to provide openness and transparency and increase accountability.</p>	<p>resubmitted to the Board following minor changes to be included – to be resubmitted Oct/Nov 2019.</p> <p>An audit review (Lead: DPO/IGT) of stand-alone systems across the DHSC estate will be conducted from Oct to be completed by NLT Dec 2019 in order to increase system security and compliance, in addition the SIRO will benchmark current information compliance against the UK Data Security and Protection Toolkit required by all NHS providers, this is to completed by NLT Dec 2019.</p>
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