



Introduction by Hon David Ashford MHK	1
Foreword by Chief Secretary	2
Comment by Sir Jonathan Michael, Independent Adviser	3
Summary	5
Annex 1 Background, Context and Foundation Work	9
Annex 2 Programme and Project Overview – Objectives and Progress	12
Annex 3 Correlation between Sir Jonathan Michael’s Recommendations and the Programme and its Projects	22
Annex 4 Impact of COVID 19	26
Annex 5 Finances	28

Introduction by Hon David Ashford MHK, Minister for Health and Social Care

To The Hon Stephen Rodan MLC, President of Tynwald, and the Hon Council and Keys in Tynwald assembled.

I am pleased to introduce to Tynwald and the people of the Isle of Man the first annual report of the Health and Care Transformation Programme. As you will read, during this time we have taken some very significant steps towards creating the new health and care system that we all want to see going forward.

This report outlines the solid foundations that have been put in place and the progress made towards achieving Sir Jonathan Michael's combined package of recommendations, which Tynwald accepted in their entirety during this period.

We have been through unprecedented times due to COVID-19 and, as a result, some progress has been limited. However, the positive and collaborative way that the health and care services, and the public service as a whole, has worked together to successfully manage this situation presents us with further opportunity to realise and possibly now accelerate this vision. The wheels of change have been well and truly oiled as our health and care services have responded to the pandemic, and I can see how positive this could be to further assist the development of the longer-term and sustainable transformation.

I would like to convey my thanks to all those who have contributed and supported this programme during the past year and I hope that this will continue.

Very best wishes



Hon David Ashford MHK
Chair, Health and Care Transformation Political Board

Foreword by Chief Secretary

Welcome to the first annual report of our Health and Care Transformation Programme.

The independent health and social care review by Sir Jonathan Michael in 2019 concluded that our Island is well placed to become a model of how to deliver a fully integrated health and care system. The review provided a package of 26 recommendations that would enable the delivery of the health and care system that we want to see, namely:

- higher-quality, efficient services
- proven best value
- as locally as appropriate
- timely provision of services, which are both accessible and integrated with other aspects of the system
- a system that's both financially and clinically sustainable

The Health and Care Transformation Programme is tasked with delivering these recommendations and is run by my team in the Cabinet Office, in collaboration with the Department for Health and Social Care (DHSC) and the Treasury. Together, their role is to bring long-term and systemic transformation to our health and care system in order to deliver high-quality, integrated, person-centred care that is sustainable.

As you will read in this report, last year we laid the crucial foundations to deliver on Sir Jonathan's recommendations, such as being clear on what we will deliver by when, how we deliver these goals and ensuring the right governance and reporting is in place.

Since this time, we have made some great strides towards achieving the recommendations, including progressing the key building blocks, such as primary legislation, to establish Manx Care, moving the Public Health Directorate into the Cabinet Office and working through a series of identified pathfinder processes to ensure that health and care services are delivered by the right person, in the right place, at the right time and in a sustainable way.

While the global coronavirus pandemic has meant that these past few months have been extremely challenging for everyone, I am encouraged that the work of the Transformation Programme has continued; even if in an appropriately adjusted manner. This continuation has maintained our ambition to achieve this once-in-a-lifetime opportunity to work together to make a real difference and create a transformed and sustainable health and care system of which our Island can be proud. In fact, the new and flexible way in which the DHSC has been delivering some health and care services during the pandemic have likely further enabled us to reach this ultimate aim and we will work together to harness this opportunity.

I would like to take this opportunity to thank all readers for the input you have already offered, or will offer in the future, towards this work. Together, we can shape the future health and care system for all of us on the Island.

I hope you find this report informative and of interest.

Best wishes



Will Greenhow
Chief Secretary

In May 2019 the Council of Ministers and Tynwald received my report on the Independent Review of the Health and Care system on the Isle of Man. In accepting the report and its package of linked recommendations in their totality, the Government and Tynwald committed themselves to a programme of comprehensive reform of the organisation, delivery and funding of health and care services for the population of the Island. This unanimous and brave decision by Tynwald, on the recommendation of the Government, set the path for the development and delivery of a wholly integrated and sustainable health and social care service for the population of the Island, something that had been an unfulfilled ambition for many years.

Tynwald recognised that the sort of transformation required could not be delivered in a few months. As detailed in the report, the necessary programme of systemic change would require sustained political, executive, professional and public commitment and perseverance, together with the requisite resources to design and deliver new models of care and new ways of working based on evidence of best practice from home and abroad.

Sustainable transformation, particularly in health and care, requires a change in culture as much as it requires significant change in operational practices and must fully engage all those who deliver and, importantly, receive services. Truly sustainable change of the type I outlined in my report, is not achieved overnight by diktat or through the piecemeal changes that will inevitably occur as part of the evolution of services. Sustainable transformation is quite different to fast-moving operational change required to deal with unanticipated alterations in the environment in which services are provided – although the ability to implement such short term changes does help establish the culture and openness to change that is necessary to progress longer-term, more wide ranging service transformation.

The aim of the programme is to deliver high quality clinically and financially sustainable services, based on international best practice and the Island's specific requirements. It is also necessary to establish the regulatory and governance framework essential to ensure that those charged with delivering and commissioning services are held to account for the quality and effectiveness of services provided. Such change requires complex legislative and regulatory change to establish the infrastructure both to assess the health and care needs of the population and to deliver or commission services both on and off the Island.

Such ambition was always going to take a number of years to fulfil and I am delighted to have been asked to continue to provide support and advice to the Council of Ministers and the Chief Secretary as the recommendations in my report are implemented through the Cabinet Office, the DHSC and the Treasury. I have also been asked to comment on this, the first annual report of the Isle of Man Health and Care Transformation Programme.

The annual report that follows provides details of the extensive work undertaken to establish the foundations and essential building blocks of the Island's future health and care system. It was always anticipated that resourcing such transformation activity whilst maintaining services on a day to day basis would be a challenge. The transformation team has built up but perhaps more slowly than wished and at the same time there have been changes in the senior management of the Department for Health and Social Care bringing in new skills and fresh enthusiasm. The way that the future-focussed Health and Care Transformation team and the DHSC team, who are responsible for the delivery and development of services today, work together to deliver their shared goals has been important in the work of the programme to date and will be increasingly important as Manx Care is established and begins to assume overall responsibility over the next year or so.

If difficulties in recruitment of people with the requisite skills and experience in clinical and care transformation were anticipated, the Covid 19 Pandemic and its personal, organisational and economic consequences were not. The inevitable focus on dealing with the widescale consequences of the pandemic has resulted in delays in progressing aspects of the programme but has highlighted even further the importance of integrated and responsive services able to deal with the unexpected. It absolutely reinforces the need for the transformation as described in the report.

Whilst I accept that delay in some aspects of the programme is inevitable as the services and the economy take stock, I would hope that the integrated programme of change recommended in the report is completed as described and the commitment to the new model for health and care services for the people of the Isle of Man made in 2019, is honoured. It is only in this way that the sustainable, high quality health and care services expected by both Tynwald and the citizens of the Isle of Man, will be delivered.

A handwritten signature in black ink that reads "Jonathan Michael". The signature is written in a cursive style with a large initial 'J'.

Jonathan Michael

Independent Adviser and author of the Final Report of the Independent Review of the Isle of Man Health and Social Care System

Following the publication of Sir Jonathan Michael’s Independent Review of the Isle of Man Health and Social Care System Final Report (“the Report”)¹ and acceptance of its recommendations by Tynwald, the Cabinet Office, Treasury and Department of Health and Social Care (DHSC), collectively mandated the work necessary to implement the recommendations in full.

As outlined in the Report and accepted by Tynwald, the Health and Care Transformation Programme (“the Programme”) designed to deliver on these recommendations is based in the Cabinet Office and reports directly to the Chief Secretary. Most of the team that supported Sir Jonathan with the production of the Report moved to become part of the core Programme team, with other members being recruited from across Government and externally as necessary.

Laying Foundations:

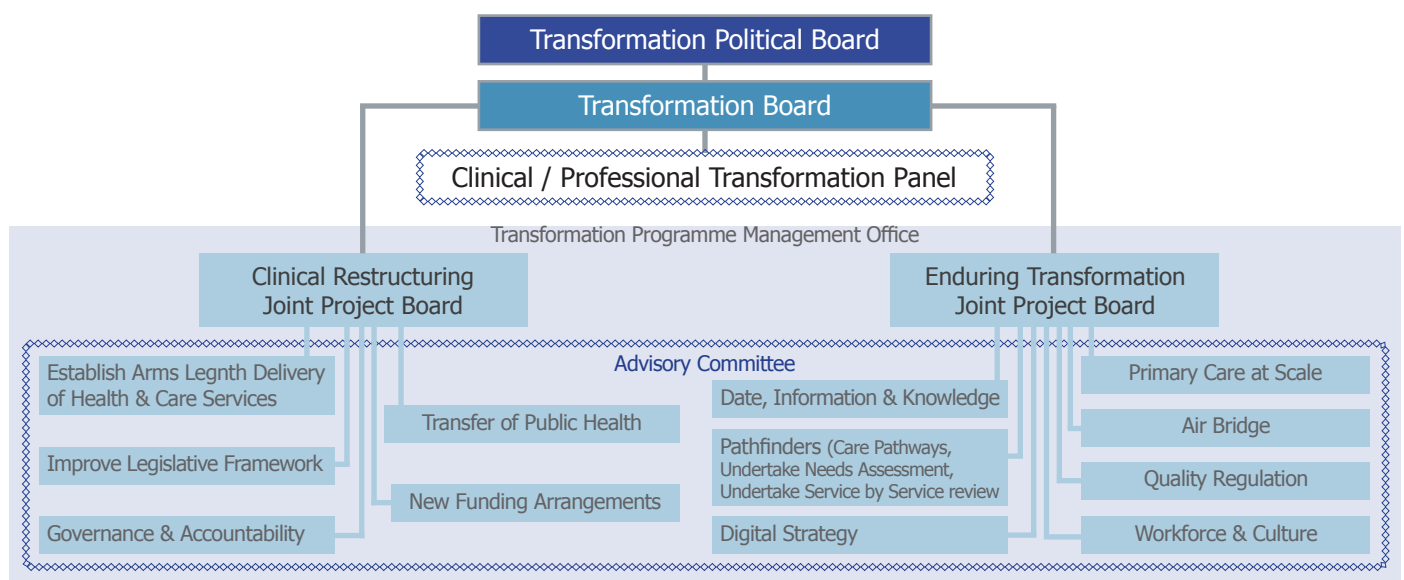
The early stages of the Programme focussed on the necessary foundation work, identifying the programme actions required and forming a series of interrelated projects necessary to fulfil the package of recommendations. In addition, this work included creating appropriate programme and project governance, building the teams needed to undertake the work required and engaging across Government to identify appropriately skilled and available resources.

As this Programme is, by its very nature, multi-year, complex and needs to dovetail into an ever evolving DHSC business as usual, clarity on what each project was intending to do required documenting, sharing with others across the DHSC and elsewhere to seek buy-in, understanding and agreement on the approaches being taken.

We used proven industry standard led processes and protocols to create the Programme architecture and approaches and applied these throughout the Programme scoping, initiation and mobilisation stages. This activity was essential to ensure the Programme has the robust foundations needed to sustain it for the time required to deliver the transformation outlined in Sir Jonathan’s Report. All of this initial work was achieved in the most part by the end of 2019 and fully by February 2020.

The individual projects within the Programme either support the necessary restructuring of the current health and care system or address the required review and reconfiguration of the delivery of services and infrastructures (such as Digital Strategy and Workforce and Culture). This distinction is outlined in figure 1 below, which also shows how the projects are governed within the overall Programme structure. More details on the background and context, including the foundation work and Programme governance, are available at Annex 1.

Figure 1: Health and Care Transformation Programme Structure



¹ <https://www.gov.im/media/1365879/independent-health-and-social-care-review-final-report.pdf>

Programme progress:

Progress has been made across all projects. We have captured a few highlights below.

At the time of writing, the Improve Legislative Framework project, which seeks to ensure delivery of the necessary legislation, is on track to deliver its proposals to Tynwald so that Manx Care can go-live in April 2021. This is a pivotal element to deliver the structural changes required, with the establishment of Manx Care as the new arm's length organisation responsible for the delivery and commissioning of all health and care services for the people of the Isle of Man. The legislation has been subject to consultation with cross-Government leaders, particularly within the DHSC, and with the public who provided comments for consideration. The feedback received from this consultation, with the public in particular, has been extremely beneficial – not only to refining the Manx Care Bill but towards informing a number of the other projects that comments related to in order to support their work going forward.

Another project progressing well is the establishment of Manx Care through the separation of the current DHSC. This separation will result in a more focused DHSC with specific responsibility for health and care policy and strategy, as well as supporting Ministers and Members. All health and care service delivery will transfer to become Manx Care's responsibility. The delivery of these services will be done through an agreed formal mechanism, including the commissioning of delivery from third parties both on Island and, where necessary, elsewhere.

The annual Mandate between DHSC and Manx Care will include the available funding envelope for delivery of required services and the quality and efficiencies expected. This approach will help ensure that Manx Care can deliver to that Mandate as it sees fit and the DHSC will be able to hold Manx Care to account for performance against the Mandate.

The Funding project is also worthy of mention as it also remains on track to deliver its key findings in September 2020, including:

- the funding policy arrangements that give appropriate independence to Manx Care for its own financial management within an agreed framework
- budgets for the DHSC and Manx Care for 2021/22, and
- an agreed basis and calculation of what Isle of Man health and care services "should cost", which will help identify opportunities to bear down on costs and determine suitable efficiencies targets, enabling costs to be more closely managed and limiting the potential for unaffordable cost escalation

Of course, further work will be required to actively manage and evolve the funding arrangements beyond September 2020.

In this past year, through another of our projects, we have achieved the transfer of the Public Health Directorate from DHSC to the Cabinet Office, reporting to the Chief Secretary, in line with Sir Jonathan's ninth recommendation. This was successfully implemented on 1st April 2020 and, as intended, enables Public Health to influence more broadly across Government and encourage consideration of the wider determinants of health throughout Government policy. Some further support is needed to fully enable and embed Public Health within the Cabinet Office, and the Programme is working with them to deliver that.

Finally and importantly, progress has been made towards more directly improving the ways that health and care services on the Island will be delivered in the future. The Programme has had positive engagement with some service users, professionals and third sector organisations regarding the first services being reviewed. The insights have enabled great progress, working together to find the best future model for care on the Island and how to get there. This work will not only seek to transform those first services, but also pave the way for an agreed and successful route to this systemic, long-term service transformation that can be rolled out across the system and ensure, eventually, that all care is delivered in the right place, at the right time, by the right person and in a sustainable way.

Further details of the purpose of and progress made by each project is included at Annex 2. The correlation between Sir Jonathan's recommendations and the Programme and projects is included at Annex 3.

Challenges:

Inevitably, the progress and development of the Programme has experienced some challenges – mostly because of COVID-19 and resourcing.

Firstly, identifying people with the right skills and availability to join and lead the Programme, both from within DHSC and externally, has been challenging and very time consuming. A Transformation Director was recruited but circumstances led to his departure after only a few months in the post – the responsibilities of that role have since been filled by other senior resources within the Programme. The DHSC has also undertaken significant changes in leadership, with previous leaders departing and temporary replacements in place until January 2020, when the interim DHSC Chief Executive was appointed for a period of two years. More broadly speaking, the size and nature of the Programme requires input from a variety of people with different backgrounds and skillsets. Significant effort has been undertaken to secure the appropriate level of resources for the Programme and this effort continues in order to fully meet that need and maintain it as the programme develops further and the skills mix change.

Secondly, because of the rapid spread of COVID-19, the original plans have had to be revised as, as with all other initiatives in the Isle of Man, from March 2020 DHSC, Treasury and Attorney General's Chambers staff, with whom the Programme aimed to co-design many aspects of the individual projects, have been, inevitably and rightly, heavily involved in preparing and delivering the Government's response to the crisis.

Some projects have had to be paused whilst key resources, including those seconded to and recalled from the Programme itself, are supporting the COVID-19 response. The majority of these resources remain committed to the COVID-19 response currently. This pause on certain aspects of the Programme has extended further to include liaison with external bodies where they have been similarly diverted, such as the Care Quality Commission and Air Ambulance providers in the UK.

Overall, all projects within the Programme have suffered some level of impact to their detailed plans and a significant amount of work has been undertaken to mitigate, wherever possible, those impacts so that activities can continue. The Programme's priorities have also been reviewed, realigning to address those aspects with the least involvement of other Government participants. While this has allowed some progress to continued it has inevitably been constrained. Very recently wider engagement has been able to recommence, but with no certain timeframe as to when the necessary DHSC staff and others will have the bandwidth to fully re-engage, it is possible there will be further impacts to the Programme's overall timetable. This will continue to be managed & monitored and any significant further recalibration of plans agreed through the Programme's agreed governance process.

COVID-19 has impacted the wider communications plan, as it has for a number of Government areas, most notably with wider stakeholders. In particular, communication and engagement with patients, service users and the wider general public has not been as fulsome as we would have liked so far, and this is a key priority to redress as soon as circumstances allow. Furthermore, it has severely limited the capacity of the appointed Clinical/Professional Transformation Panel to be key communication champions across health and care service areas.

Once the COVID-19 impact starts to recede, we recognise that the necessary communications will need to be accelerated to make up for lost time and to improve overall understanding of the Programme's progress, its inevitable challenges and encourage greater participation in the delivery of a transformed health and care system.

Finally, and importantly, COVID-19 has impacted the previous model of delivery of health and care as some rapid changes were required that may, in fact, accelerate or at the very least contribute towards building momentum for some key aspects of the transformation of delivery of services. As such, the Programme is delighted to be working with the operational teams within the DHSC to examine the changes and, where appropriate, support the embedding of the relevant changes and drive forward the wider and sustainable transformation that they enable.

Additional detail around the impact of the COVID-19 on the Programme is included at Annex 4.

Next 12 Months:

The next 12 months are, subject to the reduction in the impact of COVID-19, anticipated to deliver huge change within the structures of the health and care system on the Isle of Man. This will include the establishment of Manx Care, and a large number of staff transferred to the new organisation with their existing terms and conditions maintained.

Manx Care will have, and be run by, its own independent Board from April 2021; chaired by a newly recruited independent non-executive Chairperson, with a new Manx Care CEO and a number of new non-executive Directors.

There will also be a funding envelope defined, efficiency targets set and new and improved governance processes in place along with further changes agreed and implemented to some, but inevitably not all, health and care services.

A more detailed view of the milestones for the Programme is being maintained on our website² but is on course, subject to change as the impact of COVID is continually assessed and managed.

As Sir Jonathan explained in his Report, beyond the structural changes that will be visible over the next year, it will take sustained effort over the next few years to truly transform and embed enhanced and sustainable health and care services.

We will continue to provide an annual report to Tynwald to report on that progress.

The Health and Care Transformation Programme

² Programme and Project <https://www.gov.im/about-the-government/departments/cabinet-office/health-and-care-transformation/programme-and-projects/>

1. Background

In March 2018, the Council of Ministers commissioned Sir Jonathan Michael to chair an independent review (“the Review”) of health and social care on the Island.

In April 2019, his final Report was completed and submitted to the Council of Ministers. It included a package of 26 recommendations to be implemented in order to achieve a financially and clinically sustainable, high-quality health and care system for the Isle of Man. The Council of Ministers was in agreement with the findings of the final report and sought Tynwald’s approval for the full package of recommendations to be accepted and implemented.

On 21 May 2019, Tynwald voted unanimously to accept the package of recommendations and required the Council of Ministers to implement them.

On 23 May 2019, the Council of Ministers issued a mandate to the DHSC, the Treasury and the Cabinet Office, as per Sir Jonathan’s sixth recommendation, to ensure implementation of the Review’s Final Report’s package of recommendations.

The Cabinet Office, together with DHSC and the Treasury are responsible to the Council of Ministers for delivering on Sir Jonathan’s recommendations through the Programme. The Programme is being carried out by a dedicated team under the Chief Secretary within the Cabinet Office.

2. Programme Structure and Governance Model

The Programme governance model is outlined as identified in figure 1 and each aspect is explained further in this section.

2.1 Transformation Political Board

The Transformation Political Board provides political oversight of, and accountability to, the Council of Ministers for, the implementation of the Programme. It holds the Chief Secretary to account for the delivery of the Programme and its membership is the Ministers for Health and Social Care, Treasury and Policy and Reform respectively. The Minister for Health and Social Care is Chair of the Board.

Sir Jonathan Michael, as author of the original Report and recommendations, acts as adviser to the Political Board and has continued to provide support and guidance to the Chief Secretary, contributing to the quality assurance process for the planning and delivery of the projects and all matters brought to the Political Board. This continuation of his involvement is key to help ensure that the Programme continues to deliver in a manner that is consistent with the vision he articulated in his Report.

2.2. Transformation Board

The Transformation Board has the responsibility for, and oversight of, the Programme. Its role is to support the Chief Secretary in leading the Programme by providing advice, assistance and making decisions as required on operational matters. The Board is also required to allocate/secure resources, monitor progress, develop and ensure collaborative working and moderate escalated project issues.

The Board is chaired by the Chief Secretary and other members are the Chief Executive Officer (CEO) and Chief Operating Officer (COO) of the DHSC and Chief Financial Officer from the Treasury. The Transformation Board reports to the Political Board.

2.3. Clinical/Professional Transformation Panel

The role of the Clinical/Professional Transformation Panel (“the Panel”) is twofold:

- a) to provide assurance that the Programme is planning, designing and delivering in a manner that is suitable for the Isle of Man, particularly with a view towards high-quality, integrated and clinically sustainable services; and
- b) to act as champions for the Programme including: ensuring that clinical/professional engagement is carried out in the most effective way; supporting and fostering the culture and behaviours that ensure the Programme has strong engagement; ensuring that the Programme is appropriately clinically/professionally led and by providing subject matter input, ensuring suitable involvement and engagement.

The Panel was selected by the Programme team and Sir Jonathan Michael following an open expression of interest exercise, ensuring that the Panel represents the broad range of health and care professionals that the Isle of Man has to offer.

The Panel will be chaired by the Independent Clinical and Professional Adviser within the Programme team and the Vice-Chair will be selected by the Panel. Both the Chair and Vice-Chair will attend the Transformation Board as advisers in order to represent the views of the entire Panel.

2.4 Joint Project Boards

The 14 individual projects will be overseen by one of two Joint Project Boards: one for the Critical Restructuring Projects and one for the Enduring Transformational Projects. This approach will support a joined-up approach across projects that have related objectives, outcomes and timescale.

The Joint Projects Boards assist the supervised projects in effectively meeting their objectives and maintain cross-working, synergies and dependencies within the Programme. They also ensure consistent reporting and controls are applied.

The Joint Project Boards are chaired by one of the co-leads from the Programme team and report to the Transformation Board and provide updates to and seeks advice/guidance from the Clinical/Professional Transformation Panel.

2.5 Advisory Committee

The Advisory Committee provides advice, guidance and opinion on matters relating to the Programme and its projects. It also supports the Programme in relation to communication, engagement and input from DHSC staff. The Advisory Committee is chaired by the Programme Co-Lead and its members are the DHSC Executive Leadership team (CEO, COO, Director of Nursing, Medical Director, Deputy Chief Executive for Governance, Deputy Chief Executive for People and Director of Children and Family Services) and Director of Public Health.

2.6 Transformation Programme Team

In accordance with Sir Jonathan's final recommendation, a dedicated team has been created and is expanding in order to support and deliver the Programme. This team is made up of a central Transformation Programme Management Office (TPMO) and 14 project teams, all of which have been building in size and expertise over the past year.

As outlined in the Review, "the level of change needed to achieve transformation is substantial, requiring sustained effort in terms of time, skills and resources".

The TPMO is responsible for the overall delivery (including quality and timeframes) of the Programme. Its focus is on leading the cross cutting workstreams (including communication and engagement, finances, resources, digital and data), the overarching governance and reporting of the Programme, as well as overseeing and enabling the individual project teams to deliver on their tasks.

Each of the 14 projects has a dedicated team, which vary in numbers and are made up of a variety of skills and experiences. Each project has an individual responsible to the relevant Joint Project Board.

The TPMO and the project teams together make up the engine room as described in the Report – "a dedicated group of skilled individuals with the necessary experience, knowledge and personality, working collaboratively with existing health and care specialists to define the approach to deliver the strategy and get the organisation behind the transformation process".

3. Scoping, Initiation and Mobilisation Phases

Following the publication and subsequent acceptance of the Report in late May 2019, the Programme team, in collaboration with suitable subject matter experts, began extensive planning work to lay the foundations of the Programme. This significant work was necessary to prepare and enable the Programme to achieve its purpose – long-term and systemic transformation to the Isle of Man health and care system in order to deliver high-quality, integrated, person-centred care that's sustainable.

The detailed planning and thorough approach adopted by the Programme in collaboration with the DHSC and other key stakeholders, is a key enabler for the Government to deliver on this Programme.

3.1 Scoping Phase

A scoping exercise was undertaken for the significant level of planning required to get the Programme established and start delivering. This work included the preparation of:

- an initial programme structure
- the distilling of 26 recommendations into specific projects, each with a project brief summarising the aim, objectives and scope
- the framework of a document to define the Programme (Programme Definition Document)
- an estimate of resource requirement to complete the planning of the programme and its constituent projects

3.2 Initiation Phase

The initiation phase outlined the volume of resources required to undertake the full planning work and so it was agreed to stagger the next steps in two phases.

The first phase was to deliver the Programme Definition Document and the Project Initiation Documents (PIDs) for the following projects³:

- Improve Legislative Framework
- Establish Arm's Length Delivery of Health and Care Services
- Undertake Needs Assessment
- Design and Implement Care Pathways
- Undertake Service-by-Service Review
- Digital Strategy
- Data, Information and Knowledge

The second phase was to move the first phase of projects towards, or into, delivery and to develop the PIDs for:

- Transfer Public Health Directorate to the Cabinet Office
- New Funding Arrangements
- Establish and Embed Governance and Accountability Framework
- Primary Care At Scale⁴
- Enhanced Emergency Air Bridge
- External Quality Regulation
- Workforce and Culture.

3.3 Mobilisation Phase

The Mobilisation phase followed from July 2019 until October 2019 for phase 1 projects and January/February 2020 for the second phase. During this period, the Programme Definition Document and 14 PIDs were developed to establish the Programme and its projects so that activities could commence.

The Programme team identified a subject matter expert to author the relevant PID with overarching support from the TPMO during the drafting process. To inform these PIDs, the Programme team worked closely with colleagues across Government (in particular Cabinet Office, DHSC and Treasury) to ensure suitable content and to monitor activities in relevant areas, including the Isle of Man Government Regulatory Review, Future Funding of Nursing and Residential Care project group and discussions between DHSC and the Clinical Quality Commission, the air ambulance provider and ongoing service changes/contract negotiations.

Following an extensive review with Sir Jonathan, clinicians, professionals, DHSC leadership team and Treasury officials, the PIDs were approved by the Transformation Board and a summary provided to the Transformation Political Board for agreement for activities to commence. Resources were then allocated for each project to move into the delivery phase.

³ There was a project entitled "Integrated Out of Hours Service" but this was determined, during the course of phase 2 Mobilisation, to include as a pathfinder within the Undertake Needs Assessment, Design and Implement Care Pathways and Undertake Service-by-Service Review projects to ensure a comprehensive approach is taken to urgent care in and out hours but at an early opportunity.

⁴ Primary Care at Scale was originally included in phase 1 but moved to phase 2 so as to not impede or distract key stakeholders from the ongoing and urgent need for the DHSC to agree GP contracts.

Annex 2 Programme and Project Overview – Objectives and Progress

The purpose of the Transformation Programme Management Office (TPMO) and each project was identified during the mobilisation phase prior to moving into delivery phase. This section provides a brief overview of each project and progress made during the delivery phase.

1. Critical Restructuring Projects

1.1 Establish Arm's Length Delivery of Health and Care Services

Purpose:

The project will create a new organisation, "Manx Care", with responsibility for delivering all health and care services on the Island as a public sector arm's length body, run by a Board appointed by Government and approved by Tynwald. Establishing Manx Care will facilitate the separation of the strategic planning and policy making, to be retained by the DHSC, from the delivery of services by Manx Care – which was a key recommendation of Sir Jonathan Michael's Report.

The outcomes of the project include:

- The establishment of Manx Care in April 2021 following a period of running in shadow form
- A high-level target operating model setting out clear functions and responsibilities for Manx Care and DHSC, and the boundaries and interfaces with other parts of the system
- A formal agreement (the "Mandate") that will set out the DHSC's objectives, expectations and budget for Manx Care's delivery of health and care services for the Island from April 2021

Progress:

- Development of the high-level governance framework, Mandate, and other key documents
- Development of an approach towards how Manx Care will work with and utilise shared service organisations, such as the Office of Human Resources and Government Technology Services
- Finalisation of the Manx Care Chair and development of the Chief Executive Officer Job Descriptions and Person Specifications
- Development of a Gated Review process for transition to shadow form and to live for Manx Care

1.2 Improve Legislative Framework

Purpose:

The project will address the gaps in the law as needed to underpin a safe and responsible health and care service for the Isle of Man, as highlighted in the Review. This includes making legislative changes necessary for the implementation of other projects, such as new primary legislation to establish Manx Care. In summary, this project will determine the need for new or amended legislation, and work with the relevant stakeholders to take forward its introduction into statute. With an incremental approach to developing the revised legislative framework, the project is split into three parts:

- **Part 1:** The Manx Care Bill to establish Manx Care and implement some of the high-level recommendations within the Review. Royal Assent is intended in February 2021 to ensure that Manx Care can be operational in April 2021
- **Part 2:** A framework National Health and Social Care Bill will be the main piece of legislation for the Island's national health and care service, consolidating and updating a number of other pieces of legislation. The project will deliver this Bill and subsequent pieces of secondary legislation to better create a modern framework that can more readily be kept up to date. While it progresses in tandem with Part 1, this Bill will require additional time to develop the policy, therefore it is currently anticipated to enter the branches of Tynwald in 2021
- **Part 3:** The remaining legislative changes identified as gaps by the Review will be addressed separately, either after or alongside Parts 1 and 2

Progress:

- Manx Care Bill:
 - o the policy was determined with key leaders across Government
 - o the Bill was drafted and issued for public consultation.
 - o the Bill has been refined to include action resulting from the public consultation and consequential amendments to other legislation following comprehensive review
 - o the Bill is ready for approval to enter the branches of Tynwald
- National Health and Care Service Bill:
 - o the policy areas have been mapped out
 - o policy development has commenced.

1.3 Establish and Embed Governance and Accountability Framework

Purpose:

The project will create a clear and systematic governance and accountability framework, covering DHSC, Manx Care and associated Government functions. This will be supported by an active engagement programme, ensuring that the outcomes are embedded across the health and care system at all levels.

The project will deliver a comprehensive corporate governance framework and a clinical and care governance framework covering all health and care services (including quality and risk management) as well as the relationship to areas such as external regulation.

Key objectives include:

- Ensure clear accountability for operational delivery and transformation, with a “golden thread” linking policy and strategy to day-to-day improvements in outcomes
- Provide transparency around quality, performance and finances across all associated health and care services
- Embed continuous improvement and proactively address risks and issues wherever they are present in our health and care system
- Develop integrated working, built around the needs of individuals and communities
- Create greater consistency and accountability for corporate, financial, clinical, care and quality reporting and monitoring across the health and care system
- Ensure that future corporate and clinical and care governance frameworks are fully aligned, system-wide, with active representation and involvement of patients and service users
- Achieve improved efficiency through increased transparency and clarity

Progress:

- Staged approach to delivering both frameworks has been defined and agreed
- Baseline has been created of existing inputs and models, including those developed locally and those drawn from international best practice
- A high-level view of Manx Care and DHSC Governance has been developed in conjunction with DHSC
- Ongoing development of an integrated governance framework, sufficiently detailed for the establishment of shadow form of Manx Care and in full for Manx Care go-live, as part of the complete health and care system.

1.4 New Funding Arrangements

Purpose:

The aim of this project is to achieve a health and care system which plans for the future, which is affordable, financially sustainable, and delivered to an agreed set of standards, contracts and mandate through four strands of work:

- Strand 1: Baseline and budget setting (January to August 2020)
 - o High- level estimate of what ‘should’ health and care cost (based on benchmarking) and modelling how long it will take to get there, assuming different rates of efficiency improvements
 - o Baseline spend of DHSC and Manx Care from April 2021, and
 - o Establish the opening funding budgets for DHSC and Manx Care from April 2021

- Strand 2: Future Funding (January 2020 to April 2022)
 - o Funding model setting out what the requirement is going forward for the funding of health and care services post-2021/22
 - o Range of options (from funding model) for the budget going forward depending on different rates of efficiency gains, funding requirement increases, and the budget starting points
 - o Range of options for closing funding gap, and
 - o Options appraisal and recommendations on finance-related policy decisions
- Strand 3: Longer-term planning (July 2020 to April 2023)
 - o Data set, whether new, existing or requiring improvement
 - o Methodology to ensure efficiency saving opportunities are identified and realised
 - o Reporting regime that uses activity-based costing, and
 - o Identify and agree an implementation plan for the agreed sustainable model of funding
- Strand 4: Implementation (April 2021 to September 2024)
 - o Support Treasury, DHSC and Manx Care to implement the agreed sustainable model of funding; to continuously improve the process and adapt it to take account of increased availability of information; and to realise a process in order for Manx Care to receive a three to five-year financial settlement linked to an obtainable efficiency target; and
 - o Ensure a future model of activity can become outward facing, helping to improve understanding of health and care costs

Progress:

- Significant engagement and research undertaken to develop high-level policies on the funding of Manx Care
- Significant data capture, research and financial modelling undertaken to inform the estimate of what health and social care should cost on the Isle of Man
- Data capture and modelling to estimate baseline spend for Manx Care and DHSC for 2021/22 to inform the opening budget for Manx Care and DHSC in 2021/22
- Data capture, research and financial modelling to inform future funding requirement for health and social care spend, and initial analysis around funding options to meet that requirement

1.5 Transfer of Public Health Directorate to the Cabinet Office

Purpose:

The aim of this project is to enable the Public Health Directorate to comprehensively fulfil its advisory and guidance function to the whole of the Isle of Man Government through the transfer to the Cabinet Office. Phase one of the project will transfer the Directorate and phase two will embed the transition. The transfer of the Directorate to the Cabinet Office will:

- Improve the Directorate's ability to advise policy makers across Government, thereby providing for greater delivery of public health policy through other public sector organisations
- Mature the Directorate's capability of collecting data from across Government
- Support improved focus on public health and better outcomes in relation to policy making across Government
- Support Government as a whole to address the wider determinants and influences of health
- Encourage a greater focus on health and wellbeing across the Island
- Facilitate better access to services amongst vulnerable/seldom-heard-from groups
- Enable better outcomes for the Isle of Man population; and
- Improve clinical effectiveness, cost effectiveness and value for money in health and care service delivery

Progress:

- Supporting the drafting and passing by Tynwald of a Transfer of Functions Order, leading to the legal transfer of the Directorate to the Cabinet Office on 1st April 2020
- Transfer of staff from the DHSC to the Cabinet Office

- Other practical deliverables for the transfer to the Cabinet Office progressed
- Initial draft of the Public Health aspects of the System Target Operational Model defined for further consultation

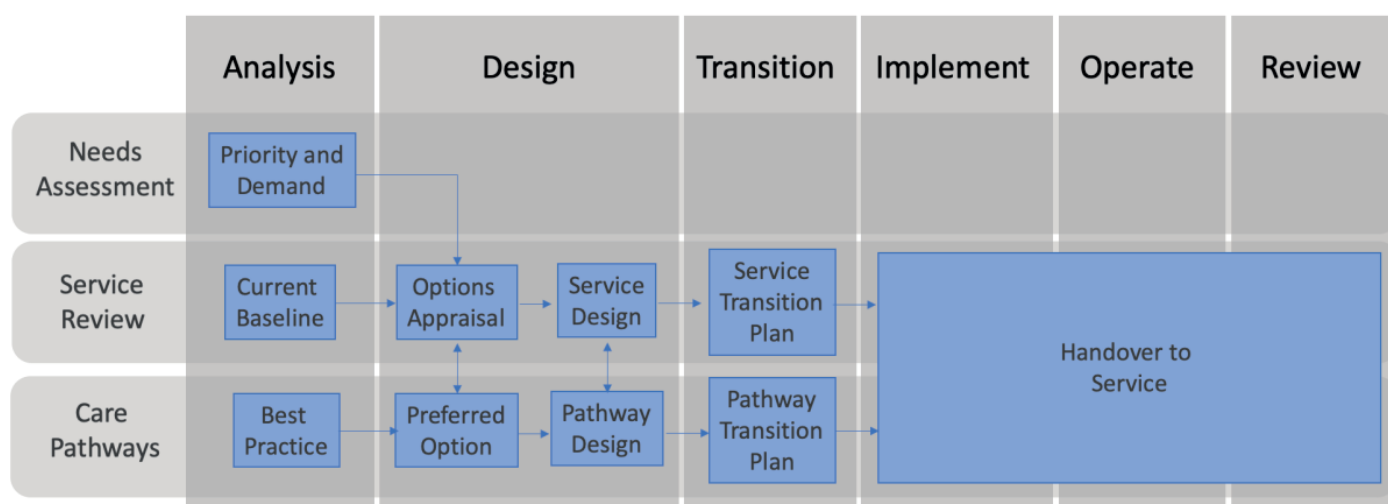
2. Enduring Transformational Projects

2.1 Undertake Needs Assessment, Undertake Service-by-Service Review and Design and Implement Care Pathways

The Undertake Needs Assessment, Undertake Service-by-Service Review and Design and Implement Care Pathways projects are closely related and interdependent projects that jointly consider what are the Island’s health and care needs, what is the optimum care pathway and what is the optimum service model.

The initial phase of these three projects is to join together in a “pathfinder” process, which will be used to develop and test the process for review and new service design. Pathfinders would be phased to test the approach to these projects within certain services before wider adoption. Each project will have its own remit and other phases as required following the completion of the pathfinder process.

The approach adopted during the pathfinder process is shown in the diagram below:



Undertake Needs Assessment

This project will initially support the immediate information around need for the pathfinders. More broadly and more long term, the project will provide a baseline of health and care needs on the Isle of Man to be used to inform all service design, development and delivery processes as part of the Programme and beyond its delivery.

The desired outcomes of this Project are to deliver:

- Improved understanding of need on the Isle of Man
- Improved evidence-based service design
- Greater proactivity in service delivery
- The ability to ‘right size’ capacity in specific settings/for specific purposes (models of care)
- An understanding of demand/need that is currently unmet; and
- A clear view of demand that drives the transformation of services

Service-by-Service-Review

This project will deliver a service-by-service review of health and care provision on the Isle of Man to ensure that the most appropriate health and care services (clinically, operationally and financially) are delivered in the right place, at the right time, by the right person and in a sustainable way.

The desired outcomes of the project are to deliver:

- Improved patient and service user safety
- Improved access to services
- Increased service efficiency
- Greater clarity surrounding the services offer and service user pathway consistency

- Improved clinical outcome; and
- Improved Value for money

Design and Implement Care Pathways

The objective of this project is to develop the process for delivering clear, evidence-based, Isle of Man-appropriate, person-centred care pathways, through all five tiers of care, which enable the delivery of comprehensive integrated services.

The desired outcomes of the project are to deliver:

- Improved well-being outcomes for individuals, particularly those with long-term conditions
- Improved patient and service user voice and involvement in own care
- Greater consistency in services along care pathways
- Improved collaboration between tiers of care with reduction in duplication of effort
- Greater financial efficiency through increased, appropriate care delivery in lower-cost settings
- Greater General Practitioner (GP) oversight of patient journey
- Improved alignment of 'on' and 'off' Island services to improve patient and service user experience and clinical outcomes; and
- Improved recognition and clarity of contribution to care by allied health and social care professionals

Progress:

- The initial care pathways/services to be reviewed, known as Pathfinders, were determined by DHSC Leadership and management, acting as a prioritisation board
- Progress against each is outlined below but it is important to note the reduced stakeholder engagement caused by the limitations imposed by the COVID-19 emergency:
 - o Diabetes: Analysis stage completed (significant analysis of current and best practice models). Design stage completed for consultation (significant research undertaken to ascertain component parts of best practice and provisional proposal prepared for future desired state and some enablers for consultation with stakeholders)
 - o Cardiovascular: Analysis stage partially complete (research-based analysis of current and best practice models). Design stage commenced into future options across eight sub groupings
 - o Cancer Care: Analysis stage commenced (initial discussions commenced including cancer strategy on a page)
 - o Integrated Urgent Care: not commenced
 - o Eye Care: Analysis stage commenced (initial discussions)
 - o Autism: not commenced
 - o Children with Complex Needs: Analysis stage commenced (initial discussions)
- The broader approach and methodology has also been progressed, taking into account learnings of the above pathfinders.
- The Programme, through the Service-by-Service and Care Pathways projects have very recently started to work collaboratively with the DHSC operational leadership team to embed and amplify some of the necessary changes to service delivery that were implemented as part of the Island's response to COVID-19 where these improve services to the user and/or the efficiency of the health and care system.
- These changes may well be a springboard to faster, and more concurrent, transformational service changes once agreed and reviewed against international best practice. The Transformation team will work with DHSC, as services which were reduced or stopped in response to COVID-19 are restored, to examine how they can be transformed systematically to deliver best practice health and care services on the Island, wherever possible.

2.2 Data, Information and Knowledge

Purpose:

This project will deliver a coordinated approach to:

- Specify what data should be collected across the health and care system (from digital systems and or manual processes)
- Determine how that data should be collected, verified, aggregated, interrogated and reported; and
- Deliver the necessary changes to implement the specified changes

To meet the project objectives, tasks have been organised into six main themes (quality, staff, systems, reporting, architecture and governance) and under two strands proceeding in parallel - 'strategic' and 'tactical':

- **Strand 1:** Strategic will take a holistic and thorough 'top-down' view of data requirements across health and care on the Island and create an information strategy
- **Strand 2:** Tactical will adopt a 'bottom up' approach to focus on discrete areas sequentially to make the changes to data input and system configuration required to start the process of creating datasets throughout the DHSC

Progress:

- Mapping project deliverables against ongoing or planned developments within DHSC
- Development of Information Strategy commenced
- Development of the information requirements to support the creation of Manx Care
- Leading the support to the Diabetes pathfinder in identifying data requirements to enable service change to be identified and implementation planned
- Development of an approach to data flow and data sharing agreements for consultation
- The Programme has very recently started to work with the DHSC operational leadership team as services which were reduced or stopped in response to COVID-19 are restored to examine how they can be transformed systematically to deliver best practice health and care services on the Island, building on changes necessarily made in response to the pandemic, wherever possible

2.3 Digital Strategy

Purpose:

This project's aim is to consider the existing Digital Strategy in detail and determine how that could be accelerated, re-shaped and expanded to support the wider Programme and will address four key areas:

- "in train" strategic projects (including gaps)
- System replacements/upgrades
- existing business initiatives and
- new digital enablers for projects in the Programme

Progress:

- First draft of the refreshed Digital Strategy prepared and reviewed by the Digital Working Group
- Currently on hold due to COVID-19 impact

2.4 Primary Care at Scale

Purpose:

This project will co-design and implement a new strategy and model for Primary Care on the Isle of Man. Core to this strategy will be the establishment of a model that allows Primary Care services to be delivered collaboratively and at scale, providing a sustainable, high-quality, and user-centred service. Looking at General Practice, in particular, first, the Project will deliver the following outcomes:

- A Primary Care system that delivers more effectively to its service users by being responsive, flexible, affordable and sustainable with a standardised approach in the services it offers
- A key building block to delivering a wider integrated care model across the system
- The ability to deliver Primary Care services collaboratively and at scale
- Support the delivery of personalised care closer to home, delivering the right care, at the right time and in the right place
- Reducing unnecessary spend in high cost settings in the system through more services being provided in a Primary Care setting
- A more dynamic workforce to support the delivery of complex Primary Care services
- Organisational resilience, professional support, enhanced leadership and management for those working within the system

Progress:

- Development towards the future Primary Care system model and its intrinsic organisations will operate to deliver future Primary Care services, and the potential to run short pilots to assist in the development of those models
- Research into models across the world and initial engagement with Primary Care staff to aid development of a high-level view of the future Primary Care model
- Detailed options analysis for general practice at scale prepared and consulted upon for further engagement

2.5 Implement External Quality Regulation

Purpose:

This project will ensure that, rather than an ad-hoc approach to inspection of services, there is a consistent, independent and systematic approach to the inspection of all services across health and care on the Isle of Man. It will set out an agreed set of standards as well as a rigorous process to understand, critically assess and act on the findings. The project will deliver the following outcomes:

- A systemic, robust approach to the independent inspection of the quality of provision of all health and care services
- A defined set of quality standards for health and care services that encourage services to improve outcomes and engage in continuous improvement rather than a simplistic tick box approach or an approach that only aspires to deliver a safe service rather than a great service
- Means for identification of any issues in the quality of care which need to be addressed by the organisations delivering care
- Means for remediation plan (with timescale) to rectify any issues identified
- An agreed process and responsibility for successful implementation of remediation plans; and
- Measurable improvements in care against a defined baseline

Progress:

- Negotiations with the UK Care Quality Commission (CQC) with a service level agreement drafted and dates being finalised for an initial scoping exercise prior to full rollout of inspection across health and care services
- CQC's standard inspection data set requirements considered by the DHSC Business Management Team to establish to what extent they can be met in order to inform additional work required to meet the delta of information needs
- Currently on hold due to COVID-19 impact

2.6 Workforce and Culture

Purpose:

The project aims to introduce a new workforce model which enables the joint optimisation of the social/people and technical/process elements of culture that create a high performing organisation. The project will deliver the following objectives for the current DHSC and then DHSC and Manx Care, when formed:

- Deliver a workforce audit that accurately reflects the current culture of the DHSC and can be used as the basis for recommendations for the future for DHSC/Manx Care staff
- Identify and reprioritise all organisational development, design and cultural initiatives that have taken place or recommended to date
- Conduct a workforce skills audit to assess the extent to which the DHSC workforce is skilled and capable of providing the services the people of the Isle of Man require
- Develop skills, career paths and Continuous Development Programmes for all professions, grades and bands across the organisation, including new and emerging disciplines, that enable staff to work at the top of their licence and be empowering and successful leaders
- Develop tools for ensuring that all staff in DHSC/Manx Care are participating in a value driven appraisal process
- Design and implement a strategic employee engagement programme that seeks to improve employee morale, engagement and confidence in DHSC/Manx Care
- Design and introduce a framework for promoting and delivering integrated working across DHSC/Manx Care that includes multi-disciplinary and shadow working as well as working across sites and teams in order to support the vision for the model of care

- Introduce a systematic approach to coping with and managing change that incorporates the implementation of a continuous improvement framework
- Introduce a modern and values-driven internal communication framework and guidance that promotes openness, transparency and clear messaging
- Design and implement a recruitment strategy that addresses issues with recruiting and retaining skilled workers across the health and care system
- Develop a focus on responsiveness, quality and delivery

Progress:

- The audit of the DHSC workforce is nearing completion prior to developing a plan to include the delivery tasks and milestones beyond the initial phase. An assessment of previous workforce/culture activity has taken place

2.7 Enhanced Emergency Air Bridge

Purpose:

To deliver an enhanced air bridge service that meets the needs of the Isle of Man citizens and complements and builds upon the current fixed-wing provision for air ambulance transfers. The project will:

- Identify the appropriate type(s) of air bridge services required to meet the changing needs of emergency air transfers to agreed providers of care off Island
- Create a business case for the provision of such services
- Support the procurement of the agreed services
- Outline the implementation plan for the procured services
- Ensure the necessary business process changes within DHSC/Manx Care are implemented to maximise the benefits of such enhanced emergency air bridge service provision
- Consider known and arising issues relating to the use, staffing and views of emergency air bridge and consider options to resolve them

Progress:

- Approach to North West Air Ambulance Service unsuccessful as the provision of services to the Isle of Man does not align with their strategic priorities
- Therefore, work commenced towards an options analysis to identify a suitable, alternative approach but currently on hold due to COVID-19 impact

3. Transformation Programme Management Office

The TPMO is responsible for ensuring the Programme as a whole delivers on the Review's 26 recommendations by overseeing the 14 projects and managing the following at programme level:

- Reporting and Governance
- Programme Planning
- Risk and Issue Management
- Programme Finances
- Programme resources
- Communication and engagement
- Stakeholder Management

The Programme Plan was created through supported and collaborative planning by each individual project with the TPMO and alignment across all projects. This plan has been recalibrated to take into account of the COVID-19 situation (more detail is available in annex 4). This dynamic plan is being maintained and updated regularly as required given the pending confirmations and complex moving parts due to COVID-19.

While a number of the projects will be long-running and visible results may build up gradually, or take a

while to see, there are clear deliverables that the Programme is aiming to achieve. The website⁵ provides information that will be continuously updated and indicates some of the key milestones of the Programme, under which there are a number of activities completed, underway or planned in order to meet.

The Programme is funded by the Healthcare Transformation Fund and approval of expenses is provided in accordance with the Terms of Reference for that fund. The TPMO manages the finances of the Programme. Further detail on the finances of the Programme is available at annex 5.

The TPMO provided presentations on the Programme to 100 individuals across the public service interested in taking part. From this group, we recruited a number of the TPMO and project team members plus a number of people who became part of the Clinical/Professional Transformation Panel along with a pool of other experts to be approached at appropriate times during the Programme.

During the initiation and mobilisation phases, the TPMO and Corporate Communications team within the Cabinet Office established an initial communications plan and monthly updates were provided to:

- DHSC staff from the Minister for Health and Social Care
- Tynwald Members from Minister for Health and Social Care, and
- Other stakeholders (including those involved in the Review such as third sector, primary sector providers, local businesses and others upon request) from the Chief Secretary

The Minister for Health and Social Care also gave a statement⁶ to Tynwald in October 2019 to provide an update on the Programme.

The TPMO has also engaged with key stakeholders across the programme, as required for individual projects and upon invitation to provide an update – including at DHSC all staff events.

Subsequently, the TPMO, via the Corporate Communications team, engaged Lansons, a specialist communications consultancy, to lead the Communication and Engagement workstream with a particular remit around the internal workforce. With input from key stakeholders, Lansons developed a communications and engagement framework and communications plan.

A key focus is to enable key stakeholders to communicate about the Programme in a clear and consistent way. To support this aim, Lansons are creating monthly toolkits to be distributed to core stakeholders. These provide a mix of communications materials and relevant updates that stakeholders can share with key audiences at suitable times. Once it is possible and appropriate to do so given the current situation with regards to COVID-19 and, working closely with the Corporate Communications team, the communications work will be taken forward to include more direct engagement with wider audiences too, in line with the Review's recommendations.

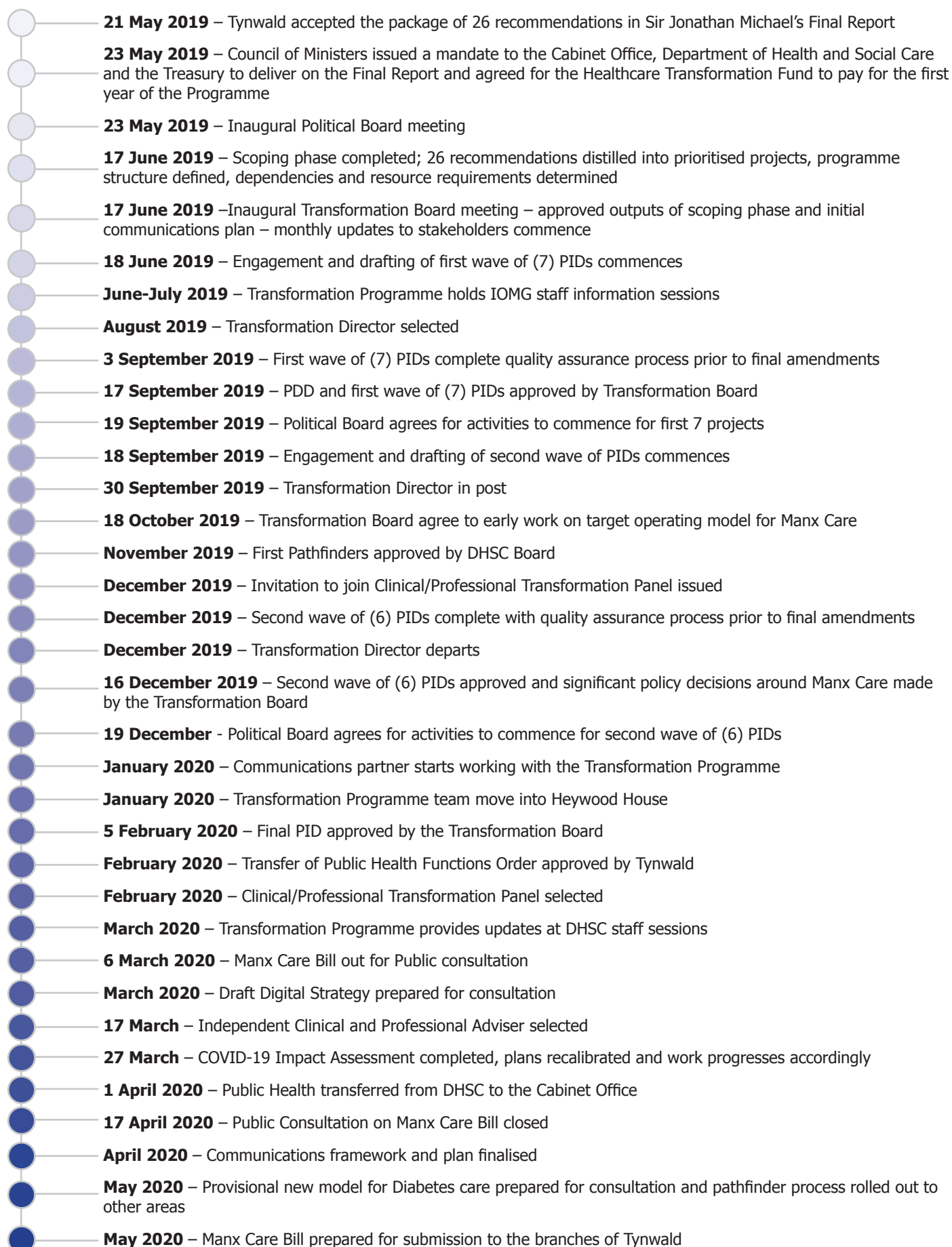
5 <https://www.gov.im/about-the-government/departments/cabinet-office/health-and-care-transformation/programme-and-projects/>

6 <https://www.gov.im/media/1369370/hctq-quarterly-report-statement-from-the-minister-for-health-and-social-care.pdf>

4. Timeline for Year One of the Transformation Programme

Figure 2 below shows a timeline of the key activities of the Programme during year one.

Figure 2: Timeline for Year One of the Transformation Programme



Annex 3 Correlation between Sir Jonathan Michael's Recommendations and the Programme and its Projects

The 26 recommendations from the Report will be delivered by the TPMO through one or more of the projects and four have been completed already. Each project is designed to fully or partially address one or more of the recommendations from the Final Report. The table below refers each project to the recommendation(s) from the Final Report which they, in full or in part, seek to address.

Recommendation	Project(s)/TPMO responsible for delivery
<p>Recommendation 1: The Council of Ministers should formally adopt the principle that patients and service users are fully engaged in, and at the centre of, all aspects of planning and delivery of health and social care services.</p>	<p>The Council of Ministers agreed to this recommendation as part of its response to the Final Report and has instructed the Transformation Programme to be run with this principle in mind - Complete</p>
<p>Recommendation 2: 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, 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.</p>	<p>Establish Arms' length Delivery of Health and Care Services</p> <p>Establish and Embed Governance and Accountability Framework</p>
<p>Recommendation 3: Services provided directly or indirectly by Manx Care should be inspected regularly by independent, external quality regulators, with a report to the Manx Care Board and to the DHSC.</p>	<p>Implement External Quality Regulation</p>
<p>Recommendation 4: A publicly available Annual Report from Manx Care should be provided to the DHSC and subsequently presented to Tynwald, summarising the delivery of the health and care services on the Island.</p>	<p>Establish Arms' length Delivery of Health and Care Services</p>
<p>Recommendation 5: A statutory duty of care (applicable to organisations and the individuals who deliver health or care services) should be agreed, implemented and maintained alongside the delivery of high value clinical governance, underpinned by legislation where necessary. The new statutory duty of care would include:</p> <ul style="list-style-type: none"> • A duty of confidentiality • A duty to share information where appropriate to enable the delivery of safe optimal care; and • A duty of candour – a responsibility to disclose where breaches of safety standards or harm to individuals have occurred 	<p>Establish and Embed Governance and Accountability Framework</p> <p>Improve the Legislative Framework</p>

Recommendation 6: The Council of Ministers should mandate the DHSC, Treasury and the Cabinet Office to ensure implementation of the agreed Transformation Programme of health and care services as set out in this Report, led by the Chief Secretary.

On 23 May 2019, the Council of Ministers issued a mandate to the DHSC, the Treasury and the Cabinet Office, to ensure implementation of the Review's Final Report's package of recommendations, led by the Chief Secretary - **Complete**

Recommendation 7: The Council of Ministers should receive a quarterly progress report on the Transformation Programme to understand the progress made and to identify any significant issues which need resolution. In addition, it is suggested that Tynwald should also receive an annual report on progress of the Transformation Programme.

TPMO

Recommendation 8: Primary and/or secondary legislation should be introduced as required, and included in the legislative programme as soon as possible, in order to form a modern, comprehensive legislative framework. This legislation should address weaknesses or gaps in the current system as well as enabling the implementation of the recommendations contained in this Report, such as any necessary legislation to establish Manx Care.

Improve the Legislative Framework

Recommendation 9: The Public Health Directorate should be empowered to provide advice and guidance across Government, not solely to the DHSC. It should promote and coordinate health and wellbeing across the Island to help improve the quality of life and reduce the demand on health and care services in the future. All Departments should be required to factor public health guidance into policy setting and legislation. In order to facilitate this, the Public Health Directorate should be moved to a position in the Cabinet Office.

Transfer of Public Health Directorate to Cabinet Office (phase one) - **Complete**

Recommendation 10: An on-going health and care needs assessment programme for the Isle of Man should be established and funded without delay. It is not possible to develop meaningful service delivery models and plans without establishing the current and future needs for health and care through this assessment. Many other recommendations in this Report are predicated on the assumption that this programme will be established. The Public Health Directorate should be resourced to undertake the health and care needs assessment programme.

Undertake Needs Assessment

Recommendation 11: 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.

Undertake Service-by-Service Review
Undertake Needs Assessment
Design and Implement Care Pathways

Recommendation 12: Service-by-service integrated care pathways should be designed, agreed and delivered. These should encompass both on and off-Island components of clinical service models.

Design and Implement Care Pathways

Recommendation 13: Manx Care should deliver an enhanced 24/7 emergency air bridge, allowing for patients to be stabilised locally and moved quickly and safely to contracted specialist centres.

Implement Air Bridge
Undertake Service-by-Service Review
Design and Implement Care Pathways

Recommendation 14: A single, integrated out-of-hours service should be established to provide care in an efficient and appropriate manner outside normal working hours.

Undertake Service-by-Service Review

Recommendation 15: The Isle of Man should establish a model for delivering primary care at scale, since further and deeper collaboration within primary care is necessary to deliver current services and provide additional local services.

Primary Care at Scale

Recommendation 16: The provision of social care should be considered as part of the current review of future funding of nursing and residential care with the intention of removing disincentives to people requiring care and support remaining in their home. This consideration should specifically include equalisation of the current threshold of financial assistance, a more flexible approach to funding to enable joint commissioning of broader care arrangements in the interests of the service user and provision of 24/7 social care access.

Undertake Service-by-Service Review
New Funding Arrangements

Recommendation 17: Increased funding should be linked to the achievement of annual efficiency targets.

New Funding Arrangements

Recommendation 18: Additional transformational funding and dedicated specialist resources, including proven change leadership, are required to deliver the transformational recommendations for them to be implemented successfully.

New Funding Arrangements

Recommendation 19: Increases in funding for health and care services will be required to support the increased demands that will be placed on those services due to demographic changes, non-demographic changes and inflation.

New Funding Arrangements

Recommendation 20: Funding, based on agreed need, should, over time, move from the current annual budget allocation to a 3-5 years financial settlement for health and care services for the Island.

New Funding Arrangements

Recommendation 21: Ensure data sharing protocols and arrangements are reviewed, agreed and implemented in accordance with the Information Commissioner's regulations and guidance.

Data, Information and Knowledge

Recommendation 22: The development and delivery of the digital strategy should go further and faster to ensure the comprehensive capture, sharing and use of information. This would enable greater integration across the system, improved monitoring and enhanced delivery of quality and efficiency-related information.

Data, Information and Knowledge
Digital Strategy

Recommendation 23: A core data set is essential for the management and assessment of services and should be established without delay.

Data, Information and Knowledge

Recommendation 24: The systematic capture of accurate data should be a priority for the Island's health and care services.

Data, Information and Knowledge

Recommendation 25: A fit for purpose workforce model needs to be developed to reflect the emerging needs of the new model of care. It should maximise the potential skills available within the workforce as well as the opportunity to recruit and retain high quality professionals. It will then increase the attractiveness of the Isle of Man as a career destination.

Workforce and Culture

Recommendation 26: The Government should create a new, dedicated and skilled transformation programme group to oversee and support the implementation of the agreed Recommendations.

The TPMO and project teams have been established and are building up as required to meet the deliverables of the programme - **Complete**

Annex 4 Impact of COVID 19

The Programme has continued, as much as possible, during the worldwide issue of the COVID-19 outbreak. However, plans needed to be recalibrated given the impact of COVID-19 on a number of key resources, including team members of the Programme being redeployed to respond to COVID-19 and the reduced availability of key stakeholders and DHSC staff.

Due to the cross-Government response to the COVID-19 crisis, the governance structure has been paused and any decisions needed have been brought to the Chief Secretary and then escalated to the Board/ Political Board on as required.

A recalibrated plan has been prepared to take into account the impact of COVID-19, including the inevitable delay to Manx Care in shadow form. However, due to the ever evolving situation with regards to the impact of COVID-19, this plan has to remain fluid and change with circumstances and will be kept under constant review as the situation develops.

The Programme has also continued to build the team as far as possible, although the planned public servant recruitment campaign to fully resource the Programme may impact the number, the timing, or the roles being advertised.

In terms of communication, the Programme team has worked closely with the Corporate Communications team to ensure suitability during the COVID-19 situation so that the most important and urgent messages are being put forward.

Broadly, the focus of the Programme during COVID-19 is to continue with the work that can be delivered remotely and/or with diminished input from the restricted or unavailable stakeholders, so that they may continue to focus on the critical delivery of health and care services during the pandemic. As a result, some aspects of the planned work has been delayed or brought forward accordingly. The majority of adjustments made to the projects to date involved either moving some activities back/forward and less focus on co-design with DHSC and other stakeholders, which has required more preparation than originally planned to take proposed approaches to stakeholders for consultation when that is possible.

However, very recently the Programme, through the Service-by-Service and Care Pathways projects, has started to work collaboratively again with the DHSC operational leadership team to embed and amplify some of the necessary changes to service delivery that were implemented as part of the island response to COVID-19 where these improve services to the user and/or the efficiency of the health and care system.

These changes may well be a springboard to faster, and more concurrent, transformational service changes once agreed and reviewed against international best practice. The transformation team will work with DHSC, as services which were reduced or stopped in response to COVID-19 are restored to examine how they can be transformed systemically to deliver best practice health and care services on the Island, wherever possible.

Figure 3 below indicates the impact of COVID-19 on each of the 14 projects although this position will remain fluid until clarity on the timescales of the disruption becomes clearer.

Figure 3: Impact of COVID-19 on Transformation Projects



Key:

- **Green** - project continues unaffected
- **Amber** - project continues but with some delays and/or adjustments to approach or order of activity
- **Red** - project on hold
- **Split of colours** - some aspects of project more affected than others

Annex 5 Finances

In February 2019, the Treasury Minister announced significant investment in our health and care services, including the Healthcare Transformation Fund, in preparation for the implementation of the findings of the Review. As such, on 23 May 2019 the Council of Ministers agreed that the Programme would be funded for the first year through the Healthcare Transformation Fund. This means that the costs of the Programme are charged to a dedicated cost centre, for which the Chief Secretary is budget holder, and the costs reclaimed from the Healthcare Transformation Fund subject to suitable approval.

The costs of the programme during the financial year 2019/20 are outlined below:

Cabinet Office - Health and Care Transformation - April 2019 to March 2020						
INCOME & EXPENDITURE BY CATEGORY - YEAR TO 31/03/2020						
£000's	YTD Actual	YTD Committed	YTD Budget	Variance To Budget	19/20 Forecast	Comments from the Department
INCOME	0	0	0	0	0	
Total Income	0	0	0	0	0	
EXPENDITURE						
Employee Costs						
Civil Service	£ 258	£ -	£ -	-£ 258	£ 258	Final outturn
Individual Contracts	£ 58	£ -	£ -	-£ 58	£ 58	Based on actuals - Individual contracts & agency staff
Infrastructure Costs	£ 2	£ -	£ -	-£ 2	£ 2	
Transport Costs	£ -	£ -	£ -	£ -	£ -	
Supplies & Services	£ 544	£ -	£ -	-£ 544	£ 544	Ext Consultancy contracts incl. Independent Adviser and ASE Consulting
Loan Charges	£ -	£ -	£ -	£ -	£ -	
Other Costs	-£ 862	£ -	£ -	£ 862	-£ 862	EOFY Recovery against HTF
Total Expenditure	£ 862	£ -	£ -	-£ 862	£ 862	
NET EXPENDITURE	0	-	-	0	0	

These costs are lower than suggested in the Review, which recommended

"...a ring-fenced additional allocation to support the transformation programme, equal to 1.5% of health and care spend for up to five years of implementation (2019/20 to 2024/25)...equivalent to £4.3m in 2019/20".

As outlined throughout this annual report, the Programme has been building up steadily to ensure efficiency and effectiveness of the work and to capitalise on the limited resource available. As such, and as all projects are now in delivery phase (unless paused due to COVID-19), these costs will grow as more resources and expenditure is needed to deliver on these recommendations. In addition, 2020/21 is a key year for the delivery of the Programme and for the Critical Restructuring projects in particular as the preparations for Manx Care are due to be completed.

The Programme will continue to apply to Treasury and the Council of Ministers for this expenditure from the Healthcare Transformation Fund to ensure proper oversight and governance.





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