

Manx Care: Required Outcomes Framework

Service Year 2021-2022

Date: 15 March 2021
Version: 0.07
Status: Final Version

Contents

Contents	1
1. Introduction.....	4
2. Vision Values and Goals.....	5
3. Quality	6
4. Clinical Service and Performance Priorities	8
4.1. Urgent and Emergency Care	8
4.2. Planned Care	9
4.3. Diagnostics	10
4.4. Cancer Care	11
4.5. Mental Health Services	12
4.6. Social Care	13
4.7. Integrated Community Services	15
4.8. Integrated Children’s Community Health Services	16
4.9. Primary Care and Dental Services	16
5. Workforce.....	19
6. Finance	20

Foreword

We are delighted to be sharing our first Required Outcomes Framework which sets out our ambitions for 2021-22 for Manx Care in its first year operating as an independent organisation at arm's length from the Department of Health and Social Care (DHSC).

The document has been widely consulted on with input from senior clinicians and managers. It builds upon the existing work undertaken by the DHSC and the Health and Care Transformation Programme and continues to commit to delivering the Programme for Government standards, as defined by Isle of Man Government.

Manx Care has, during its shadow period, undertaken work to identify the key risks for the organisation in year one and to document a clear baseline from which improvements can be monitored and delivered. We also fully acknowledge the impact there has been on staff and services as they have responded to the global Covid-19 pandemic, recognising that the response will be sustained throughout 2021-22 and the impact felt for a number of years.

However, Manx Care does aim to make substantial progress in year one but recognises that it will take a longer period of time to fully deliver and embed all of the recommendations from Sir Jonathan Michael's Independent Review of 2019. We will continue to build on this plan to create a clear delivery plan for years two to five.

The provision of high quality care for our patients and services is our top priority and, indeed, is our very purpose. In 2021-22, Manx Care will focus on three key areas:

- 1) Improving patient safety
- 2) Creating a positive working culture
- 3) Improving financial health

We know from listening to our people and reviewing existing information that a number of known risks currently exist relating to patient safety. Manx Care will prioritise improving patient safety by developing and embedding plans to reduce harm, improve patient and service user experience, and ensure that we learn from incidents and complaints.

Our people are our most precious resource and, if we achieve our aspirations in relation to them, we will be able to deliver against our goals. Manx Care is committed to creating a positive working culture because we know that investing in the development of our people, and supporting and caring for them, will enable them to deliver a great experience.

We are already aware that Manx Care will go into 2021-22 in a financial deficit and therefore is it essential that clear action is taken to improve its financial health. It will do this by focusing on identifying and delivering both operational and transformational efficiencies, and reducing waste.

Manx Care: Required Outcomes Framework

The intended audiences for this Required Outcomes Framework are our people, our patients and services users, their families and carers, and our partners who all have an important role to play in making Manx Care a great success.



Andrew Foster CBE
Chair Designate, Manx Care



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CEO Designate, Manx Care

1. Introduction

- 1.1.1. Manx Care will be formally established on 1 April 2021. This Required Outcomes Framework forms part of a suite of documents that should be considered alongside the Mandate, the Operating Framework, Operational Independence document and the Working with Elected Members document.
- 1.1.2. The purpose of this document is to set out the Required Outcomes for Manx Care for 2021/22 in its first year operating at arm's length from the Department of Health and Social Care (DHSC). This document outlines a set of indicators and standards to monitor performance, drive transparency and accountability, and improve quality. It will evolve over time, with this document updated on an annual basis. The document also outlines some important key commitments for Manx Care in developing credible plans for improvement over the course of 2021/22.
- 1.1.3. A key priority for Manx Care is to ensure that there is an integrated approach to managing quality, performance, workforce and finance. For this reason an **Integrated Performance Management Framework** will be established alongside a revised governance structure for Manx Care which will ensure there is a focus on achieving the performance standards set out in this Required Outcomes Framework.
- 1.1.4. Sir Jonathan Michael's Independent Review of 2019 identified a lack of accurate data collection and reporting, and an absence of a robust clinical coding function. Full and accurate coding of activity in health and care services is a critical enabler to safe and effective service delivery, achievement of targets, effective resource management, effective clinical governance and effective performance management. Coded clinical data which is validated and audited is a crucial part of a robust assurance framework. As clinical coding is established and developed across Manx Care during 2021/22, more informed indicators will be incorporated into the Integrated Performance Management Framework.
- 1.1.5. A guiding principle for Manx Care, as it strives to deliver greater integration of its services, is to achieve parity of esteem, valuing mental health equally with physical health. A further key overarching principle for Manx Care is to work closely with Voluntary and Community Sector (VCS) partners in the delivery of health and care where possible and clinically appropriate, to enhance the patient pathway and patient experience and achieve stronger cohesion between statutory health and care settings and local communities.
- 1.1.6. Manx Care commits fully to the continued delivery of the Health and Care Transformation Programme, supporting the existing programmes of work to deliver against all of the recommendations of Sir Jonathan Michael's Independent Review.
- 1.1.7. Manx Care will prepare a comprehensive baseline assessment against each of the areas within the Required Outcomes Framework which will also form part of the suite of documents.

2. Vision, Values and Goals

2.1.1. Manx Care's strategic goals are to:

- Provide services that truly put patients and service users first, and meet the needs of the individual
- Provide open, transparent and accountable leadership
- Deliver collaborative ways of working that actively connect people in our health and care system
- Deliver better data to support clinical and managerial decision-making
- Ensure health and care services are clinically and financially sustainable.

2.1.2 During 2021/22, Manx Care will undertake a co-produced programme of work with our people to agree our Vision and Values, and refine our strategic goals.

3. Quality

3.1.1. The provision of high quality care is a top priority for Manx Care. The quality improvement priorities for Manx Care are:

- Preventing harm
- Enhancing patient, service user and carer experience
- Creating a continuous learning culture
- Safeguarding adults, children and young people
- Improving access to services
- Improving the effectiveness of services

Preventing Harm

3.1.2. Manx Care will develop credible plans to reduce sources of harm such as avoidable medication errors, pressure ulcers and falls, and set out how we will strengthen our reporting and learning systems to enable our people to recognise and prevent potential harm in the future.

Enhancing Patient, Service User and Carer Experience

3.1.3. Providing a high quality patient experience requires actively seeking, responding to and learning from patient feedback. Manx Care will set out a range of interventions to enhance patient and carer experience, and to listen to and act upon patient feedback to improve our services.

Creating a Continuous Learning Culture

3.1.4. Manx Care recognises that our people have a wealth of knowledge and expertise in their profession; we want to empower them to lead improvements in their own area of work, providing them with the knowledge, skills and support to do so.

3.1.5. Manx Care will promote a multi-disciplinary approach to improvement. To support this, Manx Care will agree a standardised improvement approach to be adopted across the organisation which will further build capacity and capability to support continuous improvement.

Safeguarding Adults, Children and Young People

3.1.6. New delivery arrangements for Adult and Children's Social Care have been outlined in response to a review of adult safeguarding which concluded that it was not fit for purpose. The new delivery arrangements create a structure for Adult and Children's Social Care which come together as one Care Group, led by an Executive Director of Social Care who will be a voting member of the Manx Care Board. The new structure also increases professional qualified social worker capacity in the system. Implementation of the new delivery arrangement will be completed by the end of Q2 2021/22 which will strengthen the governance arrangement for social care and increase safeguarding capacity.

Improving Access to Services

- 3.1.7 Manx Care is committed to reducing access times and will have a clear policy framework in place to ensure our patients and service users have equitable, transparent and fair access to services.

Improving Effectiveness

- 3.1.8 Manx Care is committed to improving the outcomes for its patients and service users. Full and accurate clinical coding of activity is a critical enabler to the delivery of effective health and care, and so Manx Care will implement clinical coding during 2021/22 following completion of a procurement exercise led by the DHSC and the Health and Care Transformation Programme.
- 3.1.9 Manx Care will develop closer links with regional academic partners to improve the training and education of our people and ensure effective links continue to be developed with providers of tertiary care. Manx Care will participate in relevant national clinical audits, and will implement recommendations from national audits, national confidential enquiries and the Getting It Right First Time Programme (GIRFT), where possible, and relevant Clinical Service and Performance Priorities.

4. Clinical Services and Performance Priorities

4.1 Urgent and Emergency Care

4.1.1 The four-hour standard has been used for over 15 years to support improved flow within Acute Hospitals. However it has been widely acknowledged that since the introduction of this standard, there have been major changes in the way that urgent and emergency care services are delivered and so a more sensitive method of measuring the timeliness of urgent and emergency care is required.

4.1.2 During 2021/22, Manx Care will continue to monitor against the four-hour standard and commits to making improvements against this target from the baseline position.

In addition, Manx Care will establish mechanisms to monitor against a broader set of urgent and emergency care indicators consistent with Getting It Right First Time (GIRFT) as described below which better measure the timeliness and quality of urgent and emergency care.

Measure	Clinical rationale and implications for patient care
Time to initial clinical assessment in Emergency Department and Urgent Treatment Centres	Focus on patient safety prioritisation and referral to the most appropriate service. This will identify life-threatening conditions faster and ensure that the patient is directed to the service and practitioner best able to meet their needs.
Time to Emergency Treatment for critically ill patients	Highest priority patients get high quality care with a complete package of treatment within the first hour of arrival for life-threatening conditions such as stroke, heart attack, major trauma, acute physiological deterioration and asthma.
Total time in the Emergency Department	Measure the overall waiting time experience for all patients. This reduces the risk of harm through long waits for admission or inappropriate admission.
Use of Same Day Emergency Care (SDEC)	Opportunities to avoid overnight stays in hospital where possible to support overall flow of the hospital and improve patient experience.

4.1.3 Manx Care will ensure that no patient waits more than 12 hours for a hospital bed following a Decision to Admit.

4.1.4 Manx Care will work across all services to further develop credible plans for the avoidance of admission to hospital, enabling patients to remain in their own homes and/or their local communities where possible. These will be delivered via the Pathfinder Transformation Programmes.

Manx Care: Required Outcomes Framework

- 4.1.5 Manx Care will report against and monitor inpatient Length of Stay (LOS) and will develop credible plans to optimise a patient's LOS in hospital. This will include further implementation of the SAFER Patient Flow Bundle, increased visibility and monitoring of patients with a LOS of over seven days (stranded) and over 21 days (super-stranded), and the development of services and pathways to manage patients via Same Day Emergency Care (SDEC) pathways where appropriate to reduce non-elective admissions with a zero length of stay. This will be incorporated in the UEC Pathfinder Transformation programme.
- 4.1.6 A significant number of bed days are currently 'lost' due to the delayed discharge of patients from inpatient care settings where they are deemed medically ready to be discharged. Some delays are several weeks; there are also examples of delays of several months, and even years. It is recognised that legislation changes are required to support achieving timely discharge from hospital; however, Manx Care will take, develop and implement plans to reduce Delayed Transfer of Care (DTC) during 2021/22 and ensure that there are clear escalation processes in place (both within Manx Care and up to DHSC). This will be enabled through the development of Integrated Discharge Planning and delivery of plans for Intermediate Care to facilitate the timely and safe discharge of patients who are medically safe for transfer from hospital to home or another community setting.
- 4.1.7 Manx Care will ensure there will be a robust process for the management of Ambulance Handover within the Emergency Department, and will report and monitor Ambulance Handover and Ambulance Turnaround Times.
- 4.1.8 Existing performance standards in place for 999 response times are 75% of life-threatening 999 calls attended within eight minutes by an emergency responder, and 95% of life-threatening calls attended by a crewed ambulance within 19 minutes. However, there is significant variation in achievement against this standard by geographical location. Manx Care will develop credible plans to respond to the variance in performance across geographical locations and commits to improve against the baseline position. Manx Care will also develop credible plans to improve the percentage of patients with a CVA/Stroke symptoms arriving at hospital within 60 minutes from the time of the call.
- 4.1.9 As part of the Urgent and Emergency Care Programme, plans will be developed by Manx Care to improve pre-hospital clinical decision making and care. In year one, this will be focused on clinical input into the Joint Emergency Services Control Room (ESJCR).

4.2 Planned Care

- 4.2.1 Manx Care will have an agreed Access Policy which will set out the rules and principles for managing patients through their planned care pathway, ensuring a patient's access to services is transparent, fair, equitable and managed in accordance with clinical priorities.
- 4.2.2 During 2020, The Royal College of Surgeons issued guidelines to aid the clinical prioritisation of patients who require surgery. Manx Care will adopt this guidance

Manx Care: Required Outcomes Framework

during 2021/22 and will work to implement it across all specialties to provide assurance that patients are being managed consistently in accordance with clinical prioritisation.

- 4.2.3 A standardised approach to clinical and administrative validation of waiting lists will be established as part of the Manx Care Access Policy to improve data quality and provide greater assurance regarding waiting list management.
- 4.2.4 Opportunities to manage referral demand in hospital-based services will be developed during the course of 2021/22, including use of and reporting of GP Advice and Guidance services and initiatives to support patients to have a greater role in the management of their health and treatment, such as Patient Initiated Follow-up (PIFU). Further opportunities for undertaking outpatient appointments remotely using digital solutions rather than a reliance on face-to-face meetings will also be developed during 2021/22.
- 4.2.5 Manx Care will report and monitor its overall Waiting List Volume (WLV), and at speciality and sub-specialty level. It will develop credible plans to reduce its WLV during 2021/22 and commits to ensure that this figure will be lower on 31 March 2022 than on 1 April 2021.
- 4.2.6 Manx Care would request that DHSC, as a priority, reviews work previously undertaken on determining procedures which are of limited clinical value to aid effective use of resources across Manx Care, and consider developing a policy framework to support health optimisation prior to planned surgery.
- 4.2.7 Manx Care is committed to ensuring that no patients wait over 52 weeks for their treatment. However, given the baseline position, this will not be achieved in all specialities during 2021/22. During 2021/22, Manx Care will achieve a reduction in the number of patients waiting over 52 weeks (against the 31/3/21 baseline) and will develop credible, costed plans during 2021/22 to eradicate 52-week waits within the next three years.
- 4.2.8 Manx Care will develop credible plans during 2021/22 to improve theatre utilisation and increase its day case activity rates.
- 4.2.9 Manx Care will supplement its Access Policy with a clear Standard Operating Procedure on the oversight and management of the process for undertaking a root cause analysis (RCA) and Clinical Harm Review (CHR) for patients who have breached their planned performance standards.

4.3 Diagnostics

- 4.3.1 Timely access to diagnostic tests is a key supporting measure to the delivery of timely planned care and achievement of planned care standards. Early diagnosis is also important for patients and central to improving outcomes (e.g. improved survival rates for patients who have a diagnosis of cancer).
- 4.3.2 Patients requiring diagnostics tests who are on an urgent or cancer pathway should wait a maximum of two weeks for this. Manx Care aspires to deliver a maximum six-week wait for routine diagnostic tests; however, the baseline

position identifies that waiting for routine diagnostics is significantly longer than six weeks. Therefore, Manx Care commits to reduce the overall waiting list to a maximum of 26 weeks within year one for the key modalities and develop credible, costed plans for reduction to a maximum of six weeks within three years.

- 4.3.3 In response to the Coronavirus pandemic, work was undertaken within diagnostic services to reduce, where possible and clinically appropriate, the number of patients required to travel to England for diagnostic tests. Robust processes are now in place to review all referrals prior to them being sent for 'off Island' diagnostics. Manx Care will continue to review opportunities for diagnostic tests to be undertaken on-Island, which will both improve patient experience and reduce tertiary spend.

4.4 Integrated Cancer Care

- 4.4.1 The Integrated Cancer Services strategy was published in December 2020.

During 2021/2022, Manx Care will establish firm links with the Cheshire and Merseyside Cancer Alliance and ensure that contracts are place for all organisations who provide cancer services to the population of the Isle of Man. These partnerships are critical to cancer care being more effectively planned and achieving improved outcomes for patients.

- 4.4.2 Manx Care will work with Public Health England and Public Health Isle of Man to ensure annual reporting of cancer incidence and mortality rates.

- 4.4.3 Manx Care will monitor and report against eight key waiting time standards. These standards are not currently being consistently achieved. Manx Care will put credible plans in place to improve on the baseline position and will commit to achieving this.

Standard	Required Standard
Maximum two-week wait from referral to first outpatient appointment	93%
Maximum two-week wait from referral of any patient with breast symptoms (where cancer is not suspected) to first hospital assessment.	93%
Maximum 28 days from referral for suspected cancer (via 2WW or Cancer Screening Programme) to date of diagnosis	75%
Maximum 31 days from decision to treat to first definitive treatment	96%
Maximum 31 days from decision to treat or other appropriate date to start of second or subsequent treatment	Surgery 94% Drug Treatment 98% Radiotherapy 94%

Manx Care: Required Outcomes Framework

Standard	Required Standard
Maximum 62 days from referral for suspected cancer to first treatment	85%
Maximum 62 days from urgent referral from a Cancer Screening Programme to first treatment	90%

4.4.4 Manx Care will establish robust processes to support those with Acute Oncology needs, ensuring that the patient has timely access to services to address their issues. The service will review options and develop plans to reduce first presentation of cancer in an acute setting.

4.4.5 Manx Care is committed to improving screening services for the Island's population. During 2020/21, specifications for the Breast Screening services, Cervical Screening services and Bowel Screening services have been developed and a gap analysis has been undertaken against the revised specification. Significant gaps have been identified against the specifications, and therefore Manx Care will develop a costed improvement plan for consideration by DHSC and Public Health.

4.5 Integrated Mental Health Services

4.5.1 Manx Care is committed to achieving parity of esteem, valuing mental health services equally to physical health and, as such, will seek to, where possible and clinically appropriate, apply the same waiting time standards to mental health as physical health. Manx Care will focus on promoting recovery from Mental Disorder and/or Substance Abuse disorder, improving the lives and wellness of service users and enabling them to live a self-directed life and reach their full potential.

4.5.2 No definite waiting times have previously been prescribed for Mental Health services and therefore there is a lack of systematic reporting in this area, and little baseline data. During 2021/22, the standards and KPIs across all of aspects of Mental Health provision will be reviewed to build upon the standards outlined below and ensure there are clear metrics and outcomes for all pathways within the service.

4.5.3 75% of patients requiring Mental Health liaison services within the Emergency Department will be seen within one hour, and 75% of patients admitted to physical health wards requiring a Mental Health assessment will be seen within 24 hours.

4.5.4 75% of patients with a first episode of psychosis should be treated with a NICE recommended care package within two weeks of referral.

4.5.5 100% of patients with Severe Mental Illness (SMI) should receive full physical health checks in Primary Care every 12 months.

Manx Care: Required Outcomes Framework

4.5.6 100% of people under adult mental illness specialties on a Care Programme Approach (CPA) will be followed-up within seven days of being discharged from psychiatric inpatient care.

4.5.7 Manx Care will report against and monitor inpatient Length of Stay (LOS) within a Mental Health setting and will develop credible plans to optimise a patient's length of stay (LOS) in hospital. Manx Care will establish processes to monitor and report against Delayed Transfer of Care (DTC) from inpatient mental health settings and ensure effective integrated discharge planning processes are in place.

4.6 Social Care Services

4.6.1 New delivery arrangements for Adult and Children's social care have been outlined in response to a review of adult safeguarding which concluded that it was not fit for purpose. The new delivery arrangements create a structure for Adult and Children's Social Care which come together as one Care Group, led by an Executive Director of Social Care who will be a voting member of the Manx Care Board.

4.6.2 The new structure also increases professional qualified Social Worker capacity in the system. Implementation of the new delivery arrangement will be completed by the end of Q2 2021/22, which will strengthen the governance arrangement for social care and increase safeguarding capacity.

Children's Social Care Services

4.6.3 There is already a comprehensive suite of standards that is currently in place across Children's Social Care. During 2021/22, Manx Care will develop plans to improve performance against the baseline position, review whether additional indicators should be measured and ensure that there is improved data quality across the suite of indicators.

Adult Social Care Services

4.6.4 Adult Social Care is currently separated into the two distinct functions of Social Work and directly provided Operational Services. Under Manx Care, these two functions will become more aligned under an executive led structure of four Care Groups:

Older People's Services (Residential Care, Day Services, Community Support, Reablement)

- Learning Disability Services (Residential Care, Day Services, Supported Living, Supported Employment and Respite Care)
- Initial Response Services (ASAT, Safeguarding)
- Social Work Fair Access to Care (Hospital, Learning Difficulties)

4.6.5 The Department of Health and Social Care has a statutory duty to provide social care services to some of the most vulnerable adults in the community. Under the Fair Access to Care Services Framework, Adult Social Care will prioritise and meet

Manx Care: Required Outcomes Framework

peoples' assessed needs according to the risks to their independence. The Social Services Act places a duty on the Department to be clear in the way that it assesses those eligible for support, and enables charges to be made for the provision of social care services to meet assessed needs.

4.6.6 Manx Care is committed to ensuring fair, equitable, non-discriminatory and inclusive access to all Adult Social Care services at the right time, the right place and appropriate to assessed need.

- Adult Social Care will promote a person-centred culture which supports positive risk taking
- Adult Social Care will ensure that colleagues working across directly-provided services are qualified and have the skills and abilities to deliver services in a safe and person-centred manner
- Adult Social Care will ensure access to service provision is fair, equitable and based on assessed needs
- Adult Social Care will ensure compliance across directly-provided services with the minimum standards as set out in the Regulation of Care Act 2013, responding to any recommendations or requirements set out in the post-inspection report
- Adult Social Care will ensure premises are appropriate and fit for purpose to ensure effective service delivery and an environment that is regarded as safe and welcoming
- Adult Social Care will work collaboratively with specialist services to establish clear pathways in, through and moving on from services
- Adult Social Care will work collaboratively with colleagues, other care and support services and Third Sector organisations to safeguard vulnerable adults by promoting the stated policy that 'Safeguarding is Everybody's Business'.

4.6.7 Older People's Services will:

Provide care and support, adopting a resident/service user-led approach to maintain independence, fulfilment and quality of life, and:

- Promote an inclusive Island community that alleviates loneliness and isolation
- Build sustainable and robust working relationships with Wellbeing Centres, Older Persons Mental Health Services (OPMHS) and other allied professionals
- Work collaboratively to develop an intermediate care response
- Be able to respond to demand for the older people living with dementia who do not need nursing care, but who are unable to live independently
- Focus on provision of complex care packages at home.

4.6.8 Learning Disability Services will:

- Promote an inclusive Island community that encourages and supports adults with a learning disability to live the life they want
- Encourage a universal understanding of equality that ensures adults with a learning disability have the same rights and responsibilities as every other Island resident

Manx Care: Required Outcomes Framework



- Work in partnership with adults with a learning disability and their circle of support to provide services that appropriately meet needs, promote independence and align with the ethos of 'Just Enough Support'
- Build sustainable and robust working relationships with colleagues in health services in order to promote integration and reduce inequalities in access to health information, treatment and care.

4.7 Integrated Community Services (ICS)

- 4.7.1 During 2021/22, Manx Care will develop its plans to maintain patients and service users in their own homes and their own communities and avoid admission to hospital, where possible, through the development of a comprehensive tiered model of community care.
- 4.7.2 Our Wellbeing Partnerships, which will be established across all localities of the Isle of Man by the end of calendar year 2022, will receive and co-ordinate all referrals into community-based statutory services and some Third Sector providers who are members of the partnership. A Multi-Disciplinary Team (MDT) approach to the management of all referrals, where more than one community service is requested to support a single service user, will ensure an integrated approach of shared care and decision-making facilitated through a shared care record and care planning document. The Wellbeing Partnerships are open from 9am to 5pm, Monday to Friday, and will aim to process all referrals for a single community service within four hours. Where there is more than one service requested, the referral will be discussed via the locality MDT within the following timescales:
- A minimum of 80% of urgent referrals should be discussed by the locality MDT within 24 hours – this includes co-ordination of services that would facilitate a discharge from hospital or prevent an admission to hospital
 - A minimum of 80% of routine referrals should be discussed by the locality MDT within seven days
- 4.7.3 Services will be developed to reduce delayed transfer of care from an inpatient setting by having timely and responsive community assessment and provision, such as facilitated discharge through an intermediate care service to the patient's own home, or a step-down inpatient facility outside the acute bed base. Therefore, standards linked to admission avoidance and reducing delayed transfer of care will be developed in support of this during 2021/22 to supplement the existing standards.
- 4.7.4 Although not yet established, we aspire to offer the same referral standards into Intermediate Care services as is offered in the UK, namely:
- A minimum of 80% of referrals for crisis response intervention should be assessed within four hours
 - A minimum of 80% of referrals to bed based intermediate care should commence within 48h
 - A minimum of 80% of referrals to community-based intermediate care should commence within 48 hours
- 4.7.5 The Community Nursing Services (CNS) will respond to all urgent requests within four hours, non-urgent requests within 24 hours and routine referrals within seven days.

4.8 Integrated Community Children's Services (0-19 Service)

4.8.1 Manx Care will monitor and report against all of the indicators within the Healthy Child Programme (0-19 services). During 2021/22, Manx Care will create plans to improve performance against the baseline position, and ensure that there is improved data quality across the suite of indicators.

4.9 Primary Care and Dental Services

4.9.1 Manx Care will develop, negotiate and implement GP Contract 'directed enhanced services' in line with the requirements of the clinical pathway design as part of the Health and Care Transformation programme.

4.9.2 Manx Care will continue to develop resilience in General Medical Practice by:

- a) working with the Transformation Team's Primary Care At Scale project team to develop services to be provided by the Primary Care Network for the GPs and to promote collaborative working within the other Primary Care professions
- b) ensuring at least two GP Trainees are recruited each year to the Isle of Man GP Training Scheme, improving the advertising initiatives in Primary Care in liaison with the British Medical Journal (BMJ) and securing additional salaried GPs to support the General Practice system

4.9.3 To deliver patient-facing emergency GP services 14 hours a day during weekdays (and 24 hours per day at weekends and Bank Holidays) until the merging of the service as part of the Urgent Care Transformation project

4.9.3 Implement years one to two of the Dental Strategy, in particular the introduction of an updated Dental contract, including specific Key Performance Indicators in relation to patient access to services, and ensuring that 80% of all children aged 0-16 seen in General Dental Practice have fluoride varnish applied twice yearly as part of their overall treatment

4.9.4 Reduce and then maintain the wait for patients to receive a first appointment for Consultant-level Orthodontic services to no more than six weeks

4.9.5 To work with the Primary Care Orthodontic provider to ensure all referrals suitable for the service are transferred for initial Index of Orthodontic Treatment Need (IOTN) assessment and priority established within eight weeks of referrals having been received

4.9.6 To reduce the waiting list for Paediatric Special Care Dentistry general anaesthetic treatment to eight weeks, and for referral to treatment for Adult special care and phobic patients to no more than eight weeks

4.9.7 Introduce a 'MECS' (minor eye conditions scheme), providing a minimum of 520 MECS appointments in Primary Care in its first year of implementation. In addition, Manx Care will continue to develop services in line with both the Eye Care Strategy and the Eye Care Transformation clinical pathway design.

Manx Care: Required Outcomes Framework



- 4.9.8 In the NHS back-office, we will manage the migration from the 'NHAIS' GP registration system to the NHS Spine. We will process all GP medical registrations and amendments within a period of no more than two working days and cleanse the GP registered population to within no more than a 4% 'inflation' figure using the Isle of Man census data.

5 Workforce

- 5.1.1 Our people are our most precious resource and if we achieve our aspirations in relation to them, we will be able to deliver against our goals. Manx Care is committed to creating a positive working culture, because we know that investing in the development of our people, and supporting and caring for them, will enable them to deliver an exceptional service
- 5.1.2 Manx Care will require a workforce with the right knowledge and skills to adapt to the new roles and ways of working as we progress with our plans to deliver high-quality integrated care. Consequently, Manx Care will play an active role in the Workforce and Culture Project of the Transformation Programme and achieve the outcomes of:
- Improved colleague engagement, motivation and satisfaction, and reduced absence
 - Improved quality of service provision
 - Greater integration of services with 'joined up', seamless care for patients and service users
 - Improved access to services.

6 Finance

- 6.1.1 Sir Jonathan Michael's Independent Review identified that the Isle of Man pays more for health and care services than other areas for an equivalent level of service. Therefore, there is a need to fully understand why this is the case and take steps to achieve better value for money for the current levels of investment in health and care.
- 6.1.2 Analysis undertaken so far by the Funding Project of the Health and Care Transformation Programme has identified that the Isle of Man spends 28% more per person on health and care than the UK. Of the 28%, 60% of this is considered to be unavoidable linked to the extra overhead of delivering services to an Island population and generally higher rates of pay than the UK for comparable posts.
- 6.1.3 40% of additional expenditure is considered avoidable, and therefore a 1% efficiency target has been applied to year one of Manx Care as part of an eight-year efficiency profile. This equates to £2.7m.
- 6.1.4 During its shadow period, work has begun with Mersey Internal Audit to identify a Cost Improve Programme for Manx Care to achieve the 1% efficiency saving by identifying Transactional efficiencies (reduce cost), Operational efficiencies (reduce waste) and Transformation efficiencies (service change).
- 6.1.5 Manx Care will develop a framework which will describe how it will identify, impact assess, monitor and evaluate cost improvement and efficiencies.