



**Isle of Man
Government**
Reillys Ellan Vannin


Cabinet Office

Health and Care Transformation

Programme Annual Report

2020-2021





Introduction by Hon David Ashford MHK, Minister for Health and Social Care.....	3
Foreword by Chief Secretary.....	4
Comment by Sir Jonathan, Independent Advisor.....	5
Summary.....	6
Annex 1 Future of Health and Care Transformation Programme.....	10
Annex 2 Correlation between Sir Jonathan Michael’s Recommendations and the Programme and its Projects.....	12
Annex 3 Programme and Project Overview – Objectives and Progress.....	16
Annex 4 Finances.....	32

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 provide to Tynwald and the people of the Isle of Man the second annual report of the Health and Care Transformation Programme. This report outlines the progress made towards implementing the package of recommendations set out in Sir Jonathan Michael's Final Report, which were accepted in their entirety by Tynwald in 2019.

As you will read, during this time we have put in place the key strategic building blocks of the functional changes to enable the broader transformation of our health and care system, the most significant so far of which was the successful establishment, as planned, of Manx Care on 1 April 2021.

This has not been without challenge, including a range of historical and long standing issues and challenges that continue to be addressed, and has been achieved against the backdrop of the significant impact of the COVID-19 pandemic on our Island, particularly on health and care services. Although this has been one of the most difficult periods of time for our health and care services, we move forward with a number of positive changes that can, and will, be continued in support of the transformation of services as we look forward to much more noticeable improvements in the care on the Island.

The people of the Isle of Man are at the centre of everything we do, and I am keen to encourage your continued participation and collaboration in the delivery of the changes already planned and underway, and your active engagement in the consideration of those yet to come.

I would like to convey my thanks to all those who have contributed to, and supported, the Programme during the past year and I look forward to even more changes during the next year and beyond.

Very best wishes



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

Foreword by Chief Secretary

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

The Health and Care Transformation Programme, which sits in my team within the Cabinet Office, has continued in its aim to deliver the full package of 26 recommendations set out in the independent health and social care review conducted by Sir Jonathan Michael in 2019. The Programme has worked positively in collaboration with the Department of Health and Social Care, the Treasury and now Manx Care in progressing towards the delivery of all recommendations, including the completion of a number of those recommendations during the course of the year.

When we issued our last Annual Report, we had made great strides in laying the crucial foundations to be able to deliver on Sir Jonathan's recommendations. Those foundations included establishing the Programme and its projects each set up to deliver one or more of the recommendations, moving the Public Health Directorate into the Cabinet Office and preparing the primary legislation to establish Manx Care, and were well underway.

Since that time, despite the enormous challenges faced in the last year, those foundations have enabled us to progress further and Manx Care went 'live' on 1 April 2021 as planned. This is a significant and impressive milestone for the enablement of transformation of health and social care services on the Island, and one that will subsequently facilitate the remaining work of the Programme and its key partners in health and care as we work together to deliver on Sir Jonathan's vision.

We have also continued to progress against all other projects (and their associated recommendations), such as reviewing a number of services and pathways against international best practice and working with the public, colleagues and other key stakeholders to create new and forward looking models of care. We also have an agreed strategy for Primary Care to be delivered at scale and an agreement with the Care Quality Commission to provide external, independent inspections on the quality of the majority of our health and care services.

The work completed to date could only be achieved through the successful collaboration across a range of organisations, undertaken at a time of extreme challenge within the health and care system and for us all on the Island. I am pleased that our team and our colleagues have been able to continue the work despite the significant challenges that we have all been faced with during the pandemic. We have continued towards our collective aim to bring about 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 such, our ambition to deliver the truly transformative change outlined in Sir Jonathan's Final Report remains on track to become a reality and we will continue to work together to achieve this collective aim.

I would like to take this opportunity to thank all readers for the input you have already offered, and we hope we will continue to receive in the future.

I hope you find this report informative and of interest.

Best wishes



Will Greenhow
Chief Secretary

Comment by Sir Jonathan Michael, Independent Adviser

Last year I commented on the fact that the Transformation Programme had built the foundations necessary for the implementation of the integrated programme of change that I recommended in my Report that had been accepted in full by the Council of Ministers and by Tynwald in May 2019. Since that time, the Programme has largely completed the structural change required to facilitate the longer term service transformation required.

The aim of the Programme remains the same, namely to deliver high quality, clinically and financially sustainable services, based on international best practice and the Island's specific requirements. This transformational change continues to be a long-term endeavour, and should not be considered transactional in nature. It is important to remember the intent behind my Report, and that the package of recommendations were accepted in their totality by Tynwald. It will take a number of years to fulfil this ambition, and the momentum to continue along this path needs to be maintained. It is not enough to fulfil individual recommendations in isolation; the Programme must continue to work towards the delivery of the full set of integrated recommendations in my Report, and all involved will continue to need support to do this.

It has been encouraging to see that the Programme has been able to continue to work collaboratively with its partners across and outside of Government throughout what has been, inarguably, one of the most challenging times within health and care. Whilst there are aspects that I would have liked to have seen progressed quicker under different circumstances, it is nonetheless impressive that the Programme was able to establish Manx Care as a separate entity on schedule, despite the challenges of the pandemic. This marks a significant milestone, and one that is an essential precursor for the service transformation that is yet to come. The report that follows details the significant work that has been completed in order to reach this milestone, and the continued progress against the remaining projects and associated recommendations.

The new Manx Care Board and the redesigned DHSC bring with them new people and fresh enthusiasm and ideas that will help maintain momentum and support the delivery of this crucial programme of change. Now that the structures have been split, it is incredibly important that all parties involved in the delivery of the recommendations remain aligned as functions evolve. In order to support this, I have been asked to conduct an assessment later this year to review progress against my Final Report and to ensure that investment remains in the implementation of the recommendations within my Report.

The next phase of the Programme will see a move to implementing necessary service changes, the beneficial impact of which will be seen and felt by the people of the Island. This will, undoubtedly, be one of the more challenging phases of the Programme, but the most important for the patients and service users whose interests sit at the centre of the Final Report. I have been reassured by the evidence of genuine commitment to the Programme coming from staff and care providers.

I look forward to continuing to work alongside the Government to see through the delivery of these important changes.



Jonathan Michael

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

Summary

The Health and Care Transformation Programme (“the Programme”) has continued to implement the recommendations set out in Sir Jonathan Michael’s Independent Review of the Isle of Man Health and Social Care System Final Report (“the Report”)¹, which were accepted in full by Tynwald. The Cabinet Office, Treasury and Department of Health and Social Care (DHSC) were subsequently collectively mandated to complete the work necessary to implement the recommendations in full. In accordance with the Report, the Programme remains within the Cabinet Office and reports directly to the Chief Secretary.

The first year of the Programme was focused on setting up the appropriate governance for the Programme and establishing the respective individual projects, along with laying the foundations for the intended structural changes to the health and care system required in the second year. Since then, the Programme has established the Island’s new health and care system, which separates policy from the delivery of care and brings a transformative shift in the structures around care. In tandem with the structural changes, the Programme has continued progress across all projects, at the most appropriate pace given the varying degrees of impact by the COVID-19 pandemic across the public service and our population.

Programme progress:

Progress has been made across all projects – although some have been impacted by availability of key resources who were focussed on the response to the pandemic and, therefore, we will need to continue to work hard in the next year to recover that time. Whilst we now wish to accelerate changes to be delivered in the next 12 – 18 months, the list below highlights some of the achievements in the last year.

A major milestone for the Programme was achieved on time with the establishment of Manx Care and the redesigned DHSC on 1 April 2021, thus fulfilling a number of recommendations set out in Sir Jonathan’s Report, detailed in Annex 1. This major milestone was achieved by combined efforts not only by a number of projects within the Programme, but also by many colleagues in the DHSC, new members of Manx Care, the Treasury, Office of Human Resources, Attorney General’s Chambers, Government Technology Services and, of course, through public involvement. This milestone was achieved on time, but with only a three month “shadow period” for Manx Care (instead of the six originally planned) as this had to be condensed due to the impact of COVID-19.

The key legal enabler for the achievement of this milestone was completed by the [Improve Legislative Framework](#) project, which delivered the Manx Care Act 2021 as well as the necessary supporting secondary legislation. Following public consultation and support from the branches of Tynwald, Royal Assent for the Act was granted in March 2021, allowing Manx Care to become operational on 1 April 2021.

In terms of making all the necessary preparations for 1 April 2021, the [Establish Manx Care](#) project took the overall lead, working with a variety of colleagues in order to make this aim a reality. This project was responsible for the initial arrangements for the recruitment of the key roles such as the Non-Executive Chair, Non-Executive Members and the Chief Executive Officer, who were key in forming the new Manx Care Board and setting the direction for the new organisation. The project also played a key part in the development of the outline of the first annual Mandate (developed

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

Summary

further and owned by DHSC working with Manx Care), along with the supporting documentation that sits alongside and underneath the Mandate to enable both organisations to fulfil their functions and work together and with the rest of the health and care system. The transfer of approximately 3,000 members of staff from the DHSC to Manx Care was completed during this time and the project ensured that this move was handled appropriately, with all staff offered support through this change, understanding that any staff changes can have significant impact on the people at the heart of the organisation. This approach was especially important given the straining conditions colleagues have been working in over the previous year, following the initial declaration of the COVID-19 pandemic.

The [Governance and Accountability](#) project worked with DHSC, Manx Care and others to lead on the Manx Care Board level governance and the system-wide arrangements in relation to health and care. Key to this ongoing working relationship is the formation of the Health and Care Partnership Board, which brings together Manx Care, the DHSC, Treasury and Cabinet Office (specifically including Public Health) in order to ensure that the Island's agreed policy objectives are met through the coordinated efforts of these organisations. Further work is available to support Manx Care as it builds its policies to support the broader governance and accountability arrangements within the new organisation, and to ensure the Health and Care Partnership Board is fully functional and any suitable adjustments are made

The [New Funding Arrangements](#) project worked closely with the Treasury and the DHSC to form the funding policy arrangements that give appropriate operational autonomy to Manx Care for its own financial management through bespoke Financial Regulations and to determine the opening budgets for the DHSC and Manx Care for 2021/22. In addition, the project prepared a future funding strategy for health and care, including the first efficiency target for health and care services on the Island, both with an in-year savings requirement and a further 7 year efficiency profile, which is an essential part of building a health and care system that is financially sustainable in the long term.

A number of projects also contributed towards the introduction of the new statutory Duty of Candour, which, for the first time on the Island, requires organisations providing health and social care services to be honest when breaches of safety standards or harm to individuals have occurred. This duty is an important part of an open, transparent and continuously improving health and care system that supports its staff and is person-centred, and was specifically recommended in the Report.

In addition to the establishment of Manx Care and the redesigned DHSC, the Programme reached another key milestone in the last year, with the closure of the [Transfer Public Health](#) project following the successful transfer of the Public Health Directorate from the DHSC into the Cabinet Office on 1 April 2020 and completion of the outstanding matters required to be delivered by the project.

As referenced above, two very significant restructuring milestones have been achieved, however, progress has also been made towards the other longer term projects, which will bring the most tangible benefit to those on the Island and which, by their very nature, take more time to implement and for the results to be visible. We are very grateful to the public and staff for all the input to the workshops, surveys, interviews and consultations that has been received for projects like [Care Pathways and Service Delivery Transformation](#) and [Primary Care at Scale](#), which have been crucial to inform the work of those projects and the changes that are on the way.

Summary

Further details on 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 its projects is included at Annex 3.

Challenges:

The ability of the Programme to progress all projects in the timeframes initially expected has been hampered by some challenges, most notably because of COVID-19 and the availability of our colleagues across the DHSC, Treasury, Attorney General's Chamber's and the newly formed Manx Care.

Activity across the projects placed on hold during the most straining times on our colleagues have since restarted, despite the second and third lockdowns on the Island. However, one further project did have to be placed on hold during March and April to enable the Project Lead to fulfil their essential role in managing the third lockdown on the Island.

Further challenges were identified through anticipated issues that were found to be even more complex than initially expected and, inevitably, took longer to resolve, such as those in relation to historic contract management. Some of these issues remain ongoing and continue to be worked through by the respective projects and counterparts across the DHSC and Manx Care.

The detailed work required to establish Manx Care brought about additional and unforeseen challenges in their own right. The detailed project plans had defined aspects of work that needed to be undertaken to establish the right governance structures, funding requirements, legislation, technical delivery, staff transfers and a multitude of other detailed functional changes that would be required to be implemented to separate the delivery of health and care from the setting of priorities. However, as the work progressed, additional activities were required to be undertaken, by the project and others, to ensure Manx Care could be established on time and with issues resolved or, where this was not possible, a clear path to solution was outlined.

Next 12 Months:

Over the course of the next 12 months and beyond, the Programme will fully move from setting up the key structural changes required to accelerating the longer-term work, particularly the transformation of the delivery of services within the health and care system.

The Programme will continue to work with Manx Care and the redesigned DHSC as they move through their first year of delivery, with all parties working towards the common aim of delivering true transformation of the health and care services on the Island. The DHSC has issued its first Mandate² to Manx Care, outlining its priorities for Manx Care, and Manx Care has set out its aims in the Required Outcomes Framework³ – both documents reflect both organisations' commitment to the continued delivery of the Programme, supporting the work to deliver against all of the recommendations in the Report.

A detailed view of the milestones for the Programme is being maintained on our publically available website⁴, and in Annex 2. These milestones demonstrate the Programme's overall aims, however, it is important to recognise that it is likely that we will continue to uncover further challenges to

² Mandate for Manx Care link: <https://www.gov.im/media/1372259/dhsc-mandate-to-manx-care-2021-gc-0021.pdf>

³ Required Outcomes Framework link: <https://www.gov.im/media/1372252/manx-care-required-outcomes-framework-2021-2022.pdf>

⁴ Transformation Programme website: www.gov.im/health-and-care-transformation

Summary

overcome as detailed work is underway and new information comes to light, which may then impact both how, and by when, we ultimately deliver against each of the milestones, given the complex and wide ranging nature of this transformational work.

Comprehensive transformation of health and care is a long term ambition and the ongoing continuous improvement of care and evolution of the health and care system will continue long past the duration of the Programme, whose sole aim is to deliver on the Report's recommendations and enable the health and care system to continue toward the vision. The Programme aims to accelerate the delivery of substantial changes during the next year that will more directly improve the ways that health and care services on the Island are provided and service users should see and feel a difference in the care that they and their loved ones receive as we begin to start making those changes in a number of areas.

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

Annex 1 Future of Health and Care Transformation Programme

1. Future of Health and Care Transformation Programme

1.1. Next 12 months

The next 12 months of the Programme will focus less on core structural change within the health and care system on the Island, and more delivery (with Manx Care, and DHSC and Public Health as appropriate) of transformative operational changes to the services, and behind the scenes for those services, that are being provided by Manx Care.

Integration of processes, systems and information across services is fundamental to achieving the recommendations within the Report. The Primary Care at Scale project has started the implementation of their operational model for Dermatology, and the next 12 months will see the roll out of this service. The team is also looking at introducing additional physiotherapy services, mental health support, pharmacy support and introducing new specialist services into Primary Care, such as treatment of Minor Eye Conditions.

To date, a review of the seven service areas selected by DHSC has been completed (Cardiovascular, Diabetes, Autism, Children and Young People with Continuing Care Needs, Cancer care, Urgent and Emergency Integrated Care and Eye Care). The Care Pathways and Service Delivery Transformation project has proven a methodology to set out a future model that will improve the level of service provided based on best practice and service user, third sector and service involvement and engagement, which also considers any additional costs and/or efficiencies that may be required or found. Over the next year, the project aims to initiate the implementation of the transition plans created for the first seven areas, and identify new areas for review through a prioritisation framework that will be developed with Manx Care.

The Air Bridge project, which was delayed due to COVID-19, is working at pace now to conduct a trial of a Helicopter Emergency Medical Service (HEMS) in order to measure the impact a helicopter with full specialist equipment and staffing can deliver for the people on our Island with a critical emergency and their longer term outcomes. If successful, this could lead to a permanent arrangement for emergency transfers, complementing the existing fixed wing aircraft service, as well as opening up further and additional improvements in services for patients that could be realised by working alongside Manx Care and the Care Pathways and Service Delivery Transformation project.

No transformation will be possible without the people working within the health and care service having the right workforce in place and culture to be part of - and to champion - the change. This transformation will not be instant, but over the next year the Workforce and Culture project, along with the leadership within Manx Care, will start on the journey to develop a sustainable workforce model.

There are also further key steps to be taken around the broader legislative and inspection agenda for health and care services, as well as gaining a better understanding of the future needs of our population, including in relation to health and care services. These aspects, along with the proper management of the governance and funding models, will help support the overall transformation set out in Sir Jonathan's Report.

The Governance and Accountability project will continue to support the evolution of the Corporate Governance Framework, and the implementation and embedding of Clinical and Care Governance within Manx Care. These aspects of governance within the delivery of health and care services on

Annex 1 Future of Health and Care Transformation Programme

the Island are essential to ensure appropriate oversight of the organisation.

Future funding requirements planning and subsequent funding models recommendations, in particular a comprehensive review and redesign of the funding for nursing and residential care, will be completed by the New Funding Arrangements project. This project will also continue to support Manx Care and the DHSC with the development of their 2022/23 budget submissions.

Good progress has already been made in laying the foundations for the required updates to the National Health and Social Care Services (NHSCS) Bill. Regrettably, the NHSCS Bill is one of the key items that has experienced delays as a direct result of the impact of COVID-19. The NHSCS Bill requires significant input from both the DHSC and research officers within the Attorney General's Chambers, all of whom were under pressure due to the legislative and service delivery changes required during the COVID-19 pandemic. Work is now underway to look to accelerate the development of this Bill in order to minimise the time required to introduce this substantial, but much needed, piece of legislation to comprehensively modernise the Island's Health and Care service.

In addition, further legislative modernisation will be required both in order to address other gaps identified by the Report, and as the Programme identifies areas that require legislative modernisation in order to facilitate improvements to the services provided. This includes the Care Pathways and Service Delivery Transformation project as it discovers the missing legal enablers required to modernise and improve current service provision.

The DHSC and the Care Quality Commission (CQC) are intended to enter into a contract very shortly, enabling the CQC to complete quality inspections of a large volume of health and care services delivered or commissioned by Manx Care in order to create a baseline of the quality of the services during the next year and into 2022/23. There are a number of services that the CQC are not able to review, and the External Quality Regulations project will continue in their efforts to find alternative inspectors for each of the remaining individual services.

In order to understand the broader needs of the population, including health and care needs, to support the setting of priorities across Government, a programme of population needs assessment is required. Within the next year, the Programme is due to enable the formation of a team in the Public Health Directorate to fulfil recommendation 10 and commence the programme of work in this important area that will span across and outside Government.

Overall, the next 12 months will deliver significantly increased activity that will be seen and felt by service users and their families. The achievement of the vision of health and care for the future will require determination and continued support; the Programme and its projects working alone will not be able to achieve this shared vision. By working together towards this collective aim, we will move to a position where all care is delivered in the right place, at the right time, by the right person and in a sustainable way.

Key deliverables for the next 12 months of the Programme are set out in Annex 2 and high level milestones for the longer term goals are outlined in the Programme Plan.

Annex 2 Correlation between Sir Jonathan Michael's Recommendations and the Programme and its Projects

The 26 recommendations from the Report will be delivered by the Programme Management Office (TPMO) through one or more of the projects, with nine now completed. Each project is designed to fully or partially address one or more of the recommendations from the Report. The table below refers each project to the recommendation(s) from the Report which they, in full or in part, seek to address.

Recommendation	Progress and Method of 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 Report and has instructed the 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>On 1 April 2021 the Manx Care Act 2021 came into force and the separation of the delivery of health and care and the setting of priorities was completed – Complete</p> <p>Establish Manx Care and Governance and Accountability projects</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>Ongoing</p> <p>External Quality Regulation project</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>Manx Care is now established and the Mandate stipulates that an Annual Report will be provided to the DHSC and presented to Tynwald thereafter – Complete (ongoing)</p> <p>Improve Legislative Framework project</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>A statutory Duty of Candour forms part of the Manx Care Act 2021 which received Royal Assent in March 2021 – Complete</p> <p>Improve Legislative Framework and Governance and Accountability projects</p>

<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.</p>	<p>The Council of Ministers issued a mandate to the DHSC, the Treasury and the Cabinet Office, to ensure implementation of the Report's package of recommendations, led by the Chief Secretary – Complete (ongoing)</p>
<p>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.</p>	<p>The TPMO issue a quarterly progress report to Council of Ministers and an Annual Report to Tynwald – Complete (ongoing)</p>
<p>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 frame-work. 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.</p>	<p>Ongoing</p> <p>Improve the Legislative Framework</p>
<p>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 co-ordinate 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.</p>	<p>Transfer of Public Health Directorate from DHSC to Cabinet Office – Complete</p> <p>Transfer Public Health project</p>
<p>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.</p>	<p>Ongoing</p> <p>Undertake Needs Assessment project</p>
<p>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.</p>	<p>Ongoing</p> <p>Care Pathways and Service Delivery Transformation project</p>

Annex 2

<p>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.</p>	<p>Ongoing</p> <p>Care Pathways and Service Delivery Transformation project</p>
<p>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.</p>	<p>Ongoing</p> <p>Air Bridge project</p>
<p>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.</p>	<p>Ongoing</p> <p>Care Pathways and Service Delivery Transformation project</p>
<p>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.</p>	<p>Ongoing</p> <p>Primary Care at Scale project</p>
<p>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.</p>	<p>Ongoing</p> <p>Care Pathways and Service Delivery Transformation and New Funding Arrangements projects</p>
<p>Recommendation 17: Increased funding should be linked to the achievement of annual efficiency targets.</p>	<p>Eight year efficiency profile has been agreed and are incorporated into 2021/22 budgets – Complete (ongoing)</p> <p>New Funding Arrangements project</p>
<p>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.</p>	<p>Ongoing</p> <p>TPMO</p>
<p>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.</p>	<p>Ongoing</p> <p>New Funding Arrangements project</p>
<p>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.</p>	<p>Ongoing</p> <p>New Funding Arrangements project</p>

Annex 2

<p>Recommendation 21: Ensure data sharing protocols and arrangements are reviewed, agreed and implemented in accordance with the Information Commissioner’s regulations and guidance.</p>	<p>Ongoing Information and Digital project</p>
<p>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.</p>	<p>Ongoing Information and Digital project</p>
<p>Recommendation 23: A core data set is essential for the management and assessment of services and should be established without delay.</p>	<p>Ongoing Information and Digital project</p>
<p>Recommendation 24: The systematic capture of accurate data should be a priority for the Island’s health and care services.</p>	<p>Ongoing Information and Digital project</p>
<p>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.</p>	<p>Ongoing Workforce and Culture project</p>
<p>Recommendation 26: The Government should create a new, dedicated and skilled transformation programme group to oversee and support the implementation of the agreed Recommendations.</p>	<p>The TPMO and project teams are established and adjusted to meet the deliverables of the Programme – Complete (ongoing)</p>

Annex 3 Programme and Project Overview – Objectives and Progress

This section provides a brief overview of each project, progress made to date and what the project will look like moving forward. Since the previous Annual Report, some of the projects have merged or closed, meaning there are now 10 projects rather than 14.

1. Critical Restructuring Projects

1.1 Establish Arm's Length Delivery of Health and Care Services (Manx Care) – project closed May 2021

Purpose:

The project has created a new organisation, "Manx Care", with responsibility for delivering all national 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 has facilitated 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 the 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 from June 2020 to May 2021:

- Manx Care Non-Executive Chair, Andrew Foster started 7 September 2020
- Manx Care Chief Executive, Teresa Cope started 1 December 2020
- Five Manx Care Non-Executive Board Members appointed: Ms Sarah Pinch, Ms Katie Kapernaros, Ms Vanessa Walker, Mr Nigel Wood and Mr Andrew Guy
- System Target Operating Model⁵ completed
- DHSC Mandate to Manx Care⁶ developed along with associated supporting documentation;
 - the Overview Document: required by legislation and to be published (after the first two financial years of operation an Operating Plan is required) setting out Manx Care's response to the Mandate – finalised and submitted from Manx Care to the DHSC
 - the Operating Framework: this has been drafted and will contain some of the detail required to support the DHSC and Manx Care working relationship that was originally envisaged to be contained within the Mandate
 - the Manx Care Operational Independence – Position Paper⁷: sets out Manx Care's independence from government (autonomy) – finalised
 - the Supporting the Work of Elected Members Paper: sets out the manner in which Manx Care will support politicians – finalised
- Manx Care logo selected by Manx Care staff and approved by Council of Ministers, trademarking application submitted and branding guidelines designed and rolled out
- Signage at Manx Care locations changed from DHSC to Manx Care
- Relevant contracts were automatically novated from DHSC to Manx Care (under the Manx Care Act 2021) and recorded suppliers were notified
- Approach to ensuring compliance in terms of commissioning and contracts approved and to be progressed by Manx Care

⁵Link to System Target Operating Model: <https://www.gov.im/media/1371149/hcpt-system-target-operating-model.pdf>

⁶Link to Mandate: <https://www.gov.im/media/1372259/dhsc-mandate-to-manx-care-2021-gc-0021.pdf>

⁷Manx Care Operational Independence – Position Paper link: <https://www.gov.im/media/1372169/manx-care-operational-independence-position-paper.pdf>

Annex 3 Programme and Project Overview – Objectives and Progress

- Shared Service Agreements developed as working documents between Manx Care and the respective Shared Services it is mandated by the DHSC to use – some have been agreed and some work remains to finalise others
- Preparing and coordinating redesigned DHSC and Manx Care recruitment in relation to newly required roles
- Staff briefings, supporting material and formal written notification to all staff to confirm their new organisation
- Formal transfer of Public Service Commission (PSC) and non-PSC staff from DHSC to Manx Care
- Registration of all relevant Manx Care provided services with Registration and Inspection Unit underway and on track for completion
- Finalisation of legal documentation around Manx Care's use of buildings and assets owned or previously used by the DHSC
- Manx Care and redesigned DHSC websites updated to reflect creation of the two organisations
- Public engagement and communication around the creation of Manx Care
- Closure of final tasks and deliverables, including outstanding issues and any new issues identified after go-live
- Final handover to TPMO, redesigned DHSC and Manx Care to ensure completion of outstanding tasks and monitoring of benefits
- Reconstitution of the Individual Funding Request Panel (IFRP) and Clinical Recommendations Committee (CRC) progressed to be concluded with DHSC, Manx Care and Public Health with Programme support after project closure
- Project closure following successful handover

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 Report. 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 was split into three parts:

- **Part 1:** The Manx Care Act 2021 came into force in its entirety on 1 April 2021, establishing Manx Care and implementing some of the high-level recommendations within the Report, including a duty of candour and a duty to share information. Additionally, secondary legislation was prepared and laid before/approved by Tynwald as required to enable the establishment of Manx Care.
- **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 the National Health Service Act 2001, National Health and Social Care Act 2016 and Social Services Act 2011 and updating a number of other pieces of legislation. The project will deliver this Bill and subsequent pieces of secondary legislation to create a modern framework that can be more readily be kept up to date. While it has been progressing in tandem with Part 1 as far as possible, this Bill will require additional time to develop the policy.
- **Part 3:** The remaining legislative changes identified as gaps by the Report will be addressed separately, either after or alongside Parts 1 and 2, along with any other new areas identified as required through the wider work of the Programme not otherwise enabled prior to this phase.

Progress:

- Royal Assent for the Manx Care Act 2021 announced and in force in its entirety on 1 April 2021 following signature of Appointed Day Order
- Duty of Candour Regulations public consultation completed and, following suitable consequential amendments, Regulations approved by Tynwald
- Amendments to the Complaints secondary legislation to account for establishment of Manx Care approved by/laid before Tynwald
- Ongoing development of the NHSCS Bill
- Preparatory work for further interim Complaints Regulations ahead of NHSCS Bill

Aims for the next 12 months:

- Deliver interim Complaints Regulations
- Finalise approach to NHSCS Bill following impact of interim Complaints Regulations, identification of new policy leads and consideration of resourcing model
- Continued development of the NHSCS Bill

1.3 Establish and Embed Governance and Accountability Framework

Purpose:

The project aims to create a clear and systematic governance and accountability framework, covering DHSC, Manx Care and associated Government functions.

The project aims to 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:

- Support the implementation and embedding of a fully comprehensive Clinical and Care Governance Framework for Manx Care
- Ensure clear accountability for operational delivery, 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 in our 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

Progress:

- Detailed mapping of interfaces between Manx Care, DHSC, Treasury, Public Health complete
- Best practice model of clinical and care governance developed
- Corporate governance and accountability models, including related Terms of Reference⁸ and roles and accountabilities⁹, for Manx Care Board and Health and Care Partnership Board completed
- Best practice Duty of Candour procedure developed for implementation using existing processes and systems
- Delivery of governance induction for new Manx Care Non-Executive Members
- Co-development, with Manx Care patient safety and quality leads, of the new Duty of Candour operational policy, covering all care settings

⁸ Terms of Reference link: <https://www.gov.im/media/1371188/terms-of-reference-for-the-health-and-care-partnership-board-and-manx-care-board.pdf>

⁹ Roles and Accountabilities link: <https://www.gov.im/media/1371187/roles-and-accountability-for-the-health-and-care-system-approved-v10-20.pdf>

Annex 3 Programme and Project Overview – Objectives and Progress

- Configuration of Datix incident reporting system to record and report on Duty of Candour incidents
- Development of supporting training specification to support roll-out of Duty of Candour
- Manx Care complaints processes updated in line with new Regulations
- Baseline analysis completed of all existing Clinical and Care Governance policies – to be progressed by Manx Care (with support from the project if required)
- Supporting the development of the DHSC proposed assurance framework for future health and care services

Aims for the next 12 months:

- Baseline of current clinical and care governance procedures and policies established across all care settings and priority areas for development identified
- Support development of governance arrangements between DHSC and Manx Care during first year's establishment, ensuring model remains true to the Report
- Embedding Corporate and Clinical and Care Governance Framework

1.4 New Funding Arrangements

Purpose:

The aim of this project is to achieve a health and care system that plans for the future, 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)
 - 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
 - Baseline spend of DHSC and Manx Care from April 2021, and
 - Establish the opening funding budgets for DHSC and Manx Care from April 2021
- **Strand 2:** Future Funding (January 2020 to April 2022)
 - Funding model setting out what the requirement is going forward for the funding of health and care services post-2021/22
 - 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
 - Range of options for closing funding gap, and
 - Options appraisal and recommendations on finance-related policy decisions
- **Strand 3:** Longer-term planning (July 2020 to April 2023)
 - Data set, whether new, existing or requiring improvement
 - Methodology to ensure efficiency saving opportunities are identified and realised
 - Reporting regime that uses activity-based costing, and
 - Identify and agree an implementation plan for the agreed sustainable model of funding
- **Strand 4:** Implementation (April 2021 to September 2024)
 - 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
 - Ensure a future model of activity can become outward facing, helping to improve understanding of health and care costs

Progress

- Manx Care finance policy prepared, finalised and approved
- Funding strategy completed, including what health and care should cost, estimated future

Annex 3 Programme and Project Overview – Objectives and Progress

- funding gap and options around closing that gap
- Revised future 8 year efficiency target profile for Manx Care and DHSC approved, acknowledging this will need to be reviewed at least annually
- Supporting the work of the Cost Improvement Programme team
- Ongoing support provided to Manx Care, DHSC and Treasury around budgets, efficiencies and benchmarking
- DHSC and Manx Care 2021/22 opening budgets, including 1% efficiency target, sanctioned by Tynwald
- Manx Care Financial Regulations prepared and subsequently issued by the Treasury
- Supporting the financial aspects of the Manx Care scheme of delegation
- Accounting systems updated with the new Manx Care and DHSC structures
- New Financial Regulations exemption process for Manx Care developed
- High-level approach for developing options for future funding models and service models for residential and nursing care approved by Transformation Boards
- Commence baselining and research for the nursing and residential care funding model

Aims for the next 12 months:

- Continued support to Cost Improvement Programme team to help enable DHSC and Manx Care to achieve efficiency target
- Refresh 8 year efficiency profile and agree 2022/23 mapped efficiency target
- Patient level costing reporting framework defined
- Interrogate financial aspects of service transformation (that require funding through the Programme) to ensure full costings/savings and benefits defined, monitored and delivered (or otherwise)
- Continue and complete baselining, research, and high level options development for the home, nursing and residential care funding models
- Detailed modelling, analysis, and options development for the funding model in order to prepare recommendations around home, nursing and residential care

1.5 Transfer of Public Health Directorate to the Cabinet Office – project closed January 2021

Purpose:

The aim of this project was 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 transferred the Directorate and phase two embedded the transition. This work included:

- Complete (two) Transfer of Functions Order(s) to move the Public Health Directorate from the DHSC to the Cabinet Office - completed
- Secure suitable reporting and governance arrangements reflecting the Directorate's position within the Cabinet Office - completed
- Transfer the Directorate staff and current funding to being stationed with the Cabinet Office from the DHSC (administratively and, if necessary, physically) - completed
- Ensure the Directorate's current functions, generally and also specifically in relation to the DHSC/Manx Care, are maintained when in its new position in the Cabinet Office, including ensuring that appropriate lines of sight, accountability and responsibility are in place for those public health programmes that will be delivered by Manx Care - completed
- Determine and implement the means/route to enable the Directorate to provide the guidance and advice to the entirety of the Isle of Man Government going forward - completed

Progress:

- Completed transition of all personnel, information technology and finance deliverables
- Mapping of Public Health functions completed
- Second Transfer of Functions Order laid before Tynwald in December 2020
- Delegation under Government Departments Act complete
- Data Privacy Impact Assessment (DPIA), including risk register, Records of Processing Activities and DPIA Report, completed
- Handover of remaining activities to Public Health (including the ongoing support of data processing and servicing for Quit4U), TPMO (including Memorandum of Understanding with DHSC) and Information and Digital project (including Data Sharing Agreements)
- Project closed

1.6 Care Pathways and Service Delivery Transformation

The Undertake Service-by-Service Review and Design and Implement Care Pathways projects were merged to become the Care Pathways and Service Delivery Transformation project, while still working closely with the Undertake Needs Assessment project, in particular.

Purpose:

- 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.
- Deliver a service-by-service review of health and care provision in the Isle of Man to ensure that the most appropriate health and care services (clinically, operationally and financially) are provided in the most appropriate setting, whether on or off Island, and by the most appropriate person at the most appropriate time.

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 care
- Greater consistency in services along care pathways
- Improved joint collaboration between tiers of care with reduction in duplication
- 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
- 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
- Improved value for money

Progress:

- All seven initial Pathfinder Final Reports have been completed and were approved by DHSC Senior Management Team before 1 April 2021¹⁰
- Transition Plans have been completed for all seven initial Pathfinders
- Governance and implementation planning sessions have taken place for Stroke, Cancer, Autism, Children and Young People with Continuing Care Needs, Diabetes, Cardiology and Vascular to enable implementation plans and business cases to be prepared

¹⁰ These seven reports related to Diabetes, Stroke, Children and Young People with Continuing Care Needs, Autism, Cancer, Vascular and Cardiology

Annex 3 Programme and Project Overview – Objectives and Progress

- Next level of pathway preparation for Cancer services underway (for each tumour site)
- Eye Care and Urgent and Emergency Integrated Care (EUIC) implementation continues with ideal pathways created, business cases for initial phases prepared and demand and capacity modelling underway
- Proposal and associated business case for resources in Manx Care to ensure and coordinate implementation of service changes completed
- Three month pilot for a new Minor Eye Conditions Service launched
- Regular update newsletter launched and shared with project stakeholders and the public¹¹
- Initial prioritisation framework (for implementation and for new service areas for review) prepared and under discussion with Manx Care
- Approach towards implementation by Manx Care, with support as required, underway
- Progressed the development of the model of care for domiciliary, residential and nursing care

Aims for the next 12 months:

- Finalise prioritisation framework with Manx Care
- Accelerate implementation for priority areas (EUIC and Eye Care)
- Complete tumour site review and pathway development for Cancer Care
- Complete implementation plans and associated business cases in order for service changes and new pathways to be delivered
- Support the implementation of all pathfinder transition plans (in accordance with prioritisation framework), including cross cutting services
- Undertake next stage pathway/service reviews, in accordance with prioritisation framework, including cross cutting services and incorporating HEMS and deliver agreed changes, led by Manx Care, as soon as practical.
- Continue baselining, research, and high level options development for the key potential service model changes in home nursing and residential care
- Ongoing detailed modelling, analysis, and options development for the service model for home, nursing and residential care in order to prepare recommendations
- Continued service user and staff engagement through workshops to identify and support the design of improvements to service

1.7 Undertake Needs Assessment

Purpose:

The objective of this project is to provide a baseline of health and care needs on the Isle of Man as part of a wider needs assessment programme for the population. It will 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
- A clear view of demand that drives the transformation of services

Progress:

- Ongoing development of the detailed programme of population needs assessment process and resource
- Initial scoping activities completed through a series of workshops to inform the detailed tasks and requirements

¹¹ Link to Pathfinder Update: <https://www.gov.im/media/1371950/pathfinders-update-issue-1.pdf>

Annex 3 Programme and Project Overview – Objectives and Progress

- Isle of Man specific approach completed, based on best practice research informed the high level process design
- Recruitment process for team initiated
- Project placed on hold through March and April 2021 due to key resource being utilised by Public Health on the COVID-19 response.

Aims for the next 12 months:

- Create and embed the team to deliver the Project and ongoing programme
- Complete preparation for full roll out the needs assessment programme, including education, support and engagement across and outside of Government
- Establish needs assessment programme cycle, processes, procedures and governance
- Identify needs assessment topics for 2022/23 against criteria and prioritisation (to be agreed)

1.8 Information and Digital

The Data, Information and Knowledge project and Digital Strategy project have been merged to create the Information and Digital project.

Purpose:

The Report recognised that effective and flexible digital systems and reliable, shared information are both critical components of an integrated health and care system. This project aims to:

- Improve the availability, accuracy and usability of data and information to inform decision making and to support the delivery of seamlessly integrated care pathways across all services and points of delivery
- Deliver on the implementation of the agreed Information, Information Governance and Digital Strategies
- Ensure that the digital systems are effective, flexible and reliable, to support an integrated health and care system
- Collaboratively work with all other projects to identify needs and solutions that can be supported and/or accelerated through working together
- Identifying a coordinated approach to specifying what data should be collected across the health and care system (from digital systems and or manual processes), determining how that data should be collected, verified, aggregated, interrogated and reported, and delivering the necessary changes to implement the specified changes

Progress:

- Information Strategy¹², Information Governance Strategy¹³ and Digital Strategy¹⁴ completed and approved
- Reporting Gap Analysis complete and recommended key performance indicators for first phase of Manx Care's reporting against its Required Outcomes Framework and to the DHSC complete
- Procurement of provision of Acute Clinical Coding system and structures commenced
- Technical Transition of staff due to the split of DHSC and Manx Care completed, including associated Memorandum of Understanding between redesigned DHSC, Manx Care and GTS
- Manx Care Record high level aims completed and Prior Information Notice (PIN) published to inform options analysis before progressing
- Data Warehouse specification development underway
- Data Protection Impact Assessments, Records of Processing Activities, Data Sharing Agreements (DSAs) and Risk Registers for Manx Care and redesigned DHSC developed with full remediation plan prepared in order to improve the position for both organisations.

¹²Link to Information Strategy: <https://www.gov.im/media/1373112/digital-and-information-information-strategy.pdf>

¹³Link to Information Governance Strategy: <https://www.gov.im/media/1373111/digital-and-information-governance-strategy.pdf>

¹⁴Link to Digital Strategy: <https://www.gov.im/media/1373110/digital-and-information-digital-strategy.pdf>

Annex 3 Programme and Project Overview – Objectives and Progress

- Identification and consideration of existing DSAs in order to inform where gaps are required to be filled and/or improvements are required to existing arrangements
- Significant support offered to enable clear understanding of existing position in relation to digital contracts in Manx Care in order to enable wider Programme deliverables to be achieved

Aims for the next 12 months:

- Options analysis, informed by market soundings/PIN, to enable development and procurement for Manx Care Record
- Complete review of current IT estate and options for Manx Care to refresh/renew all health and care systems, subsequent procurement and analysis, business cases, procurements, evaluation and commence implementation etc.
- Procure and implement system and service for Acute Clinical Coding system
- Support addressing of action plans following DHSC and Manx Care DPIAs
- Complete comprehensive refresh and implementation of fully compliant data sharing agreements between DHSC, Manx Care and Public Health Directorate and wider parties as appropriate (including off Island providers of care)
- Continued implementation of three agreed strategies including data capture, validation storage and exposure options

1.9 Primary Care at Scale

Purpose:

This project aims to co-design and implement a new strategy and model for Primary Care on the Isle of Man. Core to this strategy is 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. The Project will deliver the following outcomes across General Practice, dentistry, community optometry and community pharmacy:

- 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:

- Continued development of Primary Care at Scale Vision and Model of Care with stakeholders, which has been co-designed with clinicians, professionals, leadership and residents, to outline how patients will be cared for differently in the future to deliver the right care, at the right time, in the right place and by the right professional
- Public and Third Party consultations completed¹⁵, with responses shared on the Programme website¹⁶
- Delivered 1-2-1 interviews and workshops with members of the public on the developing Model of Care Vision

¹⁵ You asked, we did – consultation feedback link: <https://consult.gov.im/cabinet-office/your-thoughts-on-health-services/>

¹⁶ Summary of responses to survey link: <https://www.gov.im/media/1372297/pcas-public-survey-summary-of-consultation-responses.pdf>

Annex 3 Programme and Project Overview – Objectives and Progress

- Continued development of key service improvements:
 - Dermatology in Primary Care first iteration started
 - Planning and development of First Contact Practitioners prototype
 - Planning and development of Clinical Pharmacy prototype
 - Joint launch of a pilot of a Minor Eye Conditions Service for a period of three months (see Care Pathway and Service Delivery Transformation project above)
- Primary Care at Scale Strategy developed with DHSC, Manx Care and others prior to approval by Manx Care and Programme

Aims for the next 12 months:

- Finalise Primary Care at Scale Strategy which outlines two key elements to deliver on the Primary Care at Scale aims and objectives. These elements are:
 - The future Model of Care, which describes how patients will be supported differently in Primary Care and the outcomes that we will achieve in doing so
 - The future Primary Care at Scale Operating Model, which describes how the project will re-organise the system and work differently with Manx Care and Primary Care organisations to deliver this new model
- Confirm full approach to Primary Care Development in terms of Leadership, Innovation and Resilience and support delivery as required
- Primary Care at Scale Detailed Integrated Model of Care Agreed and initiated
- Develop, with Manx Care, changes to Primary Care provision of services, enabling a shift from GP first to alternate, lower cost and more appropriate service provision
- Further development of new services across general practice and optometry
- Population Health Management Strategy Launched
- Scope, Objectives and Vision for Primary Care at Scale Phase 2 Agreed
- Long Term Delivery Plan for Primary Care at Scale Agreed

1.10 Implement External Quality Regulation

Purpose:

This project will ensure that there is a consistent, independent and systematic approach to the inspection of all health and care services delivered or commissioned by Manx Care. 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
- 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
- Enable measurable improvements in care against a defined baseline

Progress:

- This project was slowed down during the first wave of COVID-19 to limit strain on limited DHSC resources – activity resumed once the strain reduced
- Initial agreement to Service Level Agreement (and related arrangements) between DHSC and Care Quality Commission (CQC) to inspect the majority of health and care services mandated to Manx Care – with final amendment pending before formal agreement

Annex 3 Programme and Project Overview – Objectives and Progress

- Engagement with DHSC on preparations (including Provider Information Requests) once CQC SLA agreed
- Progress work to identify appropriate and willing alternate providers of services for services out of CQC scope

Aims for the next 12 months:

- Completion of validation phase for inspections of relevant health and care services delivered/commissioned by Manx Care by CQC
- Desktop review of relevant health and care services delivered/commissioned by Manx Care complete by CQC
- Initial inspection of health and care services delivered/commissioned by Manx Care commenced (travel dependent)
- Identify, procure and enable the establishment of other inspector(s) beyond CQC to undertake baseline assessment of service

1.11 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 Manx Care:

- Deliver a workforce audit that accurately reflects the current culture and can be used as the basis for recommendations for the future for 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 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 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
- Design and introduce a framework for promoting and delivering integrated working 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 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

Progress

- Staff induction, mandatory training and job advert documentation updated to reflect separation of DHSC and Manx Care
- Continued development of First Leadership Academy Programme to be delivered in the autumn 2021
- Duty of Candour training packages, operational procedure and communications completed
- Options for online job performance appraisal for Manx Care staff developed
- Listening Events initiated and adapted to continue during lockdown to support go-live on 1 April 2021 and continue thereafter in order to understand the views of Manx Care colleagues and key areas for change and improvement

Annex 3 Programme and Project Overview – Objectives and Progress

- First year plan and five year milestones developed

Aims for the next 12 months:

- Launch and complete CARE¹⁷ Workshops to improve managers' visibility and create a sense of alignment/integration across the teams
- Continuation of the listening programme to ensure focus on the right areas of improvement and to encourage open conversations
- Drive culture change to ensure accountability, ownership and a shared vision of delivery standards and intent through individual care groups
- Improve working environments
- Review the current appraisal system/process for both clinical and non-clinical staff groups to prepare proposed future model
- Analyse absence data to help inform strategies for improving absence rates
- Complete revised, fit for purpose workforce models for first wave, including Women and Children, Social Care and Theatres

1.12 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:

- This project was slowed down during the first wave of COVID-19 to limit strain on DHSC resources – activity resumed once the strain reduced
- Continued development of business case, including consultation and data gathering with DHSC and (where possible and appropriate) off-Island Helicopter Air Ambulance service providers
- Approach to securing Helicopter Emergency Medical Service (HEMS)¹⁸ supplier to bring immediate benefit and enable further service development agreed
- Publication of a Prior Information Notice "PIN" to understand firm interest from off Island HEMS providers

Aims for the next 12 months:

- Complete initial analysis and staged approach development to deliver additional rotary wing transfer services
- Contract supplier for initial six month trial and roll-out use of hospital to hospital transfer, including supporting contractual/commissioning arrangements with off Island tertiary care providers

¹⁷ CARE represents a set of values for DHSC and Manx Care: Committed, Appreciative, Respectful, Excellent

¹⁸ HEMS is designed to not only transport patients quickly and more directly to where they need to receive their care but are also equipped and staffed to provide in-flight care that cannot always be accommodated on a fixed wing aircraft and not without taking clinical staff away from Noble's Hospital. 27

Annex 3 Programme and Project Overview – Objectives and Progress

- Review trial and ensure benefit realisation achieved and consider development and longer term use of service as appropriate
- Consequential service and pathway development
- Consideration of any wider use of HEMS

2. Transformation Programme Management Office

2.1 Programme Management

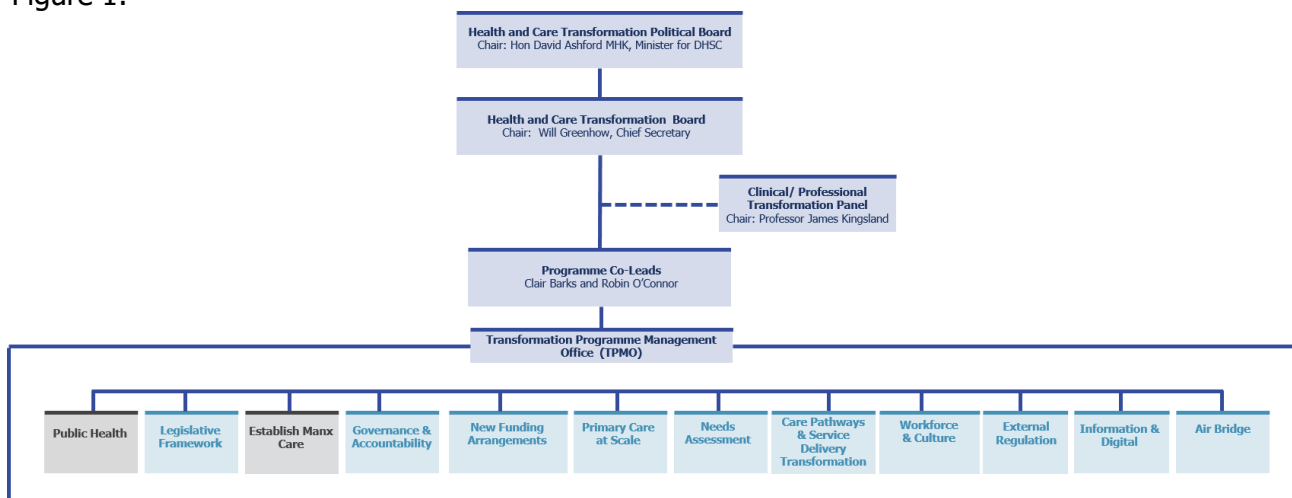
The TPMO is responsible for ensuring the Programme as a whole delivers on the Review's 26 recommendations by overseeing the projects and managing the Programme Plan. The Programme Plan is being maintained and regularly reviewed and adjusted as appropriate, alongside the Programme Plan this year the TPMO has also been managing the Transition Plan.

The Transition Plan was designed to collate all key transition activities across the Programme required for Manx Care Go-Live in order to ensure the continued management and timely delivery of critical activity and their dependencies. This plan was managed at Programme level with all projects and colleagues across Government feeding into the plan and accountable for their deliverable and dependencies. Detailed analysis was undertaken to collate, scope and deliver critical activity that was necessary to enable Manx Care to go live.

2.2 Governance

The Programme governance model is outlined as identified in figure 1, and each aspect is explained in more detail below.

Figure 1:



2.2.1. 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 ensures that the Chief Secretary is delivering the Programme and its membership is the Ministers for Health and Social Care, Treasury and Policy and Reform respectively. Since his appointment, the Non-Executive Chair of Manx Care has also attended the Political Board. The Political Board is advised by the Chief Secretary and Sir Jonathan Michael as well as other officers¹⁹.

2.2.2. Transformation Board

The Transformation Board has the responsibility for oversight of the Programme. Its role is to support the Chief Secretary in leading the Programme by providing advice, assistance and making

¹⁹ Further information, including Terms of Reference, for the Political Board is available here: [Isle of Man Government - Transformation Political Board](#)

Annex 3 Programme and Project Overview – Objectives and Progress

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 issues²⁰.

2.2.3. 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 were on-boarded in July 2020 and have been meeting monthly since. The Panel is made up of 20 clinicians and professionals (plus the Chair) who come from different areas of health and care on the Island, ensuring that the widest range of professional groups are represented.

The Panel provide valuable feedback and input to the work of the Programme throughout its planning and delivery, including through recent formation of a number sub-groups where there is a particular interest and skillset in activity being undertaken by certain projects. This is to support in the development of the activity as well as providing input and feedback to the Board papers²¹.

2.3 Reporting

The Programme produces a report each month to the Chief Secretary to advise on progress of activity across each project against the set milestones, and a forward view of what is planned to happen over the next reporting period. In addition a further report is produced for the two Boards outlining the status of each project against agreed ratings, the status of any risks and issues and finances.

Recommendation 7 of the Final Report sets out that the Council of Ministers should receive a quarterly progress report on the Programme to understand the progress made and to identify any significant issues which need resolution. In addition, the recommendation stated that Tynwald should also receive an annual report on progress of the Programme. Reports have been submitted to the Council of Ministers each quarter (the contents of which are also provided to the DHSC, Treasury and Cabinet Office Boards for information), and the first Annual Report to Tynwald is published here²².

2.4 Communication

Until March 2021 the TPMO, via the Corporate Communications team, worked with a specialist communications consultancy firm who led the Communication and Engagement workstream with a particular remit around the internal workforce. This work instilled a foundation for the Programme’s communications work going forward, including creating a branded suite of documentation for

²⁰ Further information, including Terms of Reference, for the Board is available here: [Isle of Man Government - Transformation Board](#)

²¹ Further information, including Terms of Reference, for the Panel is available here: [Isle of Man Government - Clinical/Professional Transformation Panel](#)

²² Annual Report 2020 link: <https://www.gov.im/media/1369727/health-and-care-transformation-annual-report-19-20.pdf>

Annex 3 Programme and Project Overview – Objectives and Progress

internal and external use, a communications and engagement framework and a communications plan.

Since April 2021, the TPMO leads the communications workstream, working with each project, Corporate Communications and Manx Care, in particular, to ensure suitable communication and engagement plans and stakeholder management, including:

- Monthly news bulletin highlighting key progress updates and forthcoming deliverables from across the Programme
- Publicity posters
- Programme FAQs
- Public drop-in sessions
- Professional Development Seminars
- Regular website updates
- Tynwald Members briefings

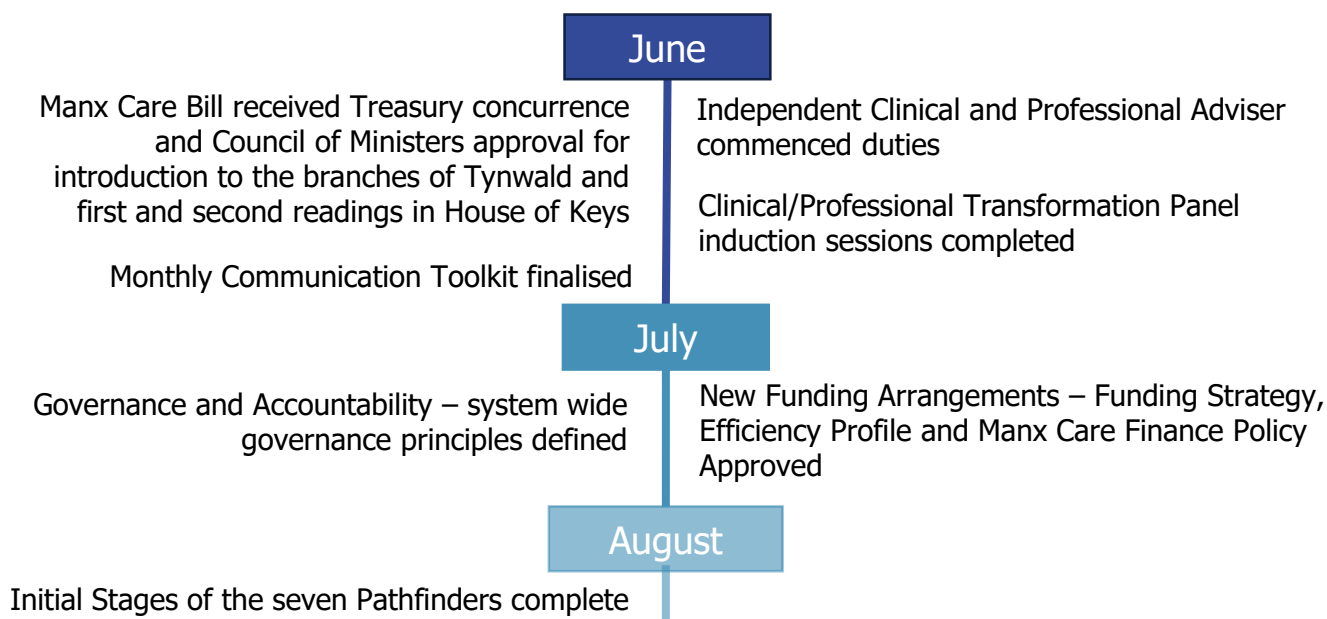
2.5 Engagement

The TPMO and individual projects have also continued to engage with key stakeholders across the Programme, both as general updates and as required for individual projects. The Programme has a particular focus to ensure the service user is involved in the decision making process while developing key items, such as the Duty of Candour Regulations, the Primary Care at Scale model of care and strategy, and the seven individual pathfinder reviews.

The TPMO has also built up a number of Champions from across Government and Private/Third sectors within the health and care setting. These Champions are people with a particular interest in the Programme invited to be closely involved and informed through on-boarding, regular updates and individual sessions. The Champions provide us with valuable feedback and help promote the Programme of work with their peers.

4. Timeline for Year Two of the Transformation Programme

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



Annex 3 Programme and Project Overview – Objectives and Progress

September

Completed 'Diabetes' and 'Children with Complex Needs' pathfinder workshops
Pathfinders, Phase 2 Planning Complete

Manx Care Chair in post
Digital Strategy, Information Strategy and Governance Strategy approved

October

Manx Care and DHSC 2021/22 Opening Budgets and business cases submitted to Treasury
Completed engagement and consultation on all seven pathfinders

Roles and Responsibilities and Terms of Reference for the Manx Care Board and Partnership Board Agreed

November

Co-design sessions with service providers, service users and Island residents, and Integrated Care Programme, to develop the Model of Care vision for Primary Care

Manx Care Non-Executive Members in post
Manx Care Bill - 3rd Reading in House of Keys and 1st, 2nd and 3rd Readings at Legislative Council

December

Manx Care CEO in post
Initial Model of Care and Network Operating Model developed for review with key stakeholders for Primary Care
Public Drop-in sessions

Transfer of Functions Order and Information Governance documentation complete for Public Health
'Local Community Champion' introduction session
Delegation under Government Departments Act completed for Public Health

January

Manx Care in Shadow Form

February

DHSC (Manx Care) staff selected the new Manx Care logo
'Let us Listen' events started for staff in DHSC (Manx Care)

2021/22 DHSC and Manx Care Opening Budgets approved by Tynwald

March

Manx Care Bill receives Royal Assent

Mandate, amended Complaints and Duty of Candour Regulations and Appointed Day Order to Tynwald

April

Primary Care at Scale operating model phase 1 goes live

Manx Care and redesigned DHSC goes live
Manx Care Financial Regulations issued by Treasury

May

Approach for developing options for future funding and service models for residential and nursing care approved

Launch of new Dermatology service
Launch of Minor Eye Conditions Service

Annex 4 Finances

In May 2020 Council of Ministers agreed the use of up to a maximum of £5.296m from the Healthcare Transformation Fund for the Programme for 1 April 2020 up to 31 March 2021 (inclusive).

The Programme and its associated Projects have dedicated cost centres and finance reports are delivered monthly to the Transformation Board in order to monitor both Programme and project expenditure.

The costs of the Programme during the financial year 2020/2021 are outlined below, which show that the Programme was delivered within its financial limit for the financial year:

Area	2020-2021 Budget	Full Year Forecast	Full Year Variance	Detail of Variance
Programme	£366,574.00	£441,254.27	−£74,680.27	Correction of resource cost - transferred from Programme External to Programme
Programme External	£2,284,114.33	£844,166.07	£1,439,948.26	External consultant cost forecast within Programme External but costs applied across relevant Projects. Correction of resource cost - transferred from Programme External to Programme Saving from forecasted expenditure for travel
New Funding Arrangements	£246,510.05	£340,112.22	−£93,602.16	Application of external consultants costs to project
Establish Manx Care	£443,852.95	£858,937.06	−£415,084.11	Application of external consultants cost to project Increase internal staff costs required to meet deliverables Series of non-forecast but required costs relating to preparation of launching Manx Care including recruitment and branding
Improve Legislative Framework	£80,307.59	£125,556.66	−£45,249.07	Increase internal staff costs required to meet deliverables
Transfer Public Health	£9,022.88	£150,871.74	−£141,848.86	Application of external consultants cost to project Increase internal staff costs required to meet deliverables
Governance and Accountability	£44,612.82	£168,976.22	−£124,363.40	Application of external consultants costs to project
Needs Assessment	£153,405.37	£97,755.97	£55,649.40	Saving in forecast internal staff costs as project placed on hold for part of the year
Care Pathways & Service Delivery Transformation	£606,862.39	£615,618.45	−£8,756.06	Application of external consultants cost to project Less than forecast expenditure on service changes as delayed due to impact of COVID-19
Information and Digital	£292,631.89	£578,901.79	−£286,269.90	Application of external consultants costs to project
Workforce and Culture	£188,981.17	£55,589.51	£133,391.66	Saving in forecast internal staff costs as project placed on hold for part of the year
Primary Care at Scale	£445,877.32	£317,530.68	£128,346.64	Application of external consultants cost to project Less than forecast expenditure on service changes as delayed due to impact of COVID-19
Air Bridge	£90,526.86	£24,061.29	£66,465.57	Saving in procurement as project on hold so delayed due to impact of COVID-19
External Quality Regulation	£43,119.24	£23,382.04	£19,737.20	Saving in procurement as project on hold so delayed due to impact of COVID-19
Total	£5,296,398.87	£4,642,713.96	£653,684.91	

The Programme is in the process of finalising agreement with the Treasury and Council of Ministers for the maximum funding available for 1 April 2021 to 31 March 2022.

The Programme will continue to apply to Treasury and the Council of Ministers for necessary expenditure from the Healthcare Transformation Fund to ensure proper oversight and governance as delivery against the Final Report continues.



**Isle of Man
Government**
Reillys Ellan Vannin

Thank you for your support in making this a success

To get in touch with the Transformation Programme Management Office (TPMO) contact us at HealthandCareTransformation@gov.im

For up to date information about the programme, please visit our website by clicking [here](#).

