

Department of Health and Social Care

Service Delivery Plan 2019/20



Isle of Man
Government

Reiltys Ellan Vannin

**OUR ISLAND:
A SPECIAL PLACE
TO LIVE AND WORK**

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Introduction

Introduction from Minister for Health and Social Care David Ashford, MHK

We all use health and social care services during our lives. The DHSC offers myriad front-line services to the population, and is by nature complex, labour intensive and demand-responsive. This Service Delivery Plan sets out how our £223m net budget is channelled and more than 3,500 staff deployed to meet our strategic aim: to improve the health and wellbeing of the population. It shows how we achieve this at an operational level and how all our projects align with the Programme for Government. It is unashamedly ambitious.

While we continue to provide a vast range of services to the public daily, this Plan outlines priorities for the next 12 months. Creating a system of responsive integrated care in local communities remains a key focus. A new dental strategy, options to expand 'in reach' services from UK providers, developing addiction services and meeting the needs of domestic violence victims are all on the agenda. The introduction of the Soft Drinks Industry Levy or sugar tax, offers a welcome opportunity to fund projects to reduce obesity, especially among children.

Our Five Year Strategy has reached its mid-point and the document charts progress to date in meeting its five key goals.

The Independent Review will be published in May and its recommendations, if agreed by Tynwald, will set a clear path for the way services are provided in future.

Introduction from Chief Executive Malcolm Couch

The Department aims to help the people of the Isle of Man live longer, healthier lives; supported by the best small island health and care system.

Change will be needed if we are to achieve these goals. We are criticised by some observers for moving too slowly and for making too little change. Large organisations cannot be transformed overnight, however, and I need always to be mindful that "move fast and break things" (one of Facebook's original company values) in the context of health and social care delivery could be profoundly damaging.

Even with this in mind, it is remarkable how much we are achieving: both in terms of the sheer number of caring interactions that we have with the Manx public; and, the steady but significant improvements brought about by programmes such as the Digital Strategy.

The 2019/20 financial year will see the publication of the independent review of our department's services by Sir Jonathan Michael. Its recommendations, if approved by Tynwald, are expected to build on the foundation of our 2015 strategy and set the course to a more sustainable and better National Health and Care Service. I sense a deep commitment in my colleagues to staying the course and building a valuable legacy for the future.

About the Department

The Department of Health and Social Care (DHSC) was formed in April 2014, bringing together about 3,500 people who provide a broad range of health and social care services for our community; these services include:

- General practitioner and dental services
- Community healthcare
- Hospital healthcare
- Mental healthcare
- Social services for adults and for children and families
- Specialist off-Island care

Local datasets include a range of health and care outcome indicators that give an overview of health and wellbeing in the Isle of Man. They are intended to help us all understand the key challenges we face in improving health and care to encourage more joint working across government, the third sector and beyond.

One of our greatest challenges is childhood overweight and obesity. A quarter of children on Island are overweight or obese at age 5, as are two thirds of adults. Obesity starts early in life and has significant impact on health for the future, children who are obese can have significant and life-long difficulties.

Life Expectancy at birth for men in the Isle of Man is 79.4 years and for women it is 83 years. As people are tending to live longer, the population is increasing in both size and age over time. In both sexes the proportion of those dying over the age of 90 has increased in the last 5 years, as would be expected with increasing life expectancy.

The Isle of Man's age-standardised rate of mortality for causes considered preventable is 206.4 persons per 100,000 population (statistically worse than England). The basic concept of preventable mortality is that deaths are considered preventable if, in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause could potentially be avoided by public health interventions in the broadest sense. The inclusion of this indicator sends out a clear signal of the importance of prevention as well as treatment in reducing avoidable deaths.

Independent Review of the Isle of Man Healthcare System:

On 16 January 2018, Tynwald approved the following motion:

That Tynwald notes the financial pressures for the future delivery of Health and Social Care services, and supports:

- a) The Council of Ministers commissioning and receiving an independent review to determine change options for service delivery and funding to provide a modern, fit for purpose healthcare system for the Island; and
- b) That the Council of Ministers report to Tynwald by January 2019 with recommendations for the future of the Healthcare Service.

Sir Jonathan Michael was appointed to conduct the review; to run for a period of 12 months from April 2018. A progress report was presented to Tynwald in January 2019, and the final report will be submitted to Tynwald in May 2019. It is expected that the final report will set out recommendations and policy options based on the wide range of evidence which the review team has gathered.

In summary, the progress report said that the review's terms of reference posed the following questions:

- What is currently being spent on health and social care, is it sufficient and does it represent value for money?
- What is the likely increase in funding required, projected to the end of the financial year 2035-36, and how might that be funded?
- Is the current service model for the delivery of health and social care to the Isle of Man population optimal now and for the future?

The progress report covered the key themes of: spending; service model; pathways; governance; legislation; regulation; and, workforce. Recommendations are likely to be made under each theme.

The Independent Review will not only provide guidance on the goals and evolution of the Department's five-year strategy; but may also recommend profound changes in how the Department's services should be provided, and in the legislation underpinning them.

To read the Terms of Reference for the Independent Review in full please [click here](#).

Our Budget

The Department's budget for 2019/20 recognises the ongoing pressure on healthcare costs through increases related to prior year pay awards and drug expenditure in our hospital setting, in total bids awarded for these two purposes total £3.1m, or 1.1% gross of the 2018/19 budget. After other budget adjustments have been factored in, the Department's budget will grow by 1.9% gross or 3.2% net. There remains significant challenges to overcome to deliver this budget; the cost improvement challenge faced by the Department is ongoing and whilst some progress has been made in 2018/19 it is likely that at least another further £4m of efficiency savings will need to be found on top of inflation to meet the targets set. The budget has been set on the current model of service delivery and does not include any financial impact from the ongoing review of the Island's Health and Care systems led by Sir Jonathan Michael.

The following tables show how we spend our current budget:

INCOME & EXPENDITURE - BY CATEGORY					
£000	Actual	Probable	Budget	Provisional Budgets	
	2017-18	2018-19	2019-20	2020-21	2021-22
INCOME					
Taxation Income	38,605	39,665	40,939	42,290	43,556
Third Party Contributions	1,126	118	1,052	2	2
Operating Income	14,702	14,374	11,550	14,172	14,495
Other Non-Trading Income	15	11	11	12	12
TOTAL INCOME	54,447	54,169	53,552	56,476	58,065
EXPENDITURE					
Employee Costs	154,673	154,100	157,465	161,602	164,493
Infrastructure Costs	1,742	1,459	1,452	1,469	1,469
Transport Costs	4,862	4,806	4,419	4,526	4,526
Supplies & Services	27,078	24,192	27,557	25,513	25,513
Agency & Contracted Services	78,380	77,985	78,239	80,226	80,226
Loan Charges	9,261	9,892	9,397	10,093	10,174
Other	(2,370)	(1,539)	(1,856)	(1,806)	(1,760)
TOTAL EXPENDITURE	273,625	270,895	276,672	281,624	284,642
NET EXPENDITURE	219,178	216,726	223,120	225,148	226,577

NET EXPENDITURE - BY DIVISION					
£000	Net Actual	Net Probable	Gross Spend	Gross Income	Net
	2017-18	2018-19	2019-20	2019-20	2019-20
DIVISION					
Adult Services	28,711	29,233	35,786	5,593	30,193
Child & Families (Social) Services	15,039	14,810	15,695	-	15,695
Mental Health Service	19,749	21,361	21,824	-	21,824
Chief Operating Officer's Office	725	712	987	90	897
DHSC Corporate Services	14,029	11,230	20,444	2,138	18,306
Social Security Administration Act 1992	(38,510)	(39,665)	-	40,855	(40,855)
Public Health Directorate	1,247	1,440	1,833	-	1,833
Government Catering Services	3,474	1,508	2,219	849	1,370
Nobles Hospital	94,061	107,840	105,132	1,942	103,190
UK Referrals & Patient Transport	20,962	19,764	19,342	-	19,342
Primary Health Care Services	59,690	48,493	53,411	2,086	51,325
NET EXPENDITURE	219,178	216,726	276,672	53,552	223,120

DHSC Minister and Members



Hon David Ashford MHK
Minister for Health and Social Care
Responsible for Hospital Services,
Public Health and the Drug and
Alcohol Strategy



Mrs Ann Corlett MHK
Department Member
Responsible for Community Care



Miss Clare Bettison MHK
Department Member

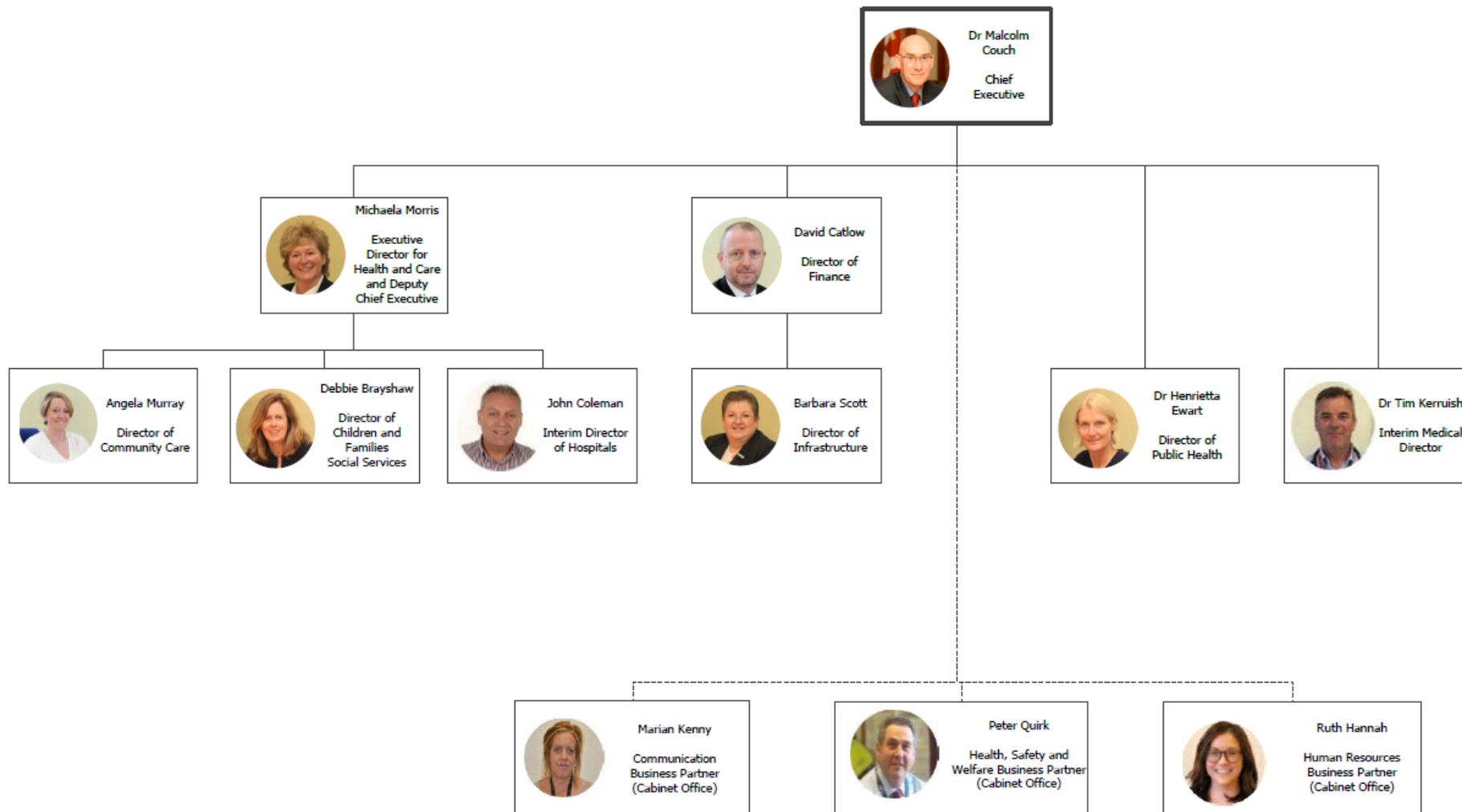


Mr Jason Moorhouse MHK
Department Member
Responsible for Corporate Services



Mrs Kerry Sharpe MLC
Department member
Responsible for Children and Families
Services and serves as Chair of the
Clinical Recommendations Committee

DHSC Organisational Chart



Our CARE Values

 represents what is it like **in the Department of Health and Social Care**; who we are, how we want to be, and how we strive to provide **safe, effective, caring, responsive, efficient** and **well led** health and social care **services** to people in the Isle of Man.

We are:

Committed

We are **committed** to our **community** and **each other**. We **work together** to **understand** individual **needs** and enable **access** to the **best** customer-centric **care** services.

Appreciative

We **appreciate** each **other**, other **points of view** and **ways of working**. We **communicate**; let people **speak** and make sure we **listen**.

Respectful

We have **respect** and are **ethical** in everything we do. We **speak up** and do the **right thing**. We act with **integrity**, are **trusting** and are **trusted**.

Excellent

We thrive on **excellence, innovation**, and continuously **developing** ourselves and **best practice**. We **debate, challenge** and embrace **change**.

Programme for Government

The Programme for Government has three strategic objectives and 20 outcomes that describe the future for the Isle of Man, and provides direction and focus for Departments, Boards and Offices as well as public service employees. It helps to ensure that the Government's policies and resources are aligned with the aims of the Council of Ministers. To read the Programme for Government in full please [click here](#).

The following section details the four outcomes that the Department of Health and Social Care will contribute towards during 2019/20. It sets out the National Indicators, Key Performance Indicators and specific Actions which underpin delivery of the outcomes; performance of which will be measured quarterly online at www.gov.im/performance

Programme for Government Outcomes 2019/20

Inclusive and Caring Island

OUTCOME	National Indicator(s)	Explanation	Measure
We have affordable and accessible housing which meets our social and economic needs	Reduce the time that people wait for residential or nursing care	It's important that as people get older they have accommodation that meets their needs. If people don't have to wait as long for the right accommodation, they will be able to live more independently for longer. We will measure the length of time people are waiting for residential or nursing placement following a needs assessment.	Number of eligible people on the waiting list for residential or nursing care following needs assessment

Healthy and Safe Island

OUTCOME	National Indicator(s)	Explanation	Measure
We live longer, healthier lives	Increase the number of people regularly undertaking physical activity	We want people to live longer, healthier lives. This includes taking responsibility for their own health. A part of this is doing more exercise. We will measure the number of people who are doing the minimum recommended physical activity per week through the healthy lifestyles survey.	The percentage of adults achieving at least 150 minutes of physical activity per week in accordance with UK Chief Medical Officer (CMO) recommended guidelines on physical activity
	Reduce the number of people dying prematurely from preventable cancer	Deaths from preventable cancer and heart disease are two of the biggest causes of death in the Isle of Man. We will measure these statistics through information provided by Public Health.	Under 75 mortality rates from cancers considered preventable

	Reduce the number of people dying prematurely from heart disease	Deaths from preventable cancer and heart disease are two of the biggest causes of death in the Isle of Man. We will measure these statistics through information provided by Public Health.	Under 75 mortality rate from cardiovascular disease considered preventable
	Improve the health related quality of life of the population	As people grow older, they need more support to help them live more independently with a good quality of life, particularly those with long term conditions. We will measure this through information provided by Public Health	Increasing the average health status score of adults using survey responses to questions covering 5 dimensions: mobility, self-care, usual activities, pain/discomfort, anxiety/depression
	Increase healthy life expectancy	If the Programme for Government is succeeding, then we will be living longer, healthier lives. Healthy life expectancy is defined as 'Healthy life expectancy at birth: the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health'. We will measure healthy life expectancy based on the lifestyle survey and mortality rates.	Healthy life expectancy at birth as measured by Public Health
We have improved the quality of life for children, young people and families at risk	Improve safety in care environments and protect people from avoidable harm	We need to look after the most vulnerable people in our society, particularly in adult care environments. We will measure the number of reported incidents in care environments.	The number of reported Safeguarding alerts in adult care homes
	Increase the number of families supported out of early help assistance	If we can support more families to become independent so that after an initial intervention they are able to return to a more stable life, then we will know that our early intervention is working. The Children and Families Service will provide this data.	Number of families entering early help that were supported out of assistance and remained so
	Maintain the number of children in care relative to current UK benchmark	We want to protect children who are vulnerable or at risk. The number of children in care on the Island fluctuates, but is largely comparable to the UK average which is a good benchmark to maintain.	Number of children under 18 in care per 10k of population compared to UK figures

	Maintain number of children with child protection plans relative to UK benchmark	It's important that vulnerable and at risk children have a plan in place which sets out the right level of intervention. Currently the number of children with child protection plans is below the UK average which is a good benchmark to maintain.	Number of children under 18 subject to a child protection plan per 10k of the population compared to UK figures
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Programme for Government Key Performance Indicators 2019/20

Healthy and Safe Island

POLICY STATEMENTS	KPI	Baseline *	Target
We Live Longer, Healthier Lives			
We will help everyone to take greater responsibility for their own health, encouraging good lifestyle choices	Maintain our uptake of adult screening programmes at current levels	Cervical – 80% Bowel – 63% Breast – 72%	Cervical – 80% Bowel – 63% Breast – 72%
	Maintain percentage of eligible population registered with GP online services	21%	21%
We will help people to stay well in their own homes and communities, avoiding hospital and residential care wherever possible	Reduce emergency admissions at Noble’s for people with long term or chronic conditions, where appropriate management in the community has been shown to reduce the need for unplanned hospital admissions. These include conditions like asthma, diabetes and epilepsy	16%	13%
	Maintain bed utilisation / occupancy levels at Ramsey Cottage Hospital	86%	85 - 90%
	Reduce adult acute mental health bed occupancy	92%	85%
	Increase in 5 day discharge follow-up rate by Mental Health Services	90%	100%
	Older people will be transferred to Community Social Work team caseloads within three months of being on a Hospital Social Work team caseload	10%	90%
We will improve services for people who really need care in hospital	The hospital will achieve 93% aggregate performance for 2 week cancer waiting times	89%	93%
	No patient will wait >52 weeks for elective inpatient surgery	13.2%	0%
	ED attendances less than 4 hours from arrival to admission, transfer or discharge	79%	85%
	ED attendances less than 6 hours from arrival to admission, transfer or discharge	92.8%	95%
	Reduce ED mean waiting time	156 minutes	135 minutes
We will work to ensure that everyone receives good value health and social care services	Maintain spend against budget through delivery of the cost improvement plan	104.3%	100%
	Reduce by 10% the number of patients travelling to the UK for outpatient first attendances and follow up treatment and provide care where	7,299	6,569

	appropriate locally		
We have improved the quality of life for children, young people and families at risk			
We will provide safeguards for people who cannot protect themselves	In relation to adult safeguarding alerts meeting the threshold for further investigation, increase the proportion of cases where the views and wishes of the person concerned (and their carers when relevant) were sought and documented	75%	100%
	Maintain the proportion of adult safeguarding alert cases meeting the threshold for further investigation where the person concerned feels safer after the intervention	87%	87%
	We will meet all compliance standards for milestones within the Safeguarding adult's policy and procedures	81%	85%

* As Q4 performance data is not available at time of publication, all baseline figures are from April 2018. 2019/20 baseline figures to be confirmed at end of Q1.

Programme for Government Actions 2019/20

Outcome	Action	Owner	Target Delivery Date
Responsible Island			
We have more responsive legislation and regulation	Embed a robust governance framework for Research and Development activity, whilst improving the quality of research applications and associated outcomes	Jason Moorhouse, MHK	Mar-20
Inclusive and Caring Island			
We have affordable and accessible housing which meets our social and economic needs	Investigate and report how to ensure we have accommodation that can meet the needs of an ageing population including 'care' and 'extra care' housing, and nursing and residential homes	David Ashford, MHK Minister	Jul-19
Healthy and Safe Island			
We live longer, healthier lives	Move more services from the hospital into the community so care is provided closer to peoples' homes	Ann Corlett, MHK	Mar-21
We live longer, healthier lives	Deliver clear legal frameworks for all essential Health and Social Care services	Jason Moorhouse, MHK	Mar-21
We live longer, healthier lives	Continue to digitally transform the hospital and health and care services more generally	David Ashford, MHK Minister	Mar-21
We live longer, healthier lives	Define the services which will be provided on-Island and those which will be provided off-Island	Jason Moorhouse, MHK	Jan-21
We live longer, healthier lives	Reduce waiting times for operations	David Ashford, MHK Minister	Jan-21
We live longer, healthier lives	Implement the Mental Health & Wellbeing Strategy	Ann Corlett, MHK	Dec-20
We live longer, healthier lives	Improve governance and accountability in the way we provide health and care services	Jason Moorhouse, MHK	Jan-21

We live longer, healthier lives	Design and deliver a suite of core data sets to underpin the core work streams	David Ashford, MHK Minister	Mar-21
We live longer, healthier lives	Develop and implement the Integrated Care Strategy	Ann Corlett, MHK	Mar-21
We live longer, healthier lives	Achieve maximum waiting times after referral for non-urgent consultant-led treatments of 18 weeks	David Ashford, MHK Minister	Mar-23
We live longer, healthier lives	Introduce a unitary complaints process in the DHSC	David Ashford, MHK Minister	Jan-21
We live longer, healthier lives	Introduce overhauled and sustainable private medical services	David Ashford, MHK Minister	Jun-20
We have improved the quality of life for children, young people and families at risk	Ensure that all Health and Social Care services have the appropriate levels of Regulation and Inspection	David Ashford, MHK Minister	Mar-21

Our Strategy: 5 Years, 5 Goals

A number of our strategic objectives are captured within Programme for Government as shown above; the following section sets out our additional objectives for 2019/20 in pursuit of delivering the five goals of our five year strategy.

	<p>Greater Responsibility</p> <p>We will help everyone to take greater responsibility for their own health, encouraging good lifestyle choices.</p> <hr/> <p>Objectives for 2019/20:</p> <ul style="list-style-type: none">○ Continue to deliver the quality assurance and accountability review for all current screening programmes○ Develop programmes aimed at reducing childhood obesity and improving children’s oral health; drawing on funds from the Soft Drinks Industry Levy○ Produce the oral health needs assessment report, drawing on research, local quantitative data and qualitative information○ Develop and produce the Dental Public Health, Oral Health Strategy for Children 0-11 years, based on the outcomes and recommendations from the oral health needs assessment report○ Develop and implement a Making Every Contact Count (MECC) pilot project○ Develop a Weight Management Implementation Plan
	<p>More Care in the Community</p> <p>We will help people to stay well in their own homes and communities, avoiding hospital or residential care whenever possible.</p> <hr/> <p>Objectives for 2019/20:</p> <ul style="list-style-type: none">○ Continue to reshape Learning Disability Services in line with the Learning Disability Strategy 2014-2019○ Redesign the provision of Respite Services; remodelling the facilities at Radcliffe Villas to accommodate the identified needs of service users○ Subject to full planning approval, commence the development of the Summerhill View older persons care

	<p>facility</p> <ul style="list-style-type: none"> ○ Design and implement a Custodial Pathway for general and mental health including addictions that runs from point of first contact in the system through prison sentence or into community orders ○ Develop a number of operational strategies within the Community Care Directorate to set out the long term direction and integration of key services including; Mental Health, Learning Disabilities and Dental Care ○ Work with GPs to develop the GP contract for 2020 ○ Subject to funding approval from the Health Transformation Fund, continue to implement all of the 18 short term recommendations from the Foundations for Integrated Care: Position Paper as part of the Pilot in the West of the Island ○ Subject to funding approval, commence detailed planning activity to support the implementation of the remaining longer term recommendations from the Foundations for Integrated Care: Position Paper as part of the Pilot in the West of the Island
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	<p>Improve Hospital Services</p> <p>We will improve services for people who really need care in hospital.</p> <hr/> <p>Objectives for 2019/20:</p> <ul style="list-style-type: none"> ○ Develop and enhance quality management systems within the medical laboratory in pursuance of the ISO 15189:2012 standard (recognises quality and level of competence in medical laboratories) ○ Complete the redesign of the chemotherapy clinic space to accommodate the increase in patients receiving treatment on the Island ○ Evaluate the introduction of Histopathology (the study of changes in tissues caused by disease) Telemedicine solutions ○ Redesign the pathway for the admission of the acute medical patient from the Emergency Department into the hospital setting ○ Improve access to radiology services through the continued implementation of the sustainability plan
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- Review the clinical model delivered by the ambulance service to ensure that it is at the forefront of modern urgent care delivery
- Explore opportunities to develop in reach services with UK providers; repatriating clinical activity back to the Island where it is possible and clinically safe to do so
- Redesign of patient flow
- Deliver 2 week wait for all tumour groups through the implementation of the Cancer Care Plan

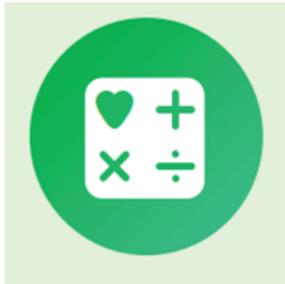


Protect Vulnerable People

We will provide safeguards for people who cannot protect themselves.

Objectives for 2019/20:

- Continue the development of an integrated (4 tier) Autism pathway
- Redesign the Core Recovery (addiction) Service
- Design and model the integrated Child and Adolescent Mental Health Service including the provision of 3 on Island beds
- Introduce fit for purpose adoption legislation to ensure compliance with best practice
- Introduce amendments to Children and Young Persons Act to strengthen arrangements for children and young people in care, care leavers, and establish the “corporate parent” in law
- Work with colleagues in Department of Education, Sport and Culture to develop an integrated pathway for children with disabilities
- Conduct a domestic abuse joint strategic needs assessment



Value for Money

We will work to ensure that everyone receives good value health and social care services.

Objectives for 2019/20:

- Continue to develop a directorate wide Commissioning process for Community Care
- Improve the quality of financial information; management accounts to be produced in one template by 31 April 2019
- Implement Medicines Optimisation strategy in order to deliver effective prescribing and cost improvement programme across the Department
- Deliver savings from the Tertiary Services budget through the implementation of Cost Improvement Plans



Supporting the Delivery of the Strategy

There are a number of other work programmes taking place throughout 2019/20 which are above and beyond what's committed to in the Department's strategy; these priorities will enable service areas to evolve to better reflect the commitments of the strategy going forward.

Objectives for 2019/20:

- Determine future commissioning arrangements for third sector organisations
- Complete premises development plan for Peel GP Surgery
- Further develop project management principles whilst developing associated capability, through the continued evolution of the Department's Project Management Office and supporting processes / structures
- Establish a Manx Care Pathways governance framework to ensure a cohesive delivery across an integrated tiered model of care for the Isle of Man
- Continue to implement the Information Management Strategy

Five Year Strategy Mid-point Review

On 20 October 2015, the vision for the next five years for health and social care services in the Isle of Man was debated and unanimously approved by Tynwald. Having just passed the half-way point of the strategy, we have taken the opportunity to take stock and reflect on what has been delivered to date to address the five pillars:

- Help people take greater responsibility for their own health
- Move more care into the community
- Improve hospital services
- Protect vulnerable people
- Achieve greater value for money

The following section highlights some of our key achievements over the last three years and the impact this has had on our patients and service users.



Greater Responsibility

We will help everyone to take greater responsibility for their own health, encouraging good lifestyle choices.

What have we delivered to help people take greater responsibility for their own health so far?	Delivery Date:	What impact does this have on patients and service users?
Development of routine health intelligence reporting suite	June 2018	To identify priority areas for strategic review and development and provide an overview of Health Outcomes on the Isle of Man.
Production of physical activity, diet and obesity indicators that is comparable with areas within the UK and Crown Dependencies with similar demographics	March 2018	Obesity and low physical activity are major sources of chronic ill health. Understanding baseline and trends is essential for strategic planning to reduce prevalence.
A supervised tooth brushing pilot has been rolled out across nurseries to help promote and improve oral health in pre-school and primary school children	January 2018	The Pilot was designed to help reduce the percentage of children on the Isle of Man under the age of 5 with tooth decay, fillings or missing teeth.
Launch of the Stoptober campaign to encourage more people across the Island to stop smoking	October 2017	The Stoptober campaign promoted the use of the Quit4You Stop Smoking Service in order to reduce the smoking prevalence on the Isle of Man.
Established the initial Public Health Outcomes Framework	January 2017 (Annually refreshed)	The Public Health Outcomes Dataset helps us identify those areas that should be priority for us to work on and where we are likely to be able to achieve greatest improvements from local review.
Publication of the Director of Public Health's Annual Report – a Healthy Island?	October 2017	The report draws from a number of routine data sources to provide an independent overview of the health and wellbeing of the Manx population. The report is designed to inform discussions about how different parts of government can work together to improve wider determinants of health such as socio-economic, environmental and

		behavioural factors.
Publication of the Director of Public Health's Annual Report Childhood Healthy Weight – The road to a better future	August 2018	To raise awareness of increasing prevalence of childhood overweight and obesity and its implications and to gain cross-government commitment to reducing it.



More Care in the Community

We will help people to stay well in their own homes and communities, avoiding hospital or residential care whenever possible.

What have we delivered to place more care in the community so far?	Delivery Date:	What impact does this have on patients and service users?
Creation of Community Care Directorate through the merger of Primary Care, Adult Social Care, Mental Health and Community Health	January 2018	In order to deliver the DHSC Integrated Care agenda where health, social and 3rd sector providers work collectively and cohesively managing resources and providing care outcomes measured against agreed standards , the DHSC first merged all community services into one Directorate , thus driving towards the improvement of the health and social care for the population we serve.
Completed the first phase of implementing the 'Talking Therapies Services'	June 2018	The Talking Therapies Services has significantly increased its capacity and remit in order to offer people with low to moderate mental health problems psychological interventions when necessary. This Service now includes a range of low intensity and high intensity provision including : <ul style="list-style-type: none"> ○ Guided self-help for anxiety/depression ○ Psycho-educational Courses e.g. Anxiety Management ○ Art Therapy Groups ○ 1:1 Individual sessions (various therapies available)
Launch of the 18 month pilot for online counselling and online self-help	April 2019	The Pilot was designed to provide an online e-clinic that includes information, self-help tools and message based counselling for those with low-level mental health problems. It is envisaged the online platform will result in a reduction of the number of people requiring Mental Health Service support, a reduction in the number of people being prescribed anti-depressants and improved wait times to access counselling.
Implementation of a streamlined referral process between opticians and hospital services	October 2018	Cases can now be directly referred into the hospital from opticians; bypassing the GP and thus reducing lead time for an appointment which in turn improves access

		to care for our patients.
Launch of the Southern Community Partnership Initiative	December 2016	A community project that aims to tackle isolation and loneliness at its source by bringing people together through thoughtful and well research community projects.
A full review and gap analysis of services provided within the Community Care Directorate has been undertaken	Ongoing	Key services for development have been identified and prioritised accordingly.
Roll out 'EMIS Community' software to teams that deliver care in the community	August 2018	This software allows Community Care Teams to review and record consultation details in real time to an electronic patient record; enhancing the quality of patient information.
Completed Phase 1 of the Eastcliffe project; relocating Day Services for Adults with Learning Disabilities to the Noble's Complex	December 2018	Phase One of the Learning Disability Capital scheme to replace Eastcliffe Day Services is now open and providing services to adults with a learning disability. The new facility is known as Greenfield Park and provides employment opportunities to adults with a learning disability in the Industrial Centre, Shop, Garden Centre and Café.
Purchased Salisbury Street Care Home	May 2017	This facility was purchased by the Department to address the growing demand for available nursing/residential care beds and therefore reduce the length of stay at Noble's Hospital. The facility has been contracted out to a private provider with 40 of the 68 beds remaining under the control of the Department.



Improve Hospital Services

We will improve services for people who really need care in hospital.

What have we delivered to improve hospital services so far?	Delivery Date:	What impact does this have on patients and service users?
Installation of a patient discharge suite in Noble's Hospital	June 2018	The discharge suite can hold up to 5 patients per day which improves patient flow by facilitating earlier discharges from inpatient beds, which then creates capacity for admissions throughout the day.
Roll out of the Digital Health Record across Noble's Hospital	September 2017	Patient records for all inpatient/outpatient/ED attendances are now available digitally and securely within 24 hours of completion of care. Records are therefore available to multiple concurrent users. This greatly enhances patient safety.
Redesign of dermatology service	May 2018	We have introduced full time Consultants in both dermatology and plastic surgery, as well as a Clinical Nurse Specialist to support both services and a team of outpatient nursing staff to facilitate clinics. The new staffing structure has allowed us to increase significantly the capacity to see patients who have been referred into dermatology, thereby reducing waiting times. In addition, the introduction of a plastic surgeon has meant that many patients who require to be referred to a hospital in the UK for more complex reconstruction can be seen and treated on Island.
Redesign of ophthalmology service	June 2018	The redesign of the ophthalmology service was initiated following the completion of the Eye Care Strategy in early 2018; the primary driver for the redesign was to increase capacity of the service through the development of new non-medical roles to support the existing capacity being provided by our four ophthalmologists. The redesign has resulted in the appointment of two Clinical Nurse Specialists in ophthalmology and a Specialist Optometrist, all of whom are delivering activity independently to the consultants, therefore allowing the most complex of patients to see the doctors and shifting the more routine workload to the non-medical staff.

		In addition, four Healthcare Technicians specialising in ophthalmology have been employed to undertake the diagnostic tests required before patients see the doctor, which again has increased the efficiency of clinics and allowed an increase in activity to take place.
Publish wait times	April 2017	Publishing our wait times against appropriate Manx targets allows patients, services users and the public to openly see our performance and identifies our key areas for improvement.
Relocation of endoscopy service	May 2017	The relocation of the service allowed us to merge the Ramsey and Noble's Endoscopy Teams, thereby expanding the amount of capacity available within the new Noble's Endoscopy Unit, which has three endoscopy procedure rooms. The major benefit of the merger of services was that it increased the capacity of the service beyond what was being delivered previously by the two units operating separately. In particular, we were able to increase the number of sessions running from 12 to 17 with no additional investment in the service, which has allowed us to ensure that all patients who are referred to endoscopy with a suspicion of cancer are seen within two weeks and all patients who are on a surveillance pathway receive their endoscopy within the predetermined time frame.
Implementation of Telestroke to enable 24/7 specialist thrombolysis treatment	July 2018	Delivery of a 24/7 stroke thrombolysis service means that all patients who present with symptoms of a stroke, regardless of the time of day, receive the same standard of care, namely a CT scan, which is reported by a stroke expert in Liverpool, and treatment by a specialist stroke nurse which can include stroke thrombolysis (clot busting) if it is deemed clinically appropriate.
Redesigned the care model at Ramsey Cottage Hospital	February 2018	<p>Redesign at Ramsey Cottage Hospital (RCH) was initiated following the transfer of medical responsibility from the local GP practice to the Hospitals Directorate. The primary focus was the redevelopment of Martin Ward into an intermediate care facility for the Island. This involved appointment of a dedicated medical team to cover Martin Ward during the day (8am – 6pm), including a consultant and an associate specialist, as well as the development of both the nursing and therapy team to enable an expansion of the ward from 21 to 31 beds. This was achieved by April 2018. The ward remains around 85-90% occupied and is now a key part of the geriatric/frailty pathway for Noble's Hospital.</p> <p>In addition, more outpatient clinics have been established at RCH, with</p>

		appointments being offered to those living in the north to provide more convenience to patients.
Noble's Hospital Restructure	January 2019	The Noble's Hospital restructure took place in January 2019 with the creation of two new Care Groups, to operate alongside the existing Care Groups of Women's & Children's and Diagnostics & Clinical Services. The Scheduled and Unscheduled Care Groups have been formed to group clinical services into pathways rather than the previous arbitrary grouping of medicine and surgery. It is anticipated that managing such services together will have a greater impact in terms of quality improvement, patient safety and cost efficiency. The Care Groups have been established with a leadership team of Clinical Director, General Manager and Head of Nursing/Professions.
Monitoring Bed Capacity	March 2018	Automated reporting provides Senior Hospital staff with Medical bed availability and the Emergency Department demand first thing each morning to ensure that we have adequate resources to meet the immediate emergency demand. This results in more of a pro-active mentality to bed capacity which is positive for patients and service users.
Implementation of the Order Comms System within Noble's Hospital	March 2019	All laboratory and radiology requests are now submitted electronically with processes being finalised to remove paper from results reporting. Investigation requests can now be rule based to help standardise and direct care.
Implementation of electronic bedside menu ordering within Noble's Hospital	November 2018	Patients can now complete electronic menu cards at the bedside for in-patient meals. Providing easier and more informative experience for patients.
Installation of a Trauma Conference Call Solution within Noble's Hospital	June 2018	Specific software was deployed to facilitate rapid conference calls between on-Island and off-Island trauma teams to expedite critical patient transfers.
Opened Manannan Court (acute Mental Health facility)	April 2017	The building is designed to support adults with acute mental health illness/disorders and complies with our obligations under the Mental Health Act 1998. The environment enables the care of a range of conditions including younger adults with psychosis and older adults with dementia. The facility comprises of 26 beds which are all individual rooms and are supported by safe therapeutic space both internally and externally to the building.
The foundations for the 'Safe Wards' initiative has been implemented by the Acute Inpatient	August 2018	Reducing the likelihood of incidents of conflict within the acute psychiatric ward by introducing planned use of interventions such as 'calm down methods', 'positive

Service within Manannan Court		words' and 'bad news mitigation' techniques.
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Protect Vulnerable People

We will provide safeguards for people who cannot protect themselves.

What have we delivered to protect vulnerable people so far?	Delivery Date:	What impact does this have on patients and service users?
Expansion of the scope of the Adult Social Work team to ensure care is not limited to those who have Learning Difficulties or Mental Health problems	September 2018	The Disabilities Team split into a specialist Learning Disability Team and a Generic Adults team with effect from 24 th September 2018. The Generic Adults Team will deal with both adults with a physical disability and adults who appear to be vulnerable and in need of some support/advice but do not come under the umbrella of Learning Disabilities, Mental Health, Drug and Alcohol Team or older peoples services.
Establish early help and support for children and families	2016	Access to support early in problem reducing chronic and acute difficulties. Year three (2019) will show direct impact on reducing statutory referrals of children.
Put the Safeguarding Board on a statutory footing through the enactment of the Safeguarding Act 2018	March 2019	The Safeguarding Board now has the legal authority to co-ordinate the work done by relevant safeguarding bodies for the purposes of safeguarding and promoting the welfare of children and safeguarding and protecting vulnerable adults; and to ensure the effectiveness of the work done by each of those bodies for those purposes.
Established Isle of Man Research Ethics Committee	January 2019	The Isle of Man Research Ethics Committee ensures that any health and social care research that takes place on the Island is ethically sound to protect patients, service users and members of the public.



Greater Value for Money

We will work to ensure that everyone receives good value health and social care services.

What have we delivered to provide greater value for money so far?	Delivery Date:	What impact does this have on patients and service users?
Joined NHS commercial procurement partnership	January 2017	Access to the NHS commercial framework has enhanced control and governance around the procurement of healthcare goods.
Introduced patient level costing systems	March 2019	More accurate costing at patient level shows where and how resources are spent; the information enables us to benchmark clinical activity and associated costs against UK comparators and as such, efficiencies can be identified.
Introduced new systems to manage off-Island tertiary expenditure	March 2018	This has enabled a direct contractual relationship with each of the partner hospitals within the UK. Having access to key performance data assists with the management of contracts to ensure Isle of Man patients receive the best value care off Island.
Restructured Government Catering Services	March 2018	Government Catering Services has been restructured to ensure that the DHSC is only responsible for the catering of health and care services. This has helped drive down the catering overspend through greater rigor and control whilst identifying efficiencies within the delivery of the service.
High level review of vacancies and non-frontline roles	October 2017	The reduction in the number of non-frontline roles and vacancies has helped control the Departments costs.
Introduction of practice based pharmaceutical support	Ongoing	This ongoing initiative is seeing a continual reduction in the spend on drugs through the introduction of, where appropriate, cheaper and clinically equivalent drugs. Rationalising repeat prescriptions in GP surgeries has helped reduce waste and the reduction of prescribing errors has enhanced the quality of care.
Occupational Health paperless clinical record/admin system	January 2019	Historical records have been scanned and all occupational health consultations are now recorded electronically.