



Isle of Man
Government

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**Extract of Proceedings of the meeting of the
Health and Care Transformation Board
on Monday 16 December 2019**

Part I

Decisions made by the Board

Project Initiation Documents for approval

The Board considered and approved the approach outlined within the Project Initiation Documents (PIDs) for six of the seven remaining projects within the Programme:

- Governance and Accountability Framework;
- Public Health Transfer to the Cabinet Office;
- External Quality Regulation;
- Workforce and Culture;
- Primary Care at Scale; and
- Air Bridge

in order for activities to deliver these projects to commence.

As part of the considerations, the Board was presented with a plan and resource update and noted that a workshop to map the dependencies across all Transformation Projects and their linkages to DHSC's business as usual initiatives will take place in January 2020.

Establish an Arm's Length Body for the Delivery of Health and Care Policy

The Board noted the progress made by the Transformation Programme Management Office and the forming project team to develop options for a Target Operating Model framework for the Arm's Length Body. The Board were invited to approve a number of high level policy decisions that will help shape the framework that will establish the Arm's Length Body and determine the relationship with the residual DHSC.

The following high level policy decisions were agreed:

- The DHSC will continue to have the duties and functions under the current legislation some of which will be delegated to Manx Care to be fulfilled in line with a Mandate, but ultimately the DHSC retains responsibility and accountability for ensuring that a suitable national health and care service for the Island is provided;
- The DHSC may also have additional duties as appropriate to the establishment of Manx Care in line with the recommendations of Sir Jonathan Michael's Independent Review, such as a duty to improve the quality of services having regard to principles of evidence based practice and a duty to promote the autonomy of Manx Care;
- Manx Care's function will be to discharge the duties of the DHSC in relation to provision of services in accordance with the agreed Mandate. Manx Care will have

the ability to arrange for the provision of services with other suitable providers, as appropriate;

- Manx Care will be established as a Statutory Board under the Statutory Boards Act 1987 ("SBA") with no political membership and with a majority of non-executive members.
- Some sections of the SBA will not apply to Manx Care to accommodate the following policies:
 - There will be the ability to have different terms and flexibility in appointment for individual members on terms between 3 – 5 years;
 - The power to remove a non-executive member from office will continue to reside with the Council of Ministers ('COMIN') but additional parameters will be introduced to ensure that it can only be used in certain circumstances as a last resort;
 - The quorum necessary for the Board will reference having the correct balance of executive and non-executive members, as well as being a majority of members of the Board;
 - Manx Care will be able to determine that its functions can be discharged by any other person;
 - COMIN's direction making power will be refined so that it only applies in clear, exceptional circumstances (if COMIN or the DHSC considers that Manx Care is failing);
 - the DHSC (rather than the Chief Minister) will have the right to request information from Manx Care;
- The Board will be made up of:
 - A non-executive Chair;
 - As many non-executive directors as required to give a majority non-executive board (one of which will be appointed as vice Chair); and
 - Executive members - Chief Executive, Finance Director, Clinical or Professional executive membership with the ability for Manx Care to add more executive members as long as the board remains mainly non-executive;
- Non-Executive Chair is to be appointed by the DHSC subject to the approval of Tynwald;
- Non-Executive members are to be appointed by the DHSC subject to the approval of Tynwald. This will include informal consultation with the Chair during the process;
- Non-executive members can be dismissed by COMIN;
- The Chief Executive of Manx Care will be appointed by the Public Services Commission ('PSC'). Appointment Panel: Chair of the PSC; Non-Executive Chair of Manx Care; Chief Secretary;
- The Chief Executive Officer (CEO) of the DHSC will continue to be appointed as per existing/future arrangements across Government for Departmental CEOs;
- All staff will retain their current terms and conditions as a result of the establishment of Manx Care. Those staff members that are currently employees of the PSC (including the CEO) will remain employees of the PSC and their stationed employer will become Manx Care. Those staff that are on Manx Pay Terms and Conditions and

employed by the DHSC will be transferred to and employed by Manx Care (where appropriate).

- Manx Care will retain the ability to vary terms and conditions to enable it to recruit hard to fill vacancies or in exceptional circumstances. A process will need to be agreed with the Office of Human Resources (OHR) (as now) to enable this to occur;
- The Mandate will be the instrument agreed between the DHSC and Manx Care whereby the DHSC requires Manx Care to provide the range of services to a specified standard for a certain amount of funding to address the needs of the population.
- In addition to the Mandate, the DHSC should have the ability to direct Manx Care to achieve certain objectives. This is likely to be used in circumstances where Manx Care is failing to achieve the requirements set out in the Mandate or in the case of Manx Care receiving a poor inspection report that requires action to be taken.
- Manx Care should have duties that are consistent with those of health and care delivery organisations in England and Wales (such as a duty as to effectiveness, efficiency etc. a duty to improve the quality of services, as to reducing inequalities);
- Manx Care will publish a commissioning plan annually. This should set out how it intends to deliver the services required under the Mandate. It may not be practical in the first year of operation so will not apply immediately;
- Manx Care will be required to provide an annual report to the Department and Tynwald;
- The DHSC, Manx Care and those that Manx Care arranges to provide services on its behalf will be required to consult with service users in planning services and in relation to changes to the services where there would be an impact on service users or the range of services available to them;
- Services provided by Manx Care (directly or indirectly) should be inspected regularly by independent, external quality regulators, with a report to the Manx Care Board and to the Department;
- The Mandate will require Manx Care to use all Government shared services. This will require agreed robust Service Level Agreements (SLAs). In the event of repeated failure of those SLAs, Manx Care will retain the right to use other suppliers, following discussions with the DHSC.
- There is an ability under current legislation for the DHSC to make charges for the provision of some services. This ability will be transferred to Manx Care via the Mandate but Manx Care may only charge at the agreed rates for services as contained within the Regulations.
- Any property that is to be used by Manx Care will be only as is necessary for them to perform their statutory function (i.e. in order for them to deliver the mandated services). If no longer required by Manx Care, property will be released back to the DHSC.
- Manx Care will be a designated body under Treasury Financial Regulations.
- The DHSC will provide agreed levels of capital and revenue to Manx Care (which, in turn, will be received from the Treasury, and specified in the Mandate).

Other policy and operational decisions that are currently being worked on and will be informed by these policy decisions.

Legislation Approach Update

The Board approved the revised changes in the approach the Improving the Legislative Framework Project.

Part II

Matters noted by the Board

Updated Transformation Board Terms of Reference

The Board noted the amendments that had been made to the quoracy requirements within Transformation Board Terms of Reference.

Programme Update

The Board noted the progress of each project within the Programme with a resource profile for the entirety of the Programme currently being developed.

It was noted that an open invitation for an expressions of interest to join the Clinical/Professional Transformation Panel has launched with the closing date for the submission of applications being 31 January 2020.

Engagement and Communications

The Transformation Programme has begun discussions with a communications partner to drive forward the stakeholder communication and engagement strategy and plan that has been developed.

In the meantime, regular updates on the Programme's progress are continuing to be issued to Tynwald members, DHSC staff and stakeholders.