

Department of Health and Social Care

2019/20 Q4 Performance Update:

Programme for Government &
DHSC Service Delivery Plan

DHSC Q4 2019/20 DHSC Programme for Government Update

This section sets out the Q4 performance on the following Programme for Government areas:

- National Indicators
- Key Performance Indicators
- Actions

National Indicators - The outcomes we will help to achieve

Programme for Government Outcomes

OUTCOME	National Indicator(s)	Explanation	Measure	Q3 19/20 - Data	Q4 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	16	Impact of COVID-19 has resulted in significant distortion in terms of statistical data and information, meaning it has not been possible to extract this data for Q4.
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	Analysis of the health & lifestyle survey has been delayed and is due for release May 2020	There is no update available due to COVID-19 priorities – see note below*
	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	Analysis of the health & lifestyle survey has been delayed and is due for release May 2020*	There is no update available due to COVID-19 priorities – see note below*
	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	Annual measure - 2019/20 figures: Male: 63.8 years Female: 57.9 years	Annual measure – 2019/20 figures: Male: 63.8 years Female: 57.9 years
We have improved the quality of life for children, young	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	The number of reported Safeguarding alerts in adult care homes	44	26

people and families at risk		reported incidents in care 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	93%	89%
	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	5.6 per 1,000	5.6 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	5.8 per 1,000

*A delay in obtaining financial exemption in order to progress the contract with The Public Health Institute at Liverpool John Moore's University, (our analysis providers) meant their final report was not due to be published until May 2020. This has now been delayed further due to COVID-19 priorities, and we await revised timescales.

Programme for Government Key Performance Indicators

OUTCOME	POLICY STATEMENTS	KPI	Baseline	Target	Q3 19/20 - Data	Q4 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%	Cervical - 81% Bowel – TBC Breast – 66.75%	Cervical – 80.93% Bowel – TBC* Breast – 72.71%
		Maintain percentage of eligible population registered with GP online services	27%	27%	31%	33%
	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%	82.1%	88.3%
		Reduce adult acute mental health bed occupancy	92%	85%	90%	90%
		Increase in 5 day discharge follow-up rate by Mental Health Services	94%	100%	96%	95%
		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%	83%	80%
	We will improve	The hospital will achieve 93% aggregate performance for 2 week cancer waiting times	80.3%	93%	82.1% (FYTD aggregate 82.1%)	85.8% (FYTD aggregate 83%)

	services for people who really need care in hospital	No patient will wait >52 weeks for elective inpatient surgery	6.4%	0%	12.1%	10.7%
		ED attendances less than 4 hours from arrival to admission, transfer or discharge	79.5%	85%	80.6%	76%
		ED attendances less than 6 hours from arrival to admission, transfer or discharge	92.3%	95%	91.4%	89.1%
		Reduce ED mean waiting time	159 minutes	135 minutes	165 minutes	177 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%	105.7%	103.5%
		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	1,809 patients (7,345 full financial year projection based on data to date)	1,630 patients (7,139 full year figure)
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%	97%	100%
		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%	84%	80%***
		We will meet all compliance standards for milestones within the Safeguarding adult's policy and procedures	93%	85%	65%	55%****

* The anomaly within the Q3 data remains unresolved, and the Q4 data has not been received yet from NHS Digital. Efforts to resolve this with the Screening hub in Rugby have been impacted due to COVID-19 priorities.

**The coding function within the organisation and the backlog of coded episodes remains on the hospital risk register. Responses from the prior information notice together with the proposition of continued development of the team locally have been collated in a paper due to be presented to the DHSC Management Board. This is now due to be progressed in July.

***All cases under adult safeguarding are offered a 3 month follow up case closure. 80% of people opted into have their case remain open for a follow up review.

****Cases delayed for many reasons, including high volume of cases impacting on availability of workers and facilities, delayed at request by family member, Safeguarding Officers request and further investigation prior to conveying a meeting.

Programme for Government Actions

It is acknowledged that many of the DHSC's existing Programme for Government actions are impacted upon (or will be delivered alongside) activity that is being progressed by the Health and Care Transformation Programme. Although more detail has been provided in relation to this within this Q4 report, the anticipated in-depth review has not been concluded due to the planning and implementation of the response to COVID-19. As such the review of the Department's Programme for Government commitments is still ongoing, and a more detailed update will be provided for the next reporting period.

Outcome	Action	Owner	Target Delivery Date	Q3 2019/20 - Update	Q4 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>The DHSC's research function is currently under review, and as such further milestones may be subject to change. 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 is now LIVE. We are working with the supplier to transition to an appropriate URL.</p>	<p>The function for research governance is due to move, along with the rest of Public Health, to the Cabinet Office in April 2020. Work is ongoing with the Transformation team to split R&D functions between DHSC (for operational) and Public Health (for governance). Advancement of R&D legislation and policy is underway with the Transformation legislation project.</p> <p>The Integrated Ethics Portal is live on the correct URL, and all applications are handled electronically.</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>Further additions have been made to the report following the publication of data from Public Health. The report will be finalised and agreed by both Ministers prior to progression to the Social Policy and Children's Committee in Q4.</p>	<p>Work on finalising the report has been delayed due to COVID-19. It is intended to complete this report within the next few weeks for agreement by both DOI and DHSC prior to progression to the Social affairs and Policy Committee.</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) <u>Eye Care</u> – Updated strategy written and appropriate approvals due to be sought in Q4 before implementation.</p> <p>(ii) <u>Care Pathways</u> – Slow progress this month due to resourcing for transformation team and lack of clarity around BAU projects. Draft process and documents, with initial project plans in place.</p> <p>(iii) <u>GP Contract</u> - Now working with the GPs on the detail of the contractual arrangements and the principle of connecting the work on care pathways into the contract on an ongoing basis.</p>	<p>(i) <u>Eye Care</u> - strategy approved by the Department and is due to be published June 2020.</p> <p>(ii) <u>Care Pathways</u> – Analysts from the Transformation Team have commenced background research on best practice care pathways and services during the Covid-19 outbreak, positioning the work well for when key staff are returned to BAU.</p> <p>(iii) <u>GP Contract</u> - Implementation was subsequently impacted by COVID-19, but meetings progressed with GP reps and aiming to sign-off contract by the end of June.</p>
We live longer, healthier lives	Deliver clear legal frameworks for all essential Health and Social Care services	Jason Moorhouse, MHK	Mar-21	<p><u>Adoption Bill</u> - Drafting Instructions together with the Impact Assessment were approved by the Legislation Sub-Committee in October 2019. The Instructions and the Impact Assessment were formally submitted to the Legislative Drafting Team on 29 October 2019.</p>	<p><u>Adoption Bill</u> - the Department has received a first draft of the Adoption Bill from Chambers.</p> <p>Prior to the declaration of a state of emergency a review of the draft had commenced, however work on the Bill has remained on hold as a result of the Emergency Regulations.</p>

				<p>Drafting ongoing, with aim of introducing the Bill into the Branches before June 2020.</p> <p><u>The Regulation of Care (Amendment) Bill 2019 (No.1)</u> – added to the legislative programme to address an anomaly in the Regulation of Care Act 2013 whereby employment agencies supplying or introducing doctors, nurses or midwives to work for the DHSC were required to register with the Department’s Registrations and Inspections Unit. The Bill has now passed through the branches; Royal Assent is anticipated for April this year.</p> <p><u>The Medicines (Amendment) Bill</u> - was added to the legislative programme to address issues within the Act regarding the supply and administration of prescription medicines. The Bill will be introduced into the Branches in April 2020 or as soon as possible thereafter.</p>	<p>The Legislation Team anticipates work recommencing on the Bill in the early weeks of August 2020. Plan is to complete within this administration.</p> <p><u>Manx Care Bill</u> - Public consultation commenced in March (closes 17 April). Agreement had been in place for the DHSC Advisory Committee would be the Service Leads for the Bill. Work has continued within the Transformation team and a paper is due to be progressed through the Political Board in May.</p>
We live longer, healthier lives	Continue to digitally transform the hospital and health and care services more generally	David Ashford, MHK Minister	Mar-21	Infection, Prevention & Control Surveillance is firmly in the delivery phase.	Many digital health activities have seen unanticipated delays due to the COVID-19 pandemic

				<p>The Clinical Assessment and Noting project has seen delays due to hardware resourcing difficulties. It is due an application upgrade, currently scheduled for 06/02/20 which will be combined with a new device swap out. The first electronic assessments are on track for delivery in March.</p> <p>Electronic Prescribing and Medication Administration roll out has also been delayed due to the same hardware resourcing issues that have now been resolved. This project has a dependency on a functional eDischarge solution so as to safeguard the transfer of discharge medication back into primary care. This eDischarge solution has been specified and is currently in development.</p> <p>The RiO 7 upgrade project is progressing as planned.</p> <p>The Integrated Digital Care Record Outline Business Case is ready and has been approved at project level. The route of progression of this business case will depend on the outcome of recent developments in this space.</p>	<p>and the reallocation of resource.</p> <p>Infection Prevention & Control Surveillance remains in delivery. Clinical Assessment and Noting has continued to progress, hardware resourcing issues have been resolved and new devices and charging units have been deployed. The application has been upgraded and the first two assessments have been delivered into live. A refreshed delivery plan has been agreed. eDischarge has been developed and is currently in delivery.</p> <p>Electronic Prescribing and Medication Administration is delayed pending the delivery of eDischarge. Significant work required regarding legislation, which will be undertaken within the current administration.</p> <p>RiO 7 upgrade work was temporarily suspended – work is due to resume in June 2020.</p> <p>The Integrated Digital Record business case is being referenced as part of wider digital health transformation work which is also resuming imminently.</p>
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					In addition to this the Digital Strategy Transformation project commenced in January. A Working Group was established which developed a revised delivery schedule and a refreshed Digital Strategy. This activity was also impacted by COVID-19, but work has commenced on strategic requirements, and the potential delivery and development of a revised governance model.
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>The first areas that the Needs Assessment, Care Pathways and Service by Service Review project teams are approaching are:</p> <ul style="list-style-type: none"> • Cardiovascular • Diabetes • Haematology Oncology • Urgent Integrated Care <p>Other areas which will be included during this initial phase will be eye care, autism and children with complex health needs.</p>	Analysts from the Transformation Team have commenced background research on best practice care pathways and services during the Covid-19 outbreak, positioning the work well for when key staff are returned to BAU.
We live longer, healthier lives	Reduce waiting times for operations	David Ashford, MHK Minister	Jan-21	Procurement activity has begun through the North of England Commercial Procurement Collaborative to identify a UK	Progress during this quarter has been impacted due to resources being reallocated to the planning and subsequent

				<p>based supplier with the skills and experience to deliver the Theatres project on the Isle of Man.</p> <p>A new start date the work of April 2020 has been set.</p> <p>The updated policy for job planning is being reviewed and we await approval before a full job planning cycle can commence.</p>	<p>implementation of our response to COVID-19. This includes the procurement of the external contractor to deliver the Theatres project, which has been placed on hold. Terms of Reference have been drawn up for an internal theatre improvement team that will take forward recommendations from the initial report.</p> <p>The DHSC Job planning policy has been approved and an electronic job planning solution delivered. First draft Job plans have been entered into the system with a view to start the job planning process in Q1 2020/21.</p>
We live longer, healthier lives	Implement the Mental Health & Wellbeing Strategy	Ann Corlett, MHK	Dec-20	<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> – resource now allocated to work alongside</p>	<p><u>CAMHS Service Specification</u> – a presentation to be delivered by the external provider was unable to be arranged in a timeframe that would enable any real progression with the spec. Internal clinical teams are reviewing pathways in order to move this forward.</p> <p><u>Autism Pathway</u> - now progressing as a Transformation pathfinder initiative.</p>

				<p>leadership team to undertake detailed planning activity aimed at supporting operational improvements.</p> <p><u>Core Recovery Service</u> - Progress has been delayed slightly due to resource availability, but appropriate resources have now been allocated to the project and work is continuing in the development of an implementation plan.</p>	<p><u>Forensic Pathway / Custodial Service</u> – there are now have 3 FTE mental health professionals embedded with the police. The Mental Health Police Liaison Service (MHPLS) accepts referrals directly from the police, undertaking community based and custody based assessments to facilitate onward referral to the correct care pathway. An additional, yet intrinsic role is providing assessment reports to the courts to inform decision making for sentences. The process and report template was provisionally agreed with the judiciary in late February 2020, we are anticipating that this will go live in June.</p> <p><u>Core Recovery Service</u> – work progressing on revised service specification.</p>
We live longer, healthier lives	Improve governance and accountability in the way we provide health and care services	Jason Moorhouse, MHK	Jan-21	Improvements to the governance and accountability within the organisation continued to be driven by the Transformation programme priorities during Q3.	The project within the Transformation Programme was only established in March, and as such no significant progress was made during Q4. Comprehensive update anticipated Q1 2020/21.
We live longer, healthier lives	Design and deliver a suite of core data sets to underpin the core work streams	David Ashford, MHK	Mar-21		Substance Misuse Data set

		Minister		<p>Collation of indicator reporting is currently being undertaken to include Custom & Excise specific data to enhance the Substance Misuse Core data Set (this piece of work also includes statutory compliance to the DPA 2018, namely; DPIA and Data Sharing Agreements).</p> <p>A review is currently being undertaken to enhance Open Data reporting to increase openness and transparency.</p> <p>Substance Misuse Core Data Set has been drafted. Working group to review.</p> <p>A series of service-level core data sets across Community Care are being scoped and developed.</p>	<p>Initial indicators have been compiled for review, with work underway to identify and/or construct additional indicators.</p> <p>As new services are established or existing services are redesigned, data sets will be created to support the management of performance and KPI's. A significant amount of this forms a crucial part of the Transformation activity.</p> <p>All current open data sets on gov.im will be reviewed by end August and a new procedure to align with the IoMG Open Data Policy will be drafted in collaboration with DHSC DPO. Transformation activity regarding the prioritisation of data, quality review of existing data and systems was placed on hold due to COVID-19.</p>
We live longer, healthier lives	Develop and implement the Integrated Care Strategy	Ann Corlett, MHK	Mar-21	<p>Treasury supported the Business Case seeking funding to for the implementation costs of the integrated care strategy from pilot to review.</p> <p>Development work has continued on the Western Wellbeing Centre ahead of an</p>	<p>The opening of the Western Wellbeing Centre and official launch of the Western Wellbeing Partnership took place on 24th February.</p> <p>Following Business Case approval by Treasury for Health Care Transformation funding in</p>

				<p>official opening in February 2020.</p> <p>Recruitment is now complete for the referral coordinator and administration posts.</p> <p>Initial engagement sessions have been held with stakeholders in the south of the island, whilst work has commenced on updating the project governance structure with a proposal due to be progressed in Q4.</p>	<p>November 2019 approval by CoMin is currently being sought.</p> <p>The Integrated Digital Record business case is being referenced as part of wider digital health transformation work which is also resuming imminently.</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>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>As per previous status.</p>

				Diabetes and Cardiovascular are the first pathfinder services to 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	Complaints processes for the new health and social care operating model – Manx Care and the DHSC are being reviewed and updated to ensure each entity has a streamlined and effective process.	No further progress was made during Q4 as planning commenced for response to COVID-19. From a Transformation perspective the policy will be included within the National Health and Care Services Bill, timescales to be discussed with DHSC and AGC. Manx Care project will be looking at the new complaints process.
We live longer, healthier lives	Introduce overhauled and sustainable private medical services	David Ashford, MHK Minister	Jun-20	The DHSC has agreed the refurbishment quality of the PPU to infection control standards. Project timescales are being finalised early January 2020. Routine and backlog maintenance testing and inspections have been completed in December 2019. An options appraisal paper for the service delivery model has been drafted to be presented to	The remaining private healthcare activity and the project to deliver an overhauled and sustainable private medical service was suspended due to the Covid-19 emergency pandemic situation. The PPU has been refurbished and re purposed for extra bed capacity for the hospital for the Covid-19 impact.

				<p>Department Board in early 2020. Detailed scoping and analysis work has taken place using evidence collated from our previous service, the public consultation outcomes and UK service delivery models. This information is being used to produce an information dossier to support collation of information which will be required as part of a tender process.</p>	
<p>We have improved the quality of life for children, young people and families at risk</p>	<p>Ensure that all Health and Social Care services have the appropriate levels of Regulation and Inspection</p>	<p>David Ashford, MHK Minister</p>	<p>Mar-21</p>	<p>The Transformation programme is working jointly with the DHSC to complete an initial scoping exercise with the Care Quality Commission to address the nature, frequency of inspections required and those services to be inspected.</p> <p>The Transformation Project and DHSC will jointly need to identify the standards for measurement, how quality inspection reports will be handled, how the issues identified will be rectified and the consequences for the provider of those services, in which issues are identified, of failure to do so.</p>	<p>Minimal progress was made during Q4 as this activity was placed on hold whilst an internal review was undertaken.</p> <p>The Medical Director has since spoken with CQC along with Transformation to pursue external inspection. Further meeting planned July 2020.</p>

				The Transformation Project will also need to explore and secure inspection of any services that the Care Quality Commission cannot support.	
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DHSC Q4 2019/20 Service Delivery Plan Update

This section sets out the DHSC's Q4 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 may be duplicated within this section.

Service Delivery Plan Objectives

Objective	Q3 - Update	Q4 - Update
<u>Greater responsibility</u>		
Ensure delivery of quality assurance and accountability review for all current screening programmes	The final report on bowel screening was considered at November Board meeting. The decision was to delay switching screening test method until 2021. A further decision was taken to transfer all screening programmes to a centralised DHSC screening hub.	Initial scoping undertaken for the consolidation of screening programmes into a centralised hub, including data gathering and process mapping of current provision. Initial stakeholder analysis and engagement has also commenced.
Develop programmes aimed at reducing childhood obesity and improving children's oral health; drawing on funds from the Soft Drinks Industry Levy	<p>The tender documentation for a Weight Management Programme for young people and their families has been completed, and will be launched for interest by February 2020. This will be funded from the SDIL. Breastfeeding training and encouragement via UNICEF Baby Friendly and a social media campaign initiated in the community have also been funded from the SDIL. These are all part of a wider Whole Systems Approach to achieving a healthy weight as part of the Childhood Weight Management Strategy.</p> <p>Expanding the 'Smile of Mann' tooth brushing programme to include reception and year 1 primary school children is a key priority for action within the Oral Health Strategy for Children aged 0-11 years. Contact will be made with schools regarding the programme later in the year.</p>	<p>Weight Management Programme: two applications have been received for the Weight Management and Smoking Cessation tender, and these are currently being considered. The Weight Management Strategy is to be re-presented taking into account COVID-19 related behaviour changes, and also with regard to transfer of Public Health to the Cabinet Office.</p> <p>No further progress has been made with the expansion of 'Smile of Mann' due to COVID-19 priorities.</p>
Produce the oral health needs assessment report, drawing on research, local quantitative data and qualitative information	The Oral Health Needs Assessment is complete, and will be sent to the Minister with the Oral Health Strategy when complete.	No further progress during Q4 due to staff sickness and subsequently COVID-19 priorities.
Develop and produce the Dental Public Health, Oral Health Strategy for Children 0-11 years, based on the outcomes and	The Oral Health Strategy is almost at final draft stage. When the final draft is complete, it will be sent to the Minister alongside the Oral Health Needs Assessment.	No further progress during Q4 due to staff sickness and subsequently COVID-19 priorities.

recommendations from the oral health needs assessment report		
<p>Develop and implement a Making Every Contact Count (MECC) pilot project</p>	<p>A paper was presented to DHSC Management Board meeting 21 October 2019 to raise awareness of MECC, seek current senior leadership buy-in and endorsement, and agree pooled funding for initial cohort of Train the Trainers. The Board agreed the recommendations in principle, but wanted extra information about the commitment for Trainers. A second paper was written, and funding has been agreed.</p> <p>The Evaluation work stream is progressing with the pre-MECC baseline evaluation. Five interviews have been undertaken with senior staff to find out their views about the organisation's readiness for MECC, with several more scheduled in January and February 2020. The pre-MECC online staff survey has been completed and analysed. We had a 70% response rate from staff in the pilot MECC project.</p> <p>The Training Work stream has finalised dates for the MECC Train the Trainers course (March and April 2020). Application form and best practice agreements finalised.</p>	<p>All plans for this project are now on hold and the finish date will need to be rescheduled as the UK trainers were unable to travel to the Island to 'Train the Trainers' due to COVID-19.</p> <p>The Evaluation workstream has completed some of the pre-MECC baseline evaluation. Nine interviews were undertaken with senior staff to find out their views about the organisation's readiness for MECC. The pre-MECC online staff survey has been completed and analysed, with a 70% response rate from staff in the pilot MECC project.</p> <p>Prior to cancellation of the Train the Trainers course, there was a lot of interest in the project, with more than 55 people requesting details to apply as a MECC Trainer. Meetings were held with each applicant to assess suitability and also their manager to confirm commitment and capacity. 12 applicants were offered and accepted a place.</p>
<p>Develop a Weight Management Implementation Plan</p>	<p>The Whole Systems Approach to Healthy Weight was held at the end of November, and feedback about the draft strategy from stakeholders present was collected during December 2019.</p> <p>There were only a few minor changes required to the strategy, and the final document is to be brought to COG in February 2020. A suggested implementation plan will accompany the strategic documentation for discussion.</p>	<p>No further progress has been made due to COVID-19 priorities.</p>

<p>Continue to reshape Learning Disability Services in line with the Learning Disability Strategy 2014-2019</p>	<p>Tall Trees resource centre for adults with learning disabilities opened in October, providing a selection of day service activities on site and in the community.</p> <p>Meeting scheduled and Terms of Reference circulated for 'Access to Health' group, which was due to meet early January.</p> <p>Working Group re-established to progress actions in relation to the provision of respite services.</p>	<p>Access to Health sub-group to the Learning Disability Partnership Board reinstated with initial meeting held in January as planned. Terms of Reference and group membership reviewed and updated.</p> <p>Operational Lead established for the reshaping of respite services project. Work streams identified and further meeting planned to establish working groups.</p>
<p><u>More Care in the Community</u></p>		
<p>Redesign the provision of Respite Services; remodelling the facilities at Radcliffe Villas to accommodate the identified needs of service users</p>	<p>The feasibility of available sites has now been concluded, and a request to retain the Eastcliffe site is to be submitted to Treasury in Q4.</p>	<p>The feasibility information was forwarded to Treasury and we are informed that the conclusion/confirmation of the site to be awarded to DHSC to rebuild Radcliffe Villas is imminent.</p>
<p>Subject to full planning approval, commence the development of the Summerhill View older persons care facility</p>	<p>The awarding of the Mechanical and Engineering contract remains under discussion, and due to the delays associated with this it's now likely to be May 2020 before it is presented to Tynwald for approval.</p>	<p>Due to further delays with the final proposal, the Motion will now be laid before the June Tynwald sitting. Therefore, the start on site will be late June or early July 2020.</p>
<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>	<p>Resource now allocated to work alongside leadership team to review current operating model and undertake detailed planning activity aimed at supporting operational improvements.</p>	<p>There are now have 3 FTE mental health professionals embedded with the police. The Mental Health Police Liaison Service (MHPLS) accepts referrals directly from the police, undertaking community based and custody based assessments to facilitate onward referral to the correct care pathway. An additional, yet intrinsic role is providing assessment reports to the courts to inform decision making for sentences. The process and report template was provisionally agreed with the judiciary in late February 2020, we are anticipating that this will go live this month. The intention is that the MHPLS will form a component of the Rapid Assessment Service, this replacing the Crisis Response Home Treatment Team. The wider interface will</p>

		be reviewed as a part of Transformation Programme under the Urgent Care pathway.
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	The first draft of the Adult Learning Disabilities Service Strategy and the mid-term refresh for the Mental Health and Wellbeing Strategy are now complete and internal review and approval of both is now progressing.	Learning Disability Strategy 2020 – 2025 final draft is complete and awaiting approval from the DHSC Minister and DHSC Executive Board. The updated Dental Strategy was presented and approved by the Department, but publication has been delayed due to the impact of COVID-19. Implementation is now due to be progressed in partnership with the profession.
Work with GPs to develop the GP contract for 2020	Now working with the GPs on the detail of the contractual arrangements and the principle of connecting the work on care pathways into the contract on an ongoing basis.	Implementation of new contract has been impacted by COVID-19, but meetings have progressed with GP reps and aiming to sign-off contract by the end of June.
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	Business Case for Health Care Transformation funding was approved by Treasury in November 2019. In accordance with the terms of the fund, approval by CoMin is currently being sought following which implementation of remaining short term actions can be progressed in accordance with recommendations detailed in the Foundations for Integrated Care: Position Paper as part of the Pilot in the West of the Island.	The opening of the Western Wellbeing Centre and official launch of the Western Wellbeing Partnership took place on 24th February. Following Business Case approval by Treasury for Health Care Transformation funding in November 2019 approval by CoMin is currently being sought following which implementation of remaining short term actions can be progressed as detailed in the Foundations for Integrated Care: Position Paper as part of the Pilot in the West of the Island. Six monthly reporting of Key Performance Indicators have been requested by Treasury which are being developed as part of a dedicated workstream. The Project Team was redeployed in March as part of the response to COVID-19 although operationally the work of the Western Wellbeing Partnership continued with limitations on functionality due to operational changes within individual services/teams
Subject to funding approval, commence detailed planning activity to support the implementation of the remaining longer term recommendations	Business Case for Health Care Transformation funding was approved by Treasury in November 2019. In accordance with the terms of the fund, approval by CoMin is currently being sought following which planning and implementation of remaining longer term	The opening of the Western Wellbeing Centre and official launch of the Western Wellbeing Partnership took place on 24th February. Following Business Case approval by Treasury for Health Care Transformation funding in November 2019 approval by CoMin is currently being

from the Foundations for Integrated Care: Position Paper as part of the Pilot in the West of the Island	actions can be progressed in accordance with recommendations detailed in the Foundations for Integrated Care: Position Paper as part of the Pilot in the West of the Island.	sought following which implementation of remaining long term actions can be progressed as detailed in the Foundations for Integrated Care: Position Paper as part of the Pilot in the West of the Island. Six monthly reporting of Key Performance Indicators have been requested by Treasury which are being developed as part of a dedicated workstream. The Project Team was redeployed in March as part of the response to COVID-19 although operationally the work of the Western Wellbeing Partnership continued with limitations on functionality due to operational changes within individual services/teams
<u>Improve Hospital services</u>		
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)	Conversations ongoing with UK accreditation service to negotiate a review of all quality systems within Pathology. Formal proposal to be progressed during Q4.	No further progress during Q4 due to the planning and then implementation of response to COVID-19. Activity to resume once services stabilise.
Complete the redesign of the chemotherapy clinic space to accommodate the increase in patients receiving treatment on the Island	This objective is now complete	This objective is now complete
Evaluate the introduction of Histopathology (the study of changes in tissues caused by disease) Telemedicine solutions	Fact finding trip undertaken to Leeds, who are well advanced with the development of their tele-histopathology solution. Request seeking appropriate technical resource to support the initiative due to be progressed during Q4.	No further progress during Q4 due to the planning and then implementation of response to COVID-19, and the associated restricted availability of necessary technical resources.
Redesign the pathway for the admission of the acute medical patient from the Emergency Department into the hospital setting	Plans for the relocation of fracture clinic and some other changes within ED to improve capacity and patient flow have been drawn up and agreed. Proceeding to next stage of project which is financial analysis of the cost of works prior to proposal being sent to Henry Bloom Noble Trustees who have agreed in principle to fund the works.	Recruitment to all three acute medical consultant posts is complete which has allowed extended working hours for acute medical consultants. This has improved consultant led decision making in ED around admissions, further development of ambulatory care pathways (including securing funding for dedicated nursing support for the ambulatory clinic) as well as consultant presence for AMU

	Provision of an Acute Medical Consultant in ED until 8pm Monday to Friday and until 2pm on weekends is now fully in place – this will ensure a senior medical decision maker is present in ED during busy periods to make decisions around admission/discharge or referral to Ambulatory Emergency Clinic.	at the weekend (as well as consultant cover for the other medical wards and medical outliers). Designs for a new fracture clinic have been signed off and capital allocation for the project has been agreed in the 20/21 budget. Awaiting appointment of detailed architectural designs.
Improve access to radiology services through the continued implementation of the sustainability plan	Siemens are now on site and work has commenced to install the two new CT scanners which is to be completed by the end of April 2020, followed by the installation of the new MRI scanner at the beginning of May 2020. Current work schedule shows completion prior to TT week. To support the additional functionality and capacity that this equipment will enable, work has also commenced on the recruitment campaign to employ additional radiographers.	The two CT scanners have been installed and snagging is currently taking place in the CT rooms, whilst training of staff on the use of the scanners has commenced. The MRI is due to be installed in June but we are waiting for confirmation of dates. The recruitment campaign for additional radiographers has been authorised and is due to be progressed in June.
Review the clinical model delivered by the ambulance service to ensure that it is at the forefront of modern urgent care delivery	This project will be subsumed into the Urgent Care Transformation Programme.	This project will be subsumed into the Urgent Care Transformation Programme which commences in May 2020
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	A proposal has been received from Clatterbridge Cancer Centre (CCC) which sets out a plan to become a spoke of the CCC hub. The proposal will be reviewed with aim of implementation in Q1 2020/21.	Clatterbridge Cancer Centre (CCC) have accelerated their move in to new premises due to COVID-19 and as such suspended collaboration on this project until August 2020. Significant progress has been made with the digital solutions allowing for the launch of Video Conferencing for patients needing to access consultants based in the UK.
Redesign of patient flow	Actions following visit to St George's Hospital have been implemented and are making a big difference in helping to manage admissions into the hospital and ensuring a smooth flow of patients from ED into the	Recruitment challenges have resulted in an inability to develop the proposed changes within Patient Flow. In addition several departures from the team to take up new roles has also meant a full scale review has been difficult to

	<p>admissions areas and to avoid bottlenecks and overcrowding in ED.</p> <p>A review of Patient Flow staffing will be undertaken in Q4 19/20 to look at supplementing existing Registered Nurse staffing in the Patient Flow Team with Senior Healthcare Assistants to provide support to wards and undertake other tasks that does not require a registered professional to undertake.</p>	<p>progress as focus has been on operational delivery of a patient flow service.</p> <p>The development of an Intermediate Care Service during 20/21 will provide the opportunity to look into the creation of an Integrated Patient Flow service which not only focuses on hospital bed capacity but also looks at availability both across our intermediate care hubs as well as social care and domiciliary care, with the focus being on the most appropriate placement for the patient, not just looking at continued admission in hospital.</p>
<p>Deliver 2 week wait for all tumour groups through the implementation of the Cancer Care Plan</p>	<p>The Operational Cancer Standard requires compliance of 93% of all suspected cancers to have a first appointment within two-weeks of referral.</p> <p>Performance for Q3 was 73.3%, with approximately 34% of breaches being the result of Patient choice.</p> <p>Performance continues to be monitored on a weekly basis; however demand continues to outstrip capacity in most areas.</p> <p>Activities are being reorganised where possible to support 2 week wait which is impacting on waits for routine appointments.</p>	<p>The Operational Cancer Standard requires compliance of 93% of all suspected cancers to have a first appointment within two-weeks of referral.</p> <p>Performance for Q4 was 82.2%, with approximately 30% of breaches being the result of Patient choice.</p> <p>Performance continues to be monitored on a weekly basis; COVID-19 has had a significant impact on services due to availability of clinicians to support out-patient clinic activity.</p> <p>Activities are being reorganised where possible to support 2 week wait which is impacting on waits for routine appointments.</p>
<p><u>Protect Vulnerable People</u></p>		
<p>Continue the development of an integrated (4 tier) Autism pathway</p>	<p>Development of Autism pathway is now to be progressed by Transformation team as part of initial Pathfinder activity.</p>	<p>Development of Autism pathway is now to be progressed by Transformation team as part of initial Pathfinder activity.</p>
<p>Redesign the Core Recovery (addiction) Service</p>	<p>Progress has been delayed due to resource availability, but appropriate resources have now been allocated to the project and work is continuing in the development of an implementation plan.</p>	<p>Work was progressing on a revised service specification, but this was impacted by COVID-19. Due to be picked up again in June.</p>

Design and model the integrated Child and Adolescent Mental Health Service including the provision of 3 on Island beds	The design team have now been appointed and have now commenced requisite activity for the detailed design phase.	The Architects Report and Design Brief are now complete with a Project Programme now complete through to June 2021.
Introduce fit for purpose adoption legislation to ensure compliance with best practice	<p>The Drafting Instructions together with the Impact Assessment were approved by the Legislation Sub-Committee in October 2019. The Instructions and the Impact Assessment were formally submitted to the Legislative Drafting Team on 29 October 2019.</p> <p>Drafting ongoing, with aim of introducing the Bill into the Branches before June 2020.</p>	<p>The Department has received a first draft of the Adoption Bill from Chambers.</p> <p>Prior to the declaration of a state of emergency a review of the draft had commenced, however work on the Bill has remained on hold as a result of the Emergency Regulations.</p> <p>The Legislation Team anticipates work recommencing on the Bill in the early weeks of August 2020.</p>
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	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.	Progression of the Children and Young Persons Act has now been pushed back to 2021/22.
Work with colleagues in Department of Education, Sport and Culture to develop an integrated pathway for children with disabilities	A scoping exercise is underway as part of this initiative. Due to report March 2020.	The scoping activity continues and will now interface with transition to adult services.
Conduct a domestic abuse joint strategic needs assessment (JSNA)	Dr Ewart's Executive Summary was considered by Lead Officer Group on 04/12/19 and SPCC on 20/12/19. Resulting actions are yet to be received. In the meantime the Dan Davies has drafted a high level Isle of Man Domestic Abuse strategy.	Dr Ewart's JSNA was considered by Lead Officer Group on 04/12/19 and SPCC on 20/12/19. The committee endorsed the JSNA and recommended that Tynwald, via CoMin, did the same.
<u>Value for Money</u>		
Continue to develop a directorate wide Commissioning process for Community Care	Discussions regarding a Commissioning approach continue between the Department and Transformation team.	Frameworks for implementing Commissioning processes across the Department are completed in first draft. The Executive Board for Commissioning will present a commissioning position to be reviewed by the Department /

	It is envisaged that Commissioning provisions will exist as standalone units in both the Department and Manx Care and the Executive Board for Commissioning is leading the development of the Strategic and Operational Frameworks that will detail roles and responsibilities, interactions and reporting channels as well as specifying processes and procedures.	Transformation ahead of planning the implementation within Manx Care and the Department.
Improve the quality of financial information; management accounts to be produced in one template by 30 April 2019	This objective is now complete	This objective is now complete
Implement Medicines Optimisation strategy in order to deliver effective prescribing and cost improvement programme across the Department	<p>The pharmacy team continue to support 11 of the 12 GP surgeries and the team continue with both 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 presentation will be done on the first year or this work to Board in February 2020.</p> <p>Following recruitment in December 2019 to the Community Mental Health pharmacist post, the team is currently complete.</p> <p>The results of the public consultation on community pharmacy have been submitted to the DHSC Management Board and to the transformation team for information.</p>	<p>All of the Primary Care team were deployed into other roles during the Covid-19 period, and have yet to return to their normal duties. Therefore all cost-saving work was suspended in March 2020 (due to GPs limiting their work to essential).</p> <p>There has been development work during this time to research and plan the future audits and cost-saving work so we are prepared when work can resume.</p> <p>Further resource is being recruited to support Community mental health services.</p> <p>The 12th (and final) GP surgery which has to date not engaged with pharmacy, have agreed to open negotiations and are reviewing the Data Sharing Agreement with DHSC.</p> <p>A large piece of work to review the structure of pharmacy services across island has commenced.</p>
Deliver savings from the Tertiary Services budget through the implementation of Cost Improvement Plans	Status remains unchanged from Q1 – “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. However,	The status remains largely unchanged from Q3. Due to the COVID-19 emergency pandemic situation and the introduction of the IoM Entry Restriction Regulations in late March 2020, it is highly likely that non recurrent savings will be achieved from the Tertiary Care budget in 2020-21. However, this needs to be balanced against investment which has had to be made at Nobles Hospital (increased

	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".	bed capacity, staff costs, investment in remote tele medicine support.)
<u>Supporting Pillar</u>		
Determine future commissioning arrangements for third sector organisations	This target is being considered as part of the Departments Commissioning Framework. This remains under development.	The Executive Board for Commissioning is now finalising an approach to commissioning third sector organisations. This view is to be shared with colleagues within Treasury, mindful of the wider Government workings and interactions with the third sector.
Complete premises development plan for Peel GP Surgery	The detailed schedule of work continues to be negotiated with the Contractor and Peel and Western District Housing Committee (PWDHC). Negotiations are progressing with the Corrin Trustees in relation to their request for compensation for the lifting of the covenant on the land owned by PWDHC. We are not expecting any delays to the scheme due to this.	We are in the final stages of the completion of the agreements with all parties for the sale and release of covenants for the various access and parcels of land. The chosen contractor had initially withdrawn, but following various discussions they have agreed to deliver the contract, which is to be formally signed shortly.
Further develop project management principles whilst developing associated capability, through the continued evolution of the Department's Project Management Office and supporting processes / structures	Work has continued on the restructuring of the Department's project resources, and the underlying projects that they support. Ongoing collaboration with Transformation Programme to ensure alignment of project governance requirements.	Further progress made with the consolidation of project resources into the same team, and initial steps taken for the re-prioritisation of the Department's Change Portfolio and strengthening of working practices with the Transformation Programme prior to resources being diverted to COVID-19 related activity.
Establish a Manx Care Pathways governance framework to ensure a cohesive delivery across an integrated tiered model of care for the Isle of Man	Slow progress this quarter due to resourcing for transformation team and lack of clarity around BAU projects. Draft process and documents, with initial project plans in place.	Analysts from the Transformation Team have undertaken background research on best practice care pathways and services during the Covid-19 outbreak, positioning the work well for when key staff are returned to BAU.
Continue to implement the Information Management Strategy	The DHSC Management Board approved the 'NHS Number – Persistent Indicator' paper – implementation will be aligned with the Integrated Care Record Project to ensure strict governance consideration pursuant to the DPA 2018.	A new Information Strategy is being drafted as part of the Data, Information & Knowledge project within the Transformation Programme. A detailed Implementation plan is to be developed to support delivery.

	Work is still ongoing to align the IMS reporting indicators to the Transformation Team with an update to be provided during the next reporting period.	NHS Number – Persistent Indicator and approval of such submitted to Integrated Care Record Group for inclusion.
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