

Department of Health and Social Care

2019/20 Q1 Performance Update:

Programme for Government &
DHSC Service Delivery Plan

DHSC Q1 2019/20 DHSC Programme for Government Update

This section sets out the Q1 performance on the following Programme for Government areas:

- National Indicators
- Key Performance Indicators
- Actions

The outcomes we will help to achieve

Programme for Government Outcomes

| OUTCOME | National Indicator(s) | Explanation | Measure | Q4 18/19 -Data | Q1 19/20 - Data |
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| 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 | 9 | 11 |
| We live longer, healthier lives | Increase the number of people regularly undertaking physical activity | We want people to live longer, healthier lives. This includes taking responsibility for their own health. A part of this is doing more exercise. We will measure the number of people who are doing the minimum recommended physical activity per week through the healthy lifestyles survey. | The percentage of adults achieving at least 150 minutes of physical activity per week in accordance with UK Chief Medical Officer (CMO) recommended guidelines on physical activity | The 2018 survey took place in Q4; it is anticipated that the data will be made available in Q3 2019/20 | The 2018 survey took place in Q4 2018/19; it is anticipated that the data will be made available in Q3 2019/20 |
| | Reduce the number of people dying prematurely from preventable cancer | Deaths from preventable cancer and heart disease are two of the biggest causes of death in the Isle of Man. We will measure these statistics through information provided by Public Health. | Under 75 mortality rates from cancers considered preventable | Annual measure: 2018/19 fig. 88.1 per 100,000 | Annual measure: 2019/20 fig. 86.1 per 100,000 |

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| | Reduce the number of people dying prematurely from heart disease | Deaths from preventable cancer and heart disease are two of the biggest causes of death in the Isle of Man. We will measure these statistics through information provided by Public Health. | Under 75 mortality rate from cardiovascular disease considered preventable | Annual measure: 2018/19 fig. 47.6 per 100,000 | Annual measure: 2019/20 fig. 54.3 per 100,000 |
| | Improve the health related quality of life of the population | As people grow older, they need more support to help them live more independently with a good quality of life, particularly those with long term conditions. We will measure this through information provided by Public Health | Increasing the average health status score of adults using survey responses to questions covering 5 dimensions: mobility, self-care, usual activities, pain/discomfort, anxiety/depression | Annual measure: 2018/19 fig. 79.6 per 100,000 | Annual measure: due Q3 2019/20 |
| | Increase healthy life expectancy | If the Programme for Government is succeeding, then we will be living longer, healthier lives. Healthy life expectancy is defined as 'Healthy life expectancy at birth: the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health'. We will measure healthy life expectancy based on the lifestyle survey and mortality rates. | Healthy life expectancy at birth as measured by Public Health | *see below | *see below |
| We have improved the quality of life for children, young people and families | Improve safety in care environments and protect people from avoidable harm | We need to look after the most vulnerable people in our society, particularly in care environments. We will measure the number of reported incidents in care | The number of reported Safeguarding alerts in adult care homes | 36 | 21 |

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

* Analysis of the 2016 Lifestyle Survey by an external provider fell short of expectations and therefore did not give enough detail to enable calculation of the Healthy Life Expectancy Indicator. A plan to remedy the situation has been developed, it is anticipated the data will be available in Q2 2019/20.

Programme for Government Key Performance Indicators

As stipulated in the 2019/20 Service Delivery Plan, where appropriate some baselines have been adjusted to reflect performance the end of Q4 2018/19.

| OUTCOME | POLICY STATEMENTS | KPI | Baseline | Target | Q4 18/19 - Data | Q1 19/20 - Data |
|--|---|--|---|---|------------------------|---------------------------------|
| We live longer, healthier lives | We will help everyone to take greater responsibility for their own health, encouraging good lifestyle choices | Maintain our uptake of adult screening programmes at current levels | Cervical – 80% Bowel – 63% Breast – 72% | Cervical – 80% Bowel – 63% Breast – 72% | 80% 68.3% 68.42% | 81.75% **see below 77.12% |
| | | Maintain percentage of eligible population registered with GP online services | 27% | 27% | 27% | 28% |
| | We will help people to stay well in their own homes and communities, avoiding hospital and residential care wherever possible | Reduce emergency admissions at Noble's for people with long term or chronic conditions, where appropriate management in the community has been shown to reduce the need for unplanned hospital admissions. These include conditions like asthma, diabetes and epilepsy | 16% | 13% | ***see below | ***see below |
| | | Increase and maintain bed utilisation / occupancy levels at Ramsey Cottage Hospital | 80.1% | 85-90% | 80.1% | 87.6% |
| | | Reduce adult acute mental health bed occupancy | 92% | 85% | 92% | 97% |
| | | Increase in 5 day discharge follow-up rate by Mental Health Services | 94% | 100% | 94% | 85% |
| | | 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% | n/a | 70% |

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| | 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 | 80.3% | 93% | 80.3% | 86.9% | |
| | | No patient will wait >52 weeks for elective inpatient surgery | 6.4% | 0% | 6.4% | 8.0% | |
| | | ED attendances less than 4 hours from arrival to admission, transfer or discharge | 79.5% | 85% | 79.5% | 87.7% | |
| | | ED attendances less than 6 hours from arrival to admission, transfer or discharge | 92.3% | 95% | 92.3% | 95.9% | |
| | | Reduce ED mean waiting time | 159 minutes | 135 minutes | 159 minutes | 137 minutes | |
| | We will work to ensure that everyone receives good value health and social care services | Maintain spend against budget through delivery of the cost improvement plan | 101.4% | 100% | 101.4% | 103.4% | |
| | | Maintain the number of patients travelling to the UK for outpatient first attendances and follow up treatment and provide care where appropriate locally | 5994 | 5994 | 1,521 (full financial year 5994) | 1,779 Patients (7,116 full financial year projection based on Q1 figure) | |
| | We have improved the quality of life for children, young people and families at risk | We will provide safeguards for people who cannot protect themselves | In relation to adult safeguarding alerts meeting the threshold for further investigation, increase the proportion of cases where the views and wishes of the person concerned (and their carers when relevant) were sought and documented | 95.5% | 100% | 95.5% | 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% | ****see below | ****see below |
| | | | We will meet all compliance standards for milestones within the Safeguarding adult's policy and procedures | 93% | 85% | 93% | 89% |

** Due to staff absence in NHS Digital, the uptake of bowel screening figure is not available at the time of this report.

*** The coding function within the organisation and the backlog of coded episodes has been added to the hospital risk register. This will instigate a full review of what the organisation wants to achieve with coded data and how best to ensure that this happens in an accurate, reliable, sustainable and timely manner. Until such time as a solution is implemented, this KPI will not be reported on.

**** Regarding the proportion of adult safeguarding alerts meeting thresholds and where the person concerned feels safer after the intervention – The new RiO process for collecting this data was submitted to GTS for building in mid-March and testing was completed by the Adult Protection Team this quarter, it is envisaged the data will be available for the next quarter.

Programme for Government Actions

| Outcome | Action | Owner | Target Delivery Date | Q4 2018/19 - Update | Q1 2019/20 - Update |
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| Responsible Island | | | | | |
| We have more responsive legislation and regulation | Embed a robust governance framework for Research and Development activity, whilst improving the quality of research applications and associated outcomes | Jason Moorhouse, MHK | Mar-20 | <p>Due to finite resources, activity to progress the Integrated Ethics Portal and Research Management Software has been rescheduled for 2019/20; however, this has had no impact on the overall target delivery date.</p> <p>The review of the Peer Review Network (PRN) is ongoing; part of this work has identified an opportunity to enhance the quality of research design from the outset therefore reducing the burden on the PRN.</p> | <p>Additional resource has been recruited to support research education, training and development. It is anticipated that the implementation of the integrated ethics portal will be complete in August 2019; this work stream has incurred a minor delay due to staff absence.</p> <p>The DHSC's research function is currently under review and as such, further milestones may be subject to change in Q2.</p> |
| Inclusive and Caring Island | | | | | |
| We have affordable and accessible housing which meets our social and economic needs | Investigate and report how to ensure we have accommodation that can meet the needs of an ageing population including 'care' and 'extra care' housing, and nursing and residential homes | David Ashford, MHK Minister | Jul-19 | <p>The Social Policy and Children's Committee considered the paper at their February meeting and have requested further information be included; this is schedule for submission in June 2019.</p> <p>Accordingly, the target delivery date has been extended to July 2019.</p> | <p>Work is ongoing with the Department of Infrastructure to add further information to the final report and to develop a long-term underpinning action plan. It is anticipated that this action will be complete in Q2 2019/20.</p> |
| Healthy and Safe Island | | | | | |

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| <p>We live longer, healthier lives</p> | <p>Move more services from the hospital into the community so care is provided closer to peoples' homes</p> | <p>Ann Corlett, MHK</p> | <p>Mar-21</p> | <p>No further progress has been made against scheduled milestones; additional milestones to be agreed Q1 2019/20.</p> | <p>(i) The 'future' eye care pathway has been mapped and is due to be formally agreed by the Project Board at the end of July 2019.</p> <p>(ii) The broader care pathways programme is working collaboratively to deliver this action with the Transformation PMO to ensure work is aligned to recommendations 11 and 12 of the Independent Health and Social Care Review; as such, this particular work programme is under review with a revised programme of work to be agreed by August 2019.</p> <p>(iii) Initial scoping work for the GP Contract 2020 to enhance shared care has commenced.</p> |
| <p>We live longer, healthier lives</p> | <p>Deliver clear legal frameworks for all essential Health and Social Care services</p> | <p>Jason Moorhouse, MHK</p> | <p>Mar-21</p> | <p>Progress with the NHCSS has been put on hold following the publication of the Independent Review Progress Report in January 2019. The next steps to develop the General Scheme will be identifiable following the publication of the final Independent Review of the Island's Health and Social Care System which is scheduled to be laid before Tynwald in May 2019.</p> | <p>The secondary legislation to support the Abortion Reform Act was approved by Tynwald on 22 May 2019; the Act subsequently came into operation on 24 May 2019.</p> <p>Discussions with the Transformation PMO are ongoing to agree a revised legislation programme to support the delivery of the Independent Health and Social Care Review Recommendations.</p> |

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| | | | | <p>Regulations for a no deal Brexit were laid before the March 2019 sitting of Tynwald and approved; the regulations will come into operation if the United Kingdom leaves the EU without a deal in place. However, the Department now needs to consider the legislative changes that will be required if a deal is agreed between the UK and the EU is agreed and there is a transition period.</p> <p>Activity to progress the Medicines Act has been put on hold until work on the Abortion Reform Act 2019 has been completed; the Abortion Reform Act 2019 (Appointed Day) Order 2019 was laid before the March 2019 sitting of Tynwald and the Access Zone Order, the Records and Notices Regulations and the Directions regarding disposal of the foetus following termination are to be laid before the May 2019 sitting of Tynwald for approval.</p> | <p>Further milestones will be determined once the legislation programme and priorities to support Transformation has been finalised.</p> |
| <p>We live longer, healthier lives</p> | <p>Continue to digitally transform the hospital and health and care services more generally</p> | <p>David Ashford, MHK Minister</p> | <p>Mar-21</p> | <p>User Acceptance Testing for Clinical Assessment and Noting has been signed off; deployment of the live upgrade is due to commence imminently. Contract changes with EMIS for the e-Prescribe solution have</p> | <p>The Clinical Assessment and Noting platform was successfully upgraded in preparation to begin live deployment of electronic assessments. Prolonged User Acceptance Testing and hardware issues</p> |

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| | | | | <p>been agreed and the subsequent project plan is currently being finalised. OCS Reporting and Filing has now been incorporated into business as. However, the roll out plan for DHSC Single Sign on remains in draft.</p> | <p>have caused some delays.</p> <p>A decision on the hardware provision for the Electronic Prescribing and Medicines Administration project is being reviewed ahead of the planned pilot.</p> <p>Clinical need has resulted in an options paper having been produced to consider an eDischarge solution earlier than was originally planned.</p> <p>Dates and resources are being finalised in order to commence the RiO 7 upgrade.</p> <p>Work is underway to agree the specification for the Integrated Digital Care Record and a draft Outline Business Case is now in development.</p> |
| <p>We live longer, healthier lives</p> | <p>Define the services which will be provided on-Island and those which will be provided off-Island</p> | <p>Jason Moorhouse, MHK</p> | <p>Jan-21</p> | <p>The Department is now adopting a revised approach to its procurement strategy, through the development of strategic partnership relationships with NHS acute providers in the North West of England (many of whom are CQC rated outstanding). Planning and scoping activity is now progressing across a number of specialties.</p> | <p>Recommendation 11 of the Independent Health and Social Care Review sets out the requirement to conduct "A service-by-service review of health and care provision, in conjunction with the needs assessment and an analysis of care pathway design, should be undertaken to establish what services can, should or must be provided on and off-Island,</p> |

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| | | | | <p>It is important to recognise that when defining what is delivered on and off island that this cannot be done in all cases at speciality level. As we integrate our services, a particular specialty may have certain elements of a pathway that continue to be delivered on island, whereas other elements of the pathway may need to be provided off island.</p> | <p>against defined standards. Where services cannot be provided safely or deliver best value by Island-based providers, the default position should be to seek services from third parties for delivery on Island whenever possible and off-Island where necessary". The DHSC is working with the Transformation PMO to identify the work programme and timescale to achieve this outcome; this will include reporting arrangements for this and other transformation activity.</p> |
| <p>We live longer, healthier lives</p> | <p>Reduce waiting times for operations</p> | <p>David Ashford, MHK Minister</p> | <p>Jan-21</p> | <p>The majority of the planned project activity is now complete, and we are now seeing significant improvement in waiting times. The next phase of activity will aim to deliver: benchmarking against UK HES data, detailed review of capacity and clinic Templates, and benchmarking of Diagnostic services to 6 week wait time.</p> | <p>The focus for reducing waiting times for operations is now on improving efficiency within theatres that can open up additional capacity. The Hospital's Directorate is currently exploring options to secure a consultant to review existing policy and procedures help realise any potential efficiencies within the system.</p> |
| <p>We live longer, healthier lives</p> | <p>Implement the Mental Health & Wellbeing Strategy</p> | <p>Ann Corlett, MHK</p> | <p>Dec-20</p> | <p>A review of High Complex Cases at CAMHS is to take place by an external provider in May 2019. Based on the outcomes of this the Service Specification is expected to be written in Q2 of 2019/20.</p> | <p>i) A review of High Complex Cases at the Child and Adolescent Mental Health Service (CAMHS) has taken place by an external provider with a view to define the CAMHS from the Autism Pathway. The report is due to</p> |

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| | | | | <p>The Service Specification for the Remodelling of Addiction Services has been completed. The Business Case & Options Paper is due to be completed in Q2 of 2019/20.</p> <p>The pilot for the Forensic Pathway will be completed at the end of June 2019.</p> <p>An Independent/external review of Manannan Court Inpatient Unit is taking place in April 2019.</p> | <p>be shared with the Community Care Directorate in August along with recommendations for the future. The development of the Service Specification is now expected to be complete by the end of Q3.</p> <p>ii) The pilot for the Forensic Pathway concluded on 30th June 2019 and the final data has been collected will be reviewed as the project moves into Year 2. Year 2 needs have been identified; focus will continue on providing the Emergency Service responders to the police (DHA) and a business case for longer term funding is now being developed by DHA.</p> <p>iii) The external review of Manannan Court Inpatient Unit has been completed.</p> |
| <p>We live longer, healthier lives</p> | <p>Improve governance and accountability in the way we provide health and care services</p> | <p>Jason Moorhouse, MHK</p> | <p>Jan-21</p> | <p>The factors referred to last quarter are still impeding the progression and delivery of scheduled tasks.</p> <p>The underlying activity to deliver this action will need to be fully assessed and rescheduled once the outcomes and recommendations of the Independent Health and Social Care Review have been</p> | <p>Following the publication of the Independent Health and Social Care Review in May, the DHSC is continuing to work with the Transformation PMO to scope, resource and prioritise the activity required to deliver the significant requirements set out in the recommendations of the report. In particular, recommendation 2 that stipulates that "The setting of</p> |

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| | | | | approved. | 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." |
| 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 | <p>Work remains ongoing to develop the Core Data Sets and reporting timeline for the Substance Misuse JSNA. A series of workshops have taken place to strengthen data sharing agreements with multi-agency partners.</p> <p>Work is being finalised to publish Public Health Outcomes Framework in Q1 of 2019/20; this data will be updated quarterly to include an annual report.</p> <p>Public Health are working closely with Health Protection Nurses to complete an audit of Cover of Vaccination Evaluated</p> | Activity is underway to collate, calculate and validate the data submissions ahead of the publication of the Public Health Outcomes Framework and the Health Outcomes Framework in August 2019. |

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| | | | | Rapidly data to validate anomalies identified within data recorded in EMIS. | |
| We live longer, healthier lives | Develop and implement the Integrated Care Strategy | Ann Corlett, MHK | Mar-21 | <p>On 25th February 2019 the very first stages of a pilot for an operational model of Integrated Care in the West of the island was launched. Core Services now meet twice weekly at Peel Resource Centre. This is an opportunity to discuss ongoing complex cases where practitioners require supervision, support or intervention from other team members. The meetings will increase in frequency to discuss and allocate new contacts to the team once the new referral/contact form has been implemented.</p> | <p>A single 'Western Wellbeing Partnership Referral Form' has been approved containing 17 questions taken from 33 forms (97 fields of information) across multiple agencies. A single assessment tool and guidance note has also been approved for use by practitioners from all services.</p> <p>The business case for the implementation of Year 1 priorities is currently being progressed through Treasury.</p> <p>Discussions to identify a funding source for the Urgent Care Practitioner pilot remain ongoing.</p> <p>Work is underway to agree the specification for the Integrated Digital Care Record and a draft Outline Business Case is in development.</p> |
| 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 | New for 2019/20 | Initial scoping activity to determine the way forward has commenced. As such, detailed planning has not yet begun; it is envisaged key milestones will be identified in Q2 to support this initiative. |

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| We live longer, healthier lives | Introduce a unitary complaints process in the DHSC | David Ashford, MHK Minister | Jan-21 | New for 2019/20 | This was a new action for 2019/20, and scoping activity is yet to commence. |
| We live longer, healthier lives | Introduce overhauled and sustainable private medical services | David Ashford, MHK Minister | Jun-20 | New for 2019/20 | <p>DHSC identified a solution to undertake a competitive dialogue exercise to secure a strategic partnership to deliver private healthcare services.</p> <p>However Treasury have advised this work should be led by the Independent Health and Social Care Transformation team.</p> <p>The expectation to deliver a service by June 2020 needs significant focus, coordination and commitment to meet this deadline in light of the diversion of this work programme from DHSC to the Transformation Team.</p> |
| 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 | Treasury have granted their approval to invite the Care Quality Commission (CQC) to conduct an initial on-Island scoping exercise with a view to producing a detailed proposal on how Isle of Man's health and social care services may be independently regulated by the CQC in the future. A draft of the public consultation has been produced and is now awaiting sign off from the Executive Leadership Team. | Following the publication of the Independent Health and Social Care Review in May, work has been ongoing to ensure activity to support this Action is aligned to recommendation 3 of the report. As such, the DHSC has committed to continue pursuing the scoping exercise to be undertaken by the CQC; the dates for which are currently being determined. It has been agreed that the public consultation will provide more |

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| | | | | | meaningful information following the outcome of the scoping exercise and as a result, the consultation has been postponed. |
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DHSC Q1 2019/20 Service Delivery Plan Update

This section sets out the DHSC's Q1 performance against the strategic objectives listed within the Department's Service Delivery Plan, split out as follows:

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

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

Service Delivery Plan Objectives

| Strategic Goal | Objective | Q1 - Update |
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| Greater Responsibility | Ensure delivery of quality assurance and accountability review for all current screening programmes | Internal Audit are currently finalising the review of bowel cancer screening; the second review, breast cancer screening, has now commenced. |
| | Develop programmes aimed at reducing childhood obesity and improving children's oral health; drawing on funds from the Soft Drinks Industry Levy | <p>Work to enable measurement of children in year 7 from January 2020 has commenced. The full Manx Child Measurement Scheme will be established from September 2020.</p> <p>An expansion of the current supervised tooth brushing programme may be considered once the oral health strategy has been completed which is due September 2019.</p> |
| | Produce the oral health needs assessment report, drawing on research, local quantitative data and qualitative information | The first draft of the needs assessment report has been circulated to the oral health project group for comment; the final version is due to be complete by the end of August 2019. |
| | Develop and produce the Dental Public Health, Oral Health Strategy for Children 0-11 years, based on the outcomes and recommendations from the oral health needs assessment report | Work will commence once the needs assessment has been completed, which is due end of August 2019. |
| | Develop and implement a Making Every Contact Count (MECC) pilot project | All three work streams for the MECC pilot project have now commenced and tasks have been set for each group. The Training work stream is currently reviewing the e-learning packages available, the Resources work stream is considering what resources are required in their areas to support delivery of MECC, and the Systems and Evaluation work stream is looking at how we will evaluate MECC. Results from all work streams will be reported back to next Steering Group meeting 31 July. |
| | Develop a Weight Management Implementation Plan | The draft strategy was presented to Chief Officer Group in May 2019 and subsequent, further meetings with stakeholders have taken place. The strategy is scheduled for public consultation in September 2019. |
| | Continue to reshape Learning Disability Services in line with the Learning Disability Strategy 2014-2019 | The 2014 - 2019 Learning Disability Strategy is drawing to a close and the new Strategy is currently being developed. The Learning Disability Partnership Board met in June 19 where there was recognition of the value of the 2014 – 2019 Strategy and in particular the sub groups for Access to Health, Improved Employment Opportunities and Access to Accommodation. The Partnership Board would like this work to continue especially the work in regard to Access to Health. |

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| More Care in the Community | Redesign the provision of Respite Services; remodelling the facilities at Radcliffe Villas to accommodate the identified needs of service users | Treasury visited the proposed site in May and have in principle approved the business case. Treasury have requested some further work in regard to the potential use of this particular site at Radcliffe Villas and options in regard to the use of other sites. This work has now been completed in conjunction with the Government Valuer. |
| | Subject to full planning approval, commence the development of the Summerhill View older persons care facility | Planning approval has been received. Project and Design Teams have been established and are working within tight timescales to try and recover the time lost due to the Planning Appeal. Tender documents are due to go live on the Portal on Monday 15 th July with return by the end of August. The expected expenditure will require approval from Tynwald, however due to the timing constraints of the Planning Appeal it is unlikely that this will be presented to Tynwald in this calendar year. |
| | 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 | This initiative is currently on hold whilst the staffing issues at the Prison are addressed. Two additional practitioners have been recruited to support this work however; one post remains vacant at this time. Until all positions have been filled, the DHSC are unable to fully implement the new pathway. |
| | Develop a number of operational strategies within the Community Care Directorate to set out the long term direction and integration of key services including; Mental Health, Learning Disabilities and Dental Care | The first draft of the Adult Learning Disability Strategy is now underway; it is anticipated the first draft should be completed by September 2019. As the themes for the Mental Health & Wellbeing strategy were for 10 years, it has been agreed that the next publication of the strategy is a refresh, as opposed to a new strategy. |
| | Work with GPs to develop the GP contract for 2020 | Much of the work that was completed to form the 2019/20 GP contract will be used as a foundation for the 2020 contract. A questionnaire, as part of the initial scoping work, is currently being developed to establish service requirements; it's anticipated that this will be issued to GPs by 31 July 2019. |
| | Subject to funding approval from the Health Transformation Fund, continue to implement all of the 18 short term recommendations from the Foundations for Integrated Care: Position Paper as part of the Pilot in the West of the Island | The business case for the continuation of the Pilot in the West of the Island is currently under review by the DHSC in light of the Independent Health and Social Care Review and the Transformation PMO priorities. |
| | 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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| Improve Hospital Services | Develop and enhance quality management systems within the medical laboratory in pursuance of the ISO 15189:2012 standard (recognises quality and level of competence in medical laboratories) | Quality leads officers are in place in all departments within Pathology with regular monthly quality meetings. Pathology Manager post still awaiting funding. |
| | Complete the redesign of the chemotherapy clinic space to accommodate the increase in patients receiving treatment on the Island | Development completed, chemotherapy service commenced operation from the new premises on the 1st July 2019. |
| | Evaluate the introduction of Histopathology (the study of changes in tissues caused by disease) Telemedicine solutions | Prior Information Notice responses received from six companies and these will be evaluated during July 2019. |
| | Redesign the pathway for the admission of the acute medical patient from the Emergency Department into the hospital setting | The admissions pathway has been reviewed and plans are in place to develop the Emergency Department in two phases. Phase one has identified how best to utilise the current available space within the Emergency Department and expansion into a neighbouring clinical area. This will enable a more efficient streaming of patients into the Emergency Department upon arrival. Reducing waiting times and ensuring patients receive appropriate care where required. |
| | Improve access to radiology services through the continued implementation of the sustainability plan | A Tele-Radiology supplier has been chosen and they are working with the Department to provide a fully accessible remote service. A new MRI scanner and two CT scanners have been identified to future proof the department but we are awaiting funding confirmation from local charities prior to purchase. Due to increased staffing following a robust recruitment campaign the current MRI and CT waiting lists have been reduced to a more sustainable level. |
| | Review the clinical model delivered by the ambulance service to ensure that it is at the forefront of modern urgent care delivery | Work has begun on trialling different models to support the Ambulance service with Urgent Care Practitioners. A review of a digital solution to assist with the efficiency of the service has also been completed; the project team are currently awaiting confirmation of funding before further development takes place. |
| | Explore opportunities to develop in reach services with UK providers; repatriating clinical activity back to the Island where it is possible and clinically safe to do so | Scoping work continues with Clatterbridge Cancer Centre with an aim to re-develop Isle of Man pathways so that treatment is delivered in the right place at the right time. Initial discussions have also taken place with Liverpool, Heart and Chest Hospital for Cardiology and Respiratory services this quarter along the same theme. |
| | Redesign of patient flow | Work has now commenced to address issues with patient flow within Noble's Hospital; the referral process for medical patients has been reviewed and streamlined and a standard operating procedure for |

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| | | referrals to Patient Flow from the Emergency Department / GPs has been developed. A new appointment within the Patient Flow Team has assumed accountability for 'Decision to Admit' within 1 hour and the teams working within Patient Flow and the Day Assessment and Treatment Unit are working collaboratively to review capacity and attendance with a view to accommodate more planned infusions. The Patient Flow Team is planning a visit to UK hospitals to view other patient flow teams and identify new ways of working. |
| | Deliver 2 week wait for all tumour groups through the implementation of the Cancer Care Plan | Good progress towards achieving the 'Two Week Wait (2WW)' for cancer wait times has been made throughout Q1 with 86.9% of urgent referrals seen within two weeks; outperforming the 2018/19 Q4 position by 6.6%. This stems from close scrutiny of the Cancer Waiting Times Weekly Reports enabling the provision of additional clinics where a breach of the 2WW seemed likely. Analysis of 2WW performance breaches suggests that issues with clinical cover over the TT festival and the patient's choice of appointment times are the likely cause of performance breaches across all tumour groups. |
| Protect Vulnerable People | Continue the development of an integrated (4 tier) Autism pathway | St Andrew's Healthcare has independently reviewed a number of complex cases within the Learning Disabilities Service with a second review due to take place in Q2. This is to support future planning around the autism pathway for the Island. Once this work has completed, the DHSC to will develop a service specification for the proposed future state of services for Autism and other neurodevelopmental disorders by October 2019. |
| | Redesign the Core Recovery (addiction) Service | The vision document for the service, service specification and business case have now been finalised and will be ready to be presented to the Community Care Leadership Team for their approval in August 2019. |
| | Design and model the integrated Child and Adolescent Mental Health Service including the provision of 3 on Island beds | The plans have been drawn up by the architect for the development of 'River Suite' within the Manannan Court complex. The first Project Group meeting is scheduled to take place in August 2019. |
| | Introduce fit for purpose adoption legislation to ensure compliance with best practice | Drafting instructions for the adoption legislation will be complete by August 2019; this is on schedule for completion this year. |
| | Introduce amendments to Children and Young Persons Act to strengthen arrangements for children and young people in care, care leavers, and establish the "corporate parent" in law | Drafting instructions for the Children and Young Persons Act will be developed after the adoption legislation has been introduced. At present, this is planned for 2020/21. |
| | Work with colleagues in Department of Education, Sport and | Key appointments in both Departments now mean that this objective is |

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| | Culture to develop an integrated pathway for children with disabilities | active again and being addressed. Timeline of 12 months up to September 2020. |
| | Conduct a domestic abuse joint strategic needs assessment (JSNA) | Feedback from DHA Chief Officer requested substantial alterations to the JSNA. As a result, the report was withdrawn from the June Safeguarding Board. Work remains ongoing to finalise the report; the new time frame is yet to be determined. |
| Value for Money | Continue to develop a directorate wide Commissioning process for Community Care | A draft Commissioning Approach has been developed for the Community Care Directorate. It is an 'operational process' designed to sit underneath Department commissioning intention and strategy. It will require approval at Commissioning Committee before implementation or be subject to review that considers a pan DHSC position. Focus in Q1 and Q2 will be the establishment of governance processes and to scope the educational needs for the Directorate. |
| | Improve the quality of financial information; management accounts to be produced in one template by 30 April 2019 | The DHSC management accounts are now under one accounts template, replacing the two different methods used in previous years. Additionally the template is also being used across additional Departments. Work continues to create more automated sets of financial information thereby ensuring the right information is received and reviewed by the right budget holders on a timely basis. |
| | Implement Medicines Optimisation strategy in order to deliver effective prescribing and cost improvement programme across the Department | 11 out of 12 surgeries on Island are utilising optimisation tools and pharmacy staff to provide safer and more effective prescribing practices. The Department has seen considerable savings in this area since the intervention of Pharmacists in GP surgeries. The implementation of an Island Wide formulary has been approved by the Secondary Care Clinical Board and will come into use once Electronic Prescribing is rolled out across Secondary Care; the Pan Mersey Formulary is already used across Primary Care. Trials for Electronic Prescribing are taking place and plan to be fully rolled out by October 2019. There have been more recruitment campaigns resulting in the employment of two more pharmacists for GP surgeries, and three more Pharmacy Technicians. A public consultation is intended to be held this summer to determine what is required from Community Pharmacy Services to help shape the model for future pharmaceutical services. |
| | Deliver savings from the Tertiary Services budget through the implementation of Cost Improvement Plans | As per recommendation 11 of the Independent Health and Social Care Review, detailed pathway work needs to be undertaken both on and off Island in order to ensure that activity can be repatriated to the Island if it is clinically safe to do so. If activity is repatriated, savings will be made |

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| | | to the tertiary services budget. However, this may mean that further investment is needed within the hospital to absorb this activity. The DHSC continues to challenge invoices received for activity to make sure appropriate referrals have been made. |
| Supporting Pillar | Determine future commissioning arrangements for third sector organisations | The initial scoping exercise requires extending to consider how an approach will align with wider integration and transformation agendas. The Community Care Directorate will continue work on developing a short term compliance approach and submit a request through the PMO to consider this as a longer term project. |
| | Complete premises development plan for Peel GP Surgery | Premises development plans are complete; the planning application is awaiting approval Treasury approval is also pending. |
| | Further develop project management principles whilst developing associated capability, through the continued evolution of the Department's Project Management Office and supporting processes / structures | The Department is currently in the process of reviewing the project management structures necessary to deliver and oversee its challenging change agenda, and the requirement to ensure this aligns with the work of the Transformation team. |
| | Establish a Manx Care Pathways governance framework to ensure a cohesive delivery across an integrated tiered model of care for the Isle of Man | Care Pathways have been listed in recommendations 11 and 12 of the Independent Health and Social Care Review and this work will be programmed by the Transformation PMO with input and support from the DHSC. Nevertheless work continues in respect of care pathway needs and approaches. |
| | Continue to implement the Information Management Strategy | Current work streams aligned to the Information Management Strategy are currently being scoped or worked on, in particular, the Implementation of the Integrated Digital Care Record. To ensure consistent information requirements in regards to reporting the Senior Information Risk Officer is formulating a policy paper in regards to adopting the NHS Number as the persistent identifier – this will enable care pathway, patient safety and quality, business intelligence and information governance compliance reporting to be enhanced. Other current work streams include improving the information governance webpage to enhance the patient/service user experience, publishing the Public Health Outcomes Framework and Health Outcomes Framework to provide openness and transparency and increase accountability. |