



Isle of Man
Government
Reillys Ellan Vannin

Annual Report 22/23

Health and Care Transformation Programme

May 2023

For more information, please contact
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Introduction by Hon Lawrie Hooper MHK, Minister for Health and Social Care

"There is a commitment to prioritising in the most effective way, in order to ensure positive improvements can be seen and felt by the people of the Isle of Man."



To The Hon Laurence David Skelly MLC, President of Tynwald, and the Hon Council and Keys in Tynwald assembled.

I am pleased to provide to Tynwald and the people of the Isle of Man the fourth annual report of the Health and Care Transformation Programme. This report covers the last 12 months of the Programme's work and the progress that has been made towards the 26 recommendations set out in Sir Jonathan Michael's 2019 report, an Independent Review of the Isle of Man Health and Social Care System ('the Final Report'). During this time, I have continued in my role as Chair of the Health and Care Transformation Political Board, who have oversight over the Programme's activity.

The financial challenges within the wider Health and Care system have caused some delays in implementing changes that would benefit patients and service users, particularly in relation to aspects within Primary Care at Scale and Care Pathways. It is important to be realistic and recognise that further initiatives in the upcoming financial year are likely to be affected, and that careful prioritisation of spend across the system will be required. However, there is a commitment to prioritising in the most effective way, in order to ensure positive improvements can be seen and felt by the people of the Isle of Man.

I am pleased to see progress with the external inspections of services delivered or commissioned by Manx Care and the continued work of the Helicopter Emergency Medical Service (HEMS) that has had a direct impact on critically ill patients' lives. Further progress has also been made behind the scenes with improvements in quality and access to data, and also information governance compliance, building towards a sustainable model of holding and, where appropriate, sharing data.

There are now a number of areas of work across the Programme that are

drawing to a conclusion, with projects transferring out to their respective Departments or where appropriate, closing.

I want to take this opportunity to thank all of those who have worked so hard across health and care and wider Government towards the progress made against the 26 recommendations set out in the Final Report.

Very best wishes

A handwritten signature in blue ink, appearing to be 'Lawrie Hooper'. The signature is written in a cursive style and is positioned above a thin horizontal line.

Hon Lawrie Hooper MHK Chair, Health and Care Transformation Political Board

Foreword by Caldric Randall, Interim Chief Executive (Isle of Man Government)

"Some of the ambitions set out in the Final Report are now coming to fruition and can be felt by those living on the Island, which is testament to the dedication of staff."



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

The Health and Care Transformation Programme has continued in its aim to deliver the 26 recommendations set out within the Final Report, with a view to support the Island to have a clinically and financially sustainable health and care system that puts the patient and service user at the centre of all decision making.

As the Programme has moved into its fourth year, cross government working has been even more critical to the delivery of the Programme. Without all parties involved in the delivery of health and care working together towards the same overarching aim, there cannot be meaningful, sustainable progress. Despite the ongoing financial challenges in the health and care sector, it has been encouraging to see how the different parties have come together across the various projects, and have worked to ensure that any transformation will make real change to those that use the services.

This collaborative approach has moved further forward this year as the projects have matured and two have been able to be transfer out of the Health and Care Transformation Programme and into their respective Departments. This signals that we're making progress in embedding the initiatives being delivered and making the change transformational rather than simply transactional.

Some of the ambitions set out in the Final Report are now coming to fruition and can be felt by those living on the Island, which is testament to the dedication of staff. In particular, I think of the HEMS and Minor Eye Conditions Service (MECS) that directly impact patients and service users. However, the improvements in the background to the essential, but perhaps unglamorous, building blocks are also encouraging. Getting the infrastructure right with

good governance, good data and getting the culture right for the colleagues across the system, are essential in helping to ensure the system can deliver for patients and service users.

Whilst some areas are drawing to a conclusion and we continue to deliver the remaining recommendations, there are a few areas that will increase in activity. For example, the work being undertaken in relation to the future funding and service model for nursing, residential and home care, along with the work towards a modernised legislative framework for the Department of Health and Social Care (DHSC).

The achievements to date have not been accomplished without challenge, and unfortunately this will continue as we move forward, not least when we consider the financial challenges. A key recommendation within the Final Report is to support the system to be financially sustainable. With that in mind, the Health and Care Transformation Programme will continue in its work to support the system to help drive improvements that support that overall ambition. Furthermore, delivery of the remaining recommendations remains a key part of the Island Plan and also supports the Economic Strategy.

I want to pay recognition to everyone who has contributed to the continued delivery of the package of recommendations. I hope to see the collaborative approach continue as we move forward in making the necessary changes to implement the remaining recommendations.

Best wishes

A handwritten signature in black ink, appearing to read 'Caldric Randall'.

Caldric Randall Interim Chief Executive (Isle of Man Government)

Comment by Sir Jonathan Michael

"It is also vitally important to fulfil the full package of recommendations to achieve the benefits as set out in the Final Report."



I am pleased to have been asked to provide comment on the fourth annual report of the Isle of Man's Health and Care Transformation Programme.

I have been encouraged by some of the progress made this year and equally have a degree of caution where projects have been paused by wider financial concerns within the health and care system.

Nonetheless, seeing the results of the years of hard work and dedication by those working on, and with, the Health and Care Transformation Programme has been rewarding. The Island now has baseline quality reports from the Care Quality Commission for the majority of services which I understand are already influencing positive change within Manx Care. This will directly improve the services being delivered to patients and service users. Furthermore, hearing the stories of how the Great North Air Ambulance Service (GNAAS) has saved lives of individuals in need of critical care demonstrates how important this work truly is.

Having regularly attended the Health and Care Transformation Programme Boards has enabled me to understand the progress of the Programme, the challenges and the wider context and constraints the system is operating within. I set out in the early stages of the Programme that the challenges within the system were far greater than had been initially anticipated, and these challenges remain.

Manx Care and the Transformation projects are making some steps forward in unravelling a number of the wider challenges, such as having an agreed suite of validated data available to inform decision-making, however, this will continue to take focused effort and further time to fully resolve and then hopefully to become an area of continuous improvement.

As I have said previously, at this stage of a multi-year, complex programme

of change, it is important to hold your nerve – I have seen in the past many programmes of this nature fail through lack of resilience when the pressure increases. However, there is a continued need for changes that have already been implemented to be properly integrated, such as the move of Public Health into the Cabinet Office so that it can influence and inform Policy and Legislation across all Departments. It is also vitally important to fulfil the full package of recommendations, in their entirety, to achieve the benefits as set out in the Final Report. The recommendations were not intended to be a pick and mix list, but together they work to strategically improve the system as a whole to deliver a service that will support the Island in its aims and ambitions to be secure, vibrant and sustainable.

I cannot emphasise enough the importance of following through with all the recommendations. No matter how difficult, avoiding diversion into tactical, short-term fixes which will not alone achieve the Island's vision for its health and care system.

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

Progress

The Programme has been able to make some further progress in delivery of the recommendations of the Final Report to deliver a financially and clinically sustainable health and care system. The Programme continues to put the patients and service users at the centre of all of our activities.

Key achievements across the Programme this year include the independent inspections of health and care services, as recommended in the Final Report and required by the new legislation introduced prior to Manx Care's establishment, continued enhancements to the information governance and data available across services, the extension of the trial of the helicopter services through the GNAAS, and the MECS.

This has only been possible through greater collaboration with our colleagues across Manx Care, the DHSC, the Department of Home Affairs, Public Health, the Treasury and others.

As the work across the projects has progressed and matured, we have been able to transfer two of the projects to their respective Departments. The Needs Assessment project now sits within Public Health and the Data & Business Intelligence project has been transferred to Manx Care.

An additional number of projects have reached the point that means they can be considered for transfer to a permanent home Department or Manx Care, or closed, over the forthcoming few months.

- The HEMS has been successfully trialled and there is firm commitment for this service to continue alongside the existing service offering. It is anticipated that by the end of March 2024, there will be sufficient data available that will enable the health service to confirm the clinical benefit to patients, such that HEMs can be considered a business as usual service. As such, the process for transferring the project over to Manx Care will gradually progress.
- Manx Care, DHSC and Public Health have continued to develop their information governance protocols as part of developing

a sustainable and compliant information governance framework. With the support of the Information Governance project, they have reached a point where they can take over the delivery of the project's objectives. This has been challenging, but is intended to complete by September 2023.

- Transformation's involvement in the External Quality Regulations project is expected to complete by September 2023, subsequent to all baseline inspections being completed and future inspections becoming business as usual.
- The work of the New Funding project is expected to be completed in August 2023, with the completion of the Activity Based Costings work.
- The "Reform Bill", which is the name for the improved legislative framework for the DHSC, has had a new plan agreed moving this further forward. This year, the project will be seeking input from all stakeholders, including the public, on Policy areas that sit within Reform. The timing of this project's transfer is under consideration.

Challenges

In the middle of 2022, the Programme considered what could be slowed down in order to release funding back into the wider health and care system. This resulted in two projects¹ being placed temporarily on pause with funding not used for its original purpose, but which could instead be utilised by DHSC/Manx Care to help achieve financial balance in year.

Activity did continue behind the scenes on the projects, but during the pause, the Programme stopped development of new activity and slowed down the implementation for the majority of planned service changes. In doing so, the Programme was able to release c.£1.5m back into the Health Care Transformation fund.

The Programme has also continued to have difficulty recruiting and retaining appropriately skilled resource. Although this is not a problem unique to the Programme, it has continued to be a challenge.

¹1. Care Pathways and Service Delivery 2. Primary Care at Scale

Year at a Glance 22/23



73 services have been inspected with **70** inspection reports completed and publicly available by DHSC, leading to Manx Care producing an action plan to address issues raised



Helicopter Emergency Medical Service (HEMS) – **22** missions since the service began with a **38** minute average journey time



Minor Eye Conditions Service (MECS) – out of **1,060** people seen by MECS, only **2** have been advised to make contact with the hospital after their initial contact



8 sets of regulations approved by Tynwald (the Complaints Regulations)



Joint Strategic Needs Assessment Programme (JSNA) - **2** topics chosen (Starting Well/Developing Well and Ageing Well) & agreed with the Chief Executive Officers across the Isle of Man Government who sit on the JSNA Board



Two projects (Undertake Needs Assessment and Data/Business Intelligence*) transferred out of the Programme and into their appropriate home Departments within Government *following production of the first core data set, with a second version due in September 2023



1 business case (Eye Care Strategy) has been approved for implementation



International research and modelling of **6** funding options for nursing and residential care for consideration, and subsequent consultation



7 revised pathways of care are ready for approval for funding and implementation (when the system is able to commit to the recurring costs). These pathways relate to the following areas: Urgent and Emergency Integrated Care, Children and Young People with Continuing Care Needs, Diabetic Eye Screening, Skin Cancer, Upper Gastrointestinal Cancer, Lower Gastrointestinal Cancer and Gynaecology Cancer



2 reviews of national screening programmes for introduction to the Island undertaken (Diabetic Eye Screening and Aortic Abdominal Aneurysm Screening), leading to a Diabetic Eye Screen Programme being taken forward



23 Health and Care colleagues have taken on the Transformational Change Leadership Course (TCLC), receiving **8** modules of training, with the view of embedding change champions within the local health and care system



Agreed approach to procure the Manx Care Record with the Health and Care Transformation Boards



Strides made with Information Governance, expected to enable Manx Care, DHSC and Public Health to be sustainably **compliant by September 2023**



Data/Business Intelligence – **11** datasets completed, with **7** validated across different service areas, to create the Core Data Set V2.0, enabling the ability to make better informed-decisions within Manx Care



Completion of **New Funding Formula**, a comprehensive model to enable Manx Care to estimate its funding requirements year on year



Workforce and Culture - Creation of **an Equality, Diversity and Inclusion (EDI) forum** for Manx Care

The Transformation Programme Management Office

Central to the operation, the Transformation Programme Management Office (TPMO) manages the 'back-office' functions, such as finances, recruitment, reporting, communications, governance and any other requirements which enable the Programme to run effectively.

The TPMO co-ordinate the project plans and ensures that the public is kept up to date with developments and planned activity. The Programme website² is the main source of information, and includes the project plan on a page³ that details all project milestones.

This year, the TPMO has also become more actively involved in supporting recruitment across the projects where resource has been required to support activity across Manx Care and Public Health.

As part of the governance of the Programme, the TPMO supports the Clinical and Professional Panel ('the Panel'). The Panel's purpose is to promote the Programme and ensure the Programme is delivering high quality services that are appropriate for the Isle of Man. The Panel has been chaired by the Clinical and Professional Advisor to the Programme, Professor James Kingsland. Professor Kingsland has recently handed over his responsibilities to Dr Ishaku Pam, and the Panel will continue to be represented at the Transformation Board.

Professor Kingsland also created and led the Transformational Change Leadership Course (TCLC) with the support of the TPMO. The TCLC is a bespoke leadership course created specifically for clinicians and professionals working on the Isle of Man. The course aims to support clinicians and professionals, of all disciplines in health and care services, to develop an understanding of their role in contributing to the management and leadership in the continuing transformation of health and care services on the Island.

²<https://www.gov.im/about-the-government/departments/cabinet-office/health-care-transformation/>



The Projects

Improve Legislative Framework

The Improve Legislative Framework project was set up to address Recommendation 8 from the Final Report. It was split into three phases:

1. To create the legislation to establish Manx Care - this was completed in 2021 with the Manx Care Act 2021
2. To modernise the main legislative framework for the DHSC (this is known as the 'Reform Bill')
3. Make the legislative changes recommended in the Final Report (which can be found in Annex 11 of the Final Report⁴)

Following the completion of the Manx Care Act 2021, the project was asked to update the Complaints Regulations before moving on to the second phase of work. The updated Complaints Regulations were approved by Tynwald in June and July 2022.

Now these Regulations are in force, the project is working on the second phase, with a view to modernise, simplify, and integrate the main legislative framework for the DHSC. The project is reviewing the National Health Service Act 2001, the Social Services Act 2011, and National Health and Care Service Act 2016.

The intention is to review these three Acts to understand if there any unintentional gaps compared to the UK, if there are any problems with the current system on the Isle of Man, and to identify where health and care are currently different (e.g. duty to publish information about the services is in social care not health care), in order to put them on a par with each other.

During 2022/23, the project has agreed, with the DHSC, the approach to developing the Policy that will sit behind the legislation, and are nearing completion of the first stage of Policy development.

There are over 20 different Policy areas that need to be reviewed to inform the new legislative framework, and these have been split into five areas of development as shown below. Throughout 2023/24, the DHSC will begin to

share their initial views on the developed Policy areas, and seek feedback from stakeholders, including public consultation.

The development areas are:

- Overarching Policy Areas - the fundamental principles that underpin Reform: Statutory Duties, Independent Advocacy, Patient Choice, National Health and Social Care System (NHSCS) Charter, Public Involvement.
- Social Care Policy Areas - the definition of the service at a high level and the 'what will the service look like' at a high level: Provision of Social Care, Assessments, and Transitions.
- Health Care Policy Areas - the definition of the service at a high level and the 'what will the service look like' at a high level: General Medical Services, General Ophthalmic Services, General Dental Services, General Pharmaceutical Services, Ancillary Primary Health Services.
- Cross-cutting Policy Areas - the Policy areas that will help the integration of Health and Social Care: Charging, Property and Finance, Protection of NHS from Fraud, Appeals.
- Remaining Policy Areas - this will be the last stage to include areas that will need to be defined once the other four areas are complete. This will include a review of the Complaints Regulations and Research & Development.

⁴Link to Annex 11: <https://www.gov.im/media/1365879/independent-health-and-social-care-review-final-report.pdf#page=134>

Care Pathways and Service Delivery Transformation

The aim of the Care Pathways project is to review all current care pathways and design, where appropriate, new care pathways to ensure they are best value, based on best practice and deliver quality outcomes and experiences for patients.

A care pathway is the name for the journey someone needing health or care services would go through, from their first contact with a health and care professional, all the way through to their final treatment as they move between different teams within Manx Care.

For each care pathway, the project team works with patients, colleagues across Manx Care and others to examine the current service, consider what changes should be made to improve it (by comparison to international best practice), and any costs and practical implications of the potential improvements. Once agreed, the revised care pathway and associated business case are considered for approval, the change is implemented by Manx Care and then monitored for successful delivery, within the agreed budget.

For 2022/23, the project was asked by Manx Care to review a prioritised list of 18 care pathways. However, in September 2022, the Council of Ministers supported a proposal to temporarily pause the work of this project in order enable funding to be made available to provide resources to DHSC/Manx Care, to deliver financial balance in 2022/23.

However, before the pause, a new Eye Care pathway was produced and approved, which builds on the Eye Care Strategy (2020-23). Manx Care will now start making the changes to the process to improve access and convenience to patients in a way that is cost effective and sustainable. Three changes that will be visible:

1. Community Optometrists and the Hospital Eye Service will work together to offer the right care in the right place by the right person. Community Optometrists will be able to offer a wider range of services to help with diagnostic tests, advice, guidance and unscheduled appointments, with the aim to reduce the number of people needing to go to the hospital for diagnostics.

2. Design a new way of working for the Hospital Eye Service. More care will be offered here on the Island for low complexity Age Related Macular Degeneration patients and some paediatrics. The Hospital Eye Service team will benefit from a bigger team, including nurses, ophthalmic technical support and Allied Health Professionals.
3. Supporting patients to live independently, self-care and access the right service for them. People will be able to register as 'visually impaired' so that they can more easily be made aware of, and receive, the right benefits and support. Introduction of an Eye Care Liaison Officer (ECLO) to provide emotional support, introduce Patient Aids, coordinate Royal National Institute of Blind People (RNIB) training, facilitate wrap-around care with Wellbeing Partnerships and deliver personalised care tailored to individuals.

This is to be recurrently funded through agreed efficiencies and is being monitored by DHSC.

Seven new Care Pathways have been designed ready for funding approval:

- ✓ Urgent and Emergency Care (some parts taken forward)
- ✓ Children and Young People with Continuing Care Needs
- ✓ Diabetic Eye Screening
- ✓ Skin Cancer
- ✓ Upper Gastro-Intestinal Cancer
- ✓ Lower Gastro-Intestinal Cancer (includes bowel screening)
- ✓ Gynaecology Cancer (includes cervical screening)

The below Care Pathways are in progress of review:

- Cardiology
- Urology Cancer
- Paediatric Cancer
- Head & Neck Cancer
- Haematology Cancer
- Lung Cancer
- Breast Cancer
- Cross Cutting Cancer
- Brain Cancer (not yet started)

As previously noted, the project was placed on pause in September 2022, which meant that no new work would be undertaken on the care pathways under development and that most of the implementation would also stop until April 2023.

During the pause, the project team worked with colleagues in Manx Care to progress some parts of the Urgent and Emergency Care work.

Nursing, Residential and Home Care

This work examines how nursing and residential care services are provided and funded, and also considers providing more care at home, which can help manage the demand on care homes.

During this year, the workstream has been set up as a separate project, due to its size and complexity. The project team has been working with key stakeholders to make sure that the objectives and the approach being taken are understood.

The overall objective of the project is to find a fair and sustainable way to fund social care while ensuring that care is easily available to those who need it.

The project is continuing to explore different funding options to consider how to split the large cost of nursing, residential and home care between the user/families and the tax payer.

Some principles for the changes have been agreed based on the work done so far. One of the principles is that any new way of funding adult social care should protect the assets of the person receiving care more than the current system does. This will require the Government (and therefore society as a whole) to pay more for providing social care for the Island's population.

Over the year, the project has done more detailed financial modelling that includes estimates of the cost and funding needed for nursing and residential care services over the next 20 years. Possible ways to pay for any increased costs have also been looked at for illustrative purposes, to help inform the decision about which funding option to choose.

At the end of April, a workshop was held with Tynwald members to review the work done to date, build understanding of the different funding options and to narrow down the options for further work to be completed. The workshop identified two preferred options - free personal care and mixed model (similar to Jersey's), and the project can now begin to work up these two models in more detail.

Going into 2023/24, the project plans to undertake more in-depth analysis of the funding models preferred by Tynwald, including how they would apply to

home care and whether the same funding model should apply to all service user groups that have a need for social care support. This will allow for public engagement and a final decision to be taken on the funding options.

Alongside this, the project is looking at ways to remove any financial incentives in the current system that might discourage people from choosing to stay in their own home to receive care, where this is the most appropriate and preferred choice for that person. The aim is to ensure that people have the same access to funding for social care, regardless of the setting in which the care is provided, while working on the longer term funding solution.

The project will bring together people from across Government, the private sector and the third sector, as well as service users and their carers, to work together to suggest changes to how care is provided that will support any agreed financial changes.

Governance and Accountability

The Governance and Accountability project has been involved in the delivery of recommendations 2 and 5 from the Final Report.

The project's aim is to establish a corporate governance framework and a clinical and care governance framework covering all health and care services (including quality and risk management), as well as the relationship to areas such as external regulation.

Significant progress has been made by Manx Care on establishing and embedding its clinical and care governance framework, with some support from the Programme for specific roles.

The governance framework is operating with non-executive led committees, reporting to the Manx Care Board across numerous key functions.

The project is supporting Manx Care with specific aspects of their quality improvement plan, which will review and validate/replace/create appropriate policies and procedures. The Programme has funded two roles:

- Interim Risk Manager. This is a key position in the overall establishment and embedding of a clinical and care governance framework.
- Policies and Procedures Adviser. This role reviews the policies and procedures in place in Manx Care, addresses any gaps and weaknesses and removes duplication. The post-holder develops and implements a robust governance mechanism within Manx Care for ensuring policies are developed and approved with the right input from the right people.

It is intended that the project will work with any areas that may be identified by the CQC and Manx Care's agreed action plan.

Once there is an agreed clinical and care governance model, the intention is for this project to close.

Primary Care at Scale

The Primary Care at Scale (PCAS) project is aiming to complete recommendation 15 of the Final Report. The project has been working with Manx Care and the DHSC to create, and subsequently agree, a Target Operating Model (TOM) for the future of Primary Care at Scale on the Island.

Primary Care services are Dentistry, Optometry (Eye Care), General Practice (GPs), and Pharmacy services. At present there are a number of individual businesses across the Isle of Man that provide Primary Care services. Delivering Primary Care at Scale means that these organisations would work together (at scale) to deliver care for the Island.

The aim (as described in the TOM⁵) is to bring together all Primary Care services in a central 'hub'. There would still be individual businesses, but there would also be a 'hub' that would include people from all the different Primary Care services who would be able to work together to deliver care.

In addition to the traditional Primary Care services, the 'hub' would include wider community groups, social care workers, third sector, wellbeing partnerships, district nursing and therapies. This group of clinicians and professionals become part of a multi-disciplinary team.

Over the last year, the project has been able to define and develop the overall strategy for PCAS, prior to receiving approval from all parties involved that this is the right way forward to support the front line services. There is still a great deal more discussion to be had about the financial challenges and how the strategy can be turned into reality within the finances available across the system.

Aside to working on and agreeing the strategy, there have already been some positive improvements made to changing how some services are delivered. The project continued to support Manx Care with MECS and made progress behind the scenes for other similar services.

MECS means that patients can self-refer (or be referred by other health care professionals) to Isle of Man Specsavers for a range of minor eye conditions. Previously anything that could not be treated at a GP surgery would need to be referred to Noble's, meaning those with more serious eye conditions will now likely be waiting in a shorter wait to see their consultant, and those with minor conditions can be treated within the community.

A small percentage of those who have used the service so far have had to be referred to Nobles⁶ – this is an excellent achievement for all involved and most importantly a quicker service for those receiving care. Services such as this also play a part in reducing numbers attending the emergency department.

Following political approval in September 2022, the PCAS project was temporarily paused/slowed until April 2023 to allow for re-deployment of resource from the Transformation Programme to support Manx Care with its financial improvement (in-year and further ahead).

The Manx Care Board (early 2023) were asked to consider the agreed Strategic Business Case for PCAS, and in particular to commit to the movement of necessary funding within the 5 years of planned implementation of PCAS, from Secondary to Primary care, so that the agreed Transformation Funding provided would cease, the anticipated savings would be sought and therefore no additional funding, as outlined in the business case, would be required.

The Manx Care Board, whilst absolutely committed to PCAS as outlined in the strategic business case, are not able to commit to the full strategic business case outturn at this time, due to the current financial position. Instead, Manx Care wish to take a more incremental approach, so that each of the initiatives described is planned in detail, costed fully, the benefits and (where appropriate) savings, calculated and agreed.

⁵Link to TOM - <https://www.gov.im/media/1376726/pcas-high-level-target-operating-model-april-22.pdf>

⁶1,060 patients have been seen by the MECS service and two have been advised to make contact with the hospital after their initial contact (correct as at 15 May 2023 when advised by Primary Care team).

For 2023/24, the PCAS project is focused on supporting Manx Care and the Isle of Man Primary Care Network on stabilisation and adaptation of the strategic implementation plan, taking a test and learn approach. This will include a number of key activities such as implementation and rollout of First Contact Practitioner prototypes which will increase capacity within general practice; and the design, development and rollout of Primary Care (locality) Hub pilots (regional integrated primary and community care).

Enhance Emergency Air Bridge

Recommendation 13 of the Final Report stated that there should be an enhanced 24/7 air bridge that would allow patients to be moved quickly and safely to contracted specialist centres in the UK.

The project reviewed a number of options and upon testing the market, determined that a HEMS would be the most viable option available for the Island.

Working with Manx Care, the project agreed to trial a HEMS service with Great North Air Ambulance Service (GNAAS) from March 2022. The trial was extended throughout 2022/23 and the scope of the service widened from the initially limited scope.

Funding has been secured through the Programme for a further 12 months⁷ for Manx Care to continue offering the service, with the intention to expand the service further so it can be available for an even wider range of critical illnesses/emergencies, and better integrate it with the current fixed wing provision, to offer improved care for critically ill patients.

The service:

When called into action, the HEMS will arrive at the scene of an accident or emergency and provide emergency treatment to stabilise the patient, before transferring them to a specialist centre in the UK.

Initially, the service would take patients who were considered the highest priority trauma, and in January, this was expanded to also include cardiac cases. This brought the Isle of Man in line with other UK best practice recommendations.

The creation of the HEMS means that the people on the Island have access to a prehospital Critical Care Team within 45 minutes of injury. This team is capable of delivering anaesthetic and delivering specialist care direct to patients from scene of the incident and importantly, during the transfer to the UK.

Over the course of the last year, the service has been called out 22 times for a range of incidents, including severe burns, trauma, road traffic collisions, sporting injuries and cardiac arrests.

What happens next?

The Programme has agreed the funding of the service for the next 12 months and will begin the gradual process for formally handing the project over to Manx Care. Manx Care will continue the clinical review of the service to evaluate whether the benefits and costs of the service will enable this to become a permanent service for the Island. Working with GNAAS - a registered charity - the project and Manx Care will also support GNAAS in its fundraising activities, to assist their work on the Island.

⁷https://www.gov.im/media/1379506/2023-04-26-hems_compressed.pdf

Workforce and Culture

The Workforce and Culture project was set up to implement recommendation 25 of the Final Report. A project team was established for up to five years to address issues of retention, recruitment and also to change the culture within Manx Care.

The project is based with the Organisational Design and Development Unit, and over the last year, the team has worked with Manx Care to focus mainly on recruitment and retention activities along with Workforce Planning.

The project team spend time working with colleagues across Manx Care, they deliver bespoke workshops and one-on-ones to help each Care Group develop their Team Charters (the Team Charter builds on the previously created CARE Values framework⁸).

Where there has been wider cultural work to do in certain areas, the project has offered additional support, but they also offer specifically designed Manager and Leadership workshops around the CARE values and Psychological Safety Courses to support colleagues.

A staff suggestion scheme called "Innovate" was launched along with a process for the Executive Management to ensure the suggestions are considered, and where possible and appropriate, implemented. This aims to empower those working within the health and care system to share ideas around change improvements.

Colleagues across Manx Care also now have the tools available to put their achievements in a Personal Development Plan, based around the CARE values. This will help those working in the system to develop personally and support progression of their careers.

For those who decide to leave Manx Care, the project have been undertaking exit interviews to help understand themes which have led to their decision, and take recommendations as to if these reasons can be mitigated. This information is presented back to Manx Care's People Committee who are then

able to take appropriate action in line with best practice.

Equality, Diversity and Inclusion (EDI) has also been addressed in the last year, with research undertaken and a forum to focus on EDI established. This will grow and develop further over the next year.

Next year, the project will continue work on recruitment and retention, in addition progressing Workforce Modelling, Career Pathways, Cultural Support, EDI, Continuous Development and any actions following the British Medical Association (BMA) Survey. This work is planned to ensure that those delivering care to the Island are better supported, working in an environment that has a good culture, and support the aim of increasing the Island's attractiveness as a career destination.

⁸The CARE Values are: Committed, Appreciative, Respectful and Excellent. These values will underpin decision-making, recruitment, behaviours and represent the service that can be expected.

New Funding Arrangements

The New Funding Arrangements project was set up to address recommendations 16, 17, 19, and 20 of the Final Report, seeking to ensure the health and care system of the Isle of Man is financially sustainable and able to respond to the changing needs of the population.

Recommendation 16 is concerned with the funding of nursing and residential care. The project has provided significant input to delivery of this recommendation, including consideration around funding options for the provision of nursing and residential care as well as the modelling of the impact of the introduction of a 'home care adjustment' to respond to the recommendation to consider equalisation of the current threshold of financial assistance. Work around this is ongoing with further modelling being completed to provide a holistic picture across residential and nursing care.

Recommendation 17 is about increasing the funding available to Manx Care when they can show they have decreased costs. Manx Care is set a target to reduce their spending, and if they meet that then they know they will receive a certain level of funding for the next year. The project has helped create the funding formula for this, which if maintained, was intended to give assurance of future funding availability. However, in 2022/23, this did not happen due to extraordinary financial circumstances, both on the Island and across the world. Work around Recommendation 17 has now been completed.

Recommendation 19 states that increased funding will be required in order to support the higher demands on the services, for example, due to demographic changes or inflation. Work around this has now been completed, resulting in Treasury's decision around the future funding formula to be applied. This recommendation has therefore been completed.

Recommendation 20 takes the long term planning a step further, requiring the system (the DHSC, Manx Care and the Treasury) to move from yearly budget to a 3-5 year budgeting approach. A 3-5 year budget is not possible in the current democratic system, so the project has provided the system with tools (the funding formula) to think in 3-5 years terms, which the DHSC,

Manx Care and the Treasury have agreed to work within. As such, subject to any further support required by DHSC on the options about further flexibility, work on this recommendation has been completed with the benefits that would be achieved by a 3-5 year funding settlement enabled.

The project is split into five work strands⁹, of which three are now complete, with one of the remaining strands - Activity Based Costing – scheduled for the summer. This work is to help define the cost of each service, at an activity level. With this, comparison of costs against other benchmark data can be undertaken and any significant variance understood and where appropriate, addressed. The final strand - Management Information - is subject to review with the DHSC in September 2023.

Subject to Transformation Board approval, the intention is for the project to transfer to Manx Care at an imminent agreed, appropriate point, with the project having satisfied its original scope.

⁹System Wide Efficiencies, New Funding Formula, System Funding Model, Activity Based Costing and Management Information

External Quality Regulations

Recommendation 3 of the Final Report set out that regular external inspections should be carried out on services provided directly by Manx Care, or by others on its behalf, reporting back to the Manx Care Board and the DHSC. In the last Annual Report, we confirmed that the CQC had entered into a contract with the DHSC to start inspections across most of the service. This was completed in 2022/23.

The project has spent the last year supporting the DHSC and Manx Care with the actual inspection of services by CQC.

Following each inspection, CQC provide a factual report, which is considered by the DHSC and Manx Care and is then published. There have been 73 inspections, and currently 70 of the reports have been published by the DHSC.

Each report outlines the strengths and any weaknesses within the inspected service. Manx Care are required (under the Manx Care Act) to produce an action plan to address any weaknesses, for agreement by DHSC. Having completed their work, DHSC will consider when services should be re-inspected, which must not exceed five years' time.

As some services are not covered by CQC, the project has been exploring alternative inspectors for the remaining services. For Children and Family Services (including Children's Homes) the project has helped develop a Service Level Agreement between DHSC and Office for Standards in Education, Children's Services and Skills (OFSTED). The aim is to complete the inspections this year.

For the remaining services, options involving alternative external inspectors continue to be explored.

Once the majority of all baseline assessments have completed (as many as reasonably possible at this time), the project will support the DHSC to

formulate the next steps in terms of its rolling programme of inspections of Manx Care, and the ongoing contractual arrangements with external independent inspectors.

Given the progress of the project, it will soon be ready to be formally transferred to DHSC, who will continue to deliver as the project's long-term owner.

¹⁰At the time of writing in April 2023.

Manx Care Record

Developing an Integrated Care Record (ICR) solution to underpin the delivery of contemporary healthcare services in the Isle of Man has been under consideration since the Digital Strategy's publication (p.32) in June 2015. Specific reference to the need for an ICR was again made in Sir Jonathan Michael's 2019 Final Report, which stated in making its Recommendation 22 (pp.51-52) that:

"The development and delivery of the [existing Government-wide] digital strategy should go further and faster to ensure the comprehensive capture, sharing and use of information. This would enable greater integration across the system, improved monitoring and enhanced delivery of quality and efficiency-related information..."

"...In the future, part of the assessment of payment for services, the measurement of the quality of those services for users and achievement of targets set, will be reliant upon the capture of data enabled by the digital strategy."

Sir Jonathan expanded on this and went on to note (p.52) that:

"...the DHSC has been working with Government Technology Services (GTS) to develop a proposal to implement a "Manx Care Record" conceived as a single overarching system to provide staff from all parts of health and care with access to key data from every major system used in the delivery of care. Achieving this end is a core element of the digital strategy."

"The Review considers this capability to be essential to the future clinical sustainability of care. The risk for service users and, in some cases for those delivering care, of not sharing information from the current siloed systems is well known. Better care relies on the sharing of relevant data, fast access to it, and confidence in the information provided. The Manx Care Record will provide a single system acting as an integrated repository of information, creating a view of an individual's key information from across the range of supported systems"

In 2021, independent advisors were commissioned by the Health and Care Transformation Programme to conduct an options appraisal to inform the future direction of the Manx Care Record solution development. Their recommendations have been subject to subsequent review and discussion between the Health and Care Transformation Programme, the DHSC and Manx Care. This has resulted in an outline set of ICR solution specifications being agreed and based on this, indicative procurement, implementation and live running costs have been sourced.

Currently, the Isle of Man has an option to procure such a solution under an Open Procurement being run on behalf of Liverpool University Foundation Trust and others, which is due to conclude later this year or early next.

Necessary funding availability is being established through engagement with Treasury. In addition, alternate arrangements for a standalone procurement for the Island's Care Record System are also being considered, along with seeking approval for the necessary preliminary and preparatory work which will need to be undertaken, with the existing deployed systems, if either option is agreed to be taken forward.

Information Governance

Recommendation 21 required that data sharing protocols and arrangements are reviewed, agreed and implemented in accordance with the Information Commissioner's regulations and guidance.

This project aims to achieve compliance for Manx Care, the DHSC and the Public Health Directorate, in order to secure the foundations for a sustainable Information Governance (IG) framework.

The project has worked with and helped enable Manx Care to make progress in building the foundations for good IG. There were challenges in progressing this due to competing priorities, but helpfully, the Manx Care Board have prioritised IG compliance, which has, in some instances, mitigated these challenges.

The recently agreed revised plan, demonstrates that Manx Care will, if all action is completed in the necessary timeframe, have the IG framework required by September 2023, as will DHSC and Public Health.

The project has primarily supported Manx Care by providing specialist and other staff to map their data, its sharing and necessary supporting documentation (in line with good practice). This has been a very significant effort by all parties.

The project has also worked with both DHSC and Public Health, to scope and approve an IG/compliance framework. Further support was provided to Public Health by funding a resource to work towards the activity, through preparation of the directorate's Data Sharing Agreements, Data Protection Impact Assessment (DPIA) and Information Asset Register, required to enable them to become IG compliant.

Projects Transferred this Year (October 2022)

Data and Business Intelligence – Transferred to Manx Care

This project is working to create 'core data sets' which capture essential information about the services being delivered by Manx Care, presented in a way that will help management assess what is working well and ensure that minimum standards are being met.

Version 1 of the core dataset was reviewed in September 2022, with version 2 due in September 2023. The Programme continues to monitor performance against agreed milestones on a quarterly basis.

Undertake Needs Assessment – Transferred to Public Health

This project sits in Public Health, which was transferred to the Cabinet Office in 2020, to enable Public Health to influence more broadly across Government and encourage consideration of the wider determinants of health throughout Government policy.

The Undertake Needs Assessment project conducts a programme assessing agreed areas of interest. This assessment examines the current and future health and wellbeing needs of the population, to inform and guide the planning and commissioning of health, wellbeing and social care services.

The project considers the needs arising from all the factors that impact the local population, including economic, education, housing and the wider determinants of health. This is best achieved through a Joint Strategic Needs Assessment (JSNA).

Essentially, the JSNA:

- looks at the 'wider determinants of health' that influence a population's health and wellbeing, such as housing and working conditions
- covers several years with agreed topics of focus each year rather than attempting to review all areas at once

- encourages a 'health in all policies' approach across all departments so that improvements extend to all settings
- is population focused and acknowledges the need for cross-government whole systems change
- identifies and reduces inequalities

Last year, the project agreed the first two JSNA Chapters:

Starting Well / Developing Well - the main focus is on Adverse Childhood Experiences (ACEs), studying the impact these experiences might have on individuals' health and wellbeing, both on a child and later in adult life.

Other areas to be looked at include breastfeeding, childhood healthy weight, smoking in pregnancy, infant mortality and unintentional childhood injuries.

Ageing Well – takes a broad overview look at issues that may affect the over 65s. Covering topics such as physical and mental health, maintaining independence (by keeping people mobile, the importance of falls prevention, access to transport), plus consider how loneliness, social isolation, social connections and contributions to society affect the ability to 'age well' and impact the health and wellbeing of older adults.

Over the next year, Public Health will continue to develop the two topics and consider the next topics to be taken forward, building the evidence base to help inform policy and strategy to ultimately improve the health and wellbeing of the Isle of Man.

Annex 1 – Programme Summary

Health and Care Transformation Programme Summary

The Health and Care Transformation Programme (“the Programme”) was established to ensure completion of the 26 recommendations in Sir Jonathan Michael’s Independent review into Health and Social Care.

The Programme was established in 2019 and provides regular updates on its work to the Chief Executive (Isle of Man Government) through regular meetings at Board and Executive level, and also to Tynwald by way of an Annual Report.

In this Annual Report (May 2022 – April 2023), we have sought to share the successes over the year, the challenges faced and most importantly the impact the Programme has had to patients and service users.

Structure

In order to deliver the 26 recommendations, the Programme initially set up 14 projects, each focused on one or more of the recommendations. Two projects have already closed and the Programme is now starting to transfer projects to their permanent homes as the work becomes ‘business as usual’.

This year, two projects transferred to their permanent homes.

1. The **Undertake Needs Assessment** project has moved to Public Health, in the Cabinet Office, where they will continue to undertake JSNAs
2. The **Data & Business Intelligence** project has moved to Manx Care to continue to grow, review and improve the data available across the Health and Care system

There are now 11 projects being run by the Programme; several more of which are due to either close or transfer to their permanent home in the coming months.

Health and Care Transformation Programme Structure

- Active Project
- Closed Project
- Transferred Project

Health and Care Transformation Political Board
Chair: Hon Lawrie Hooper MHK, Minister for DHSC

Health and Care Transformation Board
Chair: Caldric Randall, Chief Executive (Isle of Man Government)

Clinical/Professional Transformation Panel
Chair: Dr Ishaku Pam

Transformation Programme Management Office (TPMO)



Annex 2 - Progress on the 26 recommendations

Complete Recommendations	Complete Recommendations/ How we continue to work	Complete Recommendations with work that continues	Ongoing Recommendations to be transferred to Manx Care or DHSC for delivery	Ongoing Recommendations
1. Council to formally adopt the principle that patients and service users are at the centre of all we do	6. Delivery led by Chief Secretary across three Departments	4. Annual report from Manx Care to DHSC	2. Separate strategy and policy from service delivery* (*clinical and care governance framework remains to be finalised and embedded)	8. New legislative framework for Health and Social Care
5. New Statutory Duties	7. Quarterly and annual progress reports on transformation programme	10. Ongoing health & care needs assessment programme	3. Independent external quality regulation	11. Service-by-service review
9. Transfer of Public Health	18. Additional transformational funding to cover cost of implementing recommendations	17. Increased funding linked to achievement of efficiency targets	13. Emergency Air Bridge	12. Integrated Care Pathways
26. New, dedicated and skilled transformation programme group to oversee and support implementation		19. Funding to support increased demands due to demographic and non-demographic changes and inflation	15. Primary Care at Scale	14. Integrated out-of-hours service
		20. Move towards a 3-5 year financial settlement	21. Data sharing protocols and arrangements	16. Review of future funding of nursing and residential care and model/provision of social care
		23. Core data set	22. Increased pace and impact of Digital Strategy	
		24. Systematic capture of data	25. Fit-for-purpose workforce model	

Annex 3 - Finances

In May 2022, Treasury and the Council of Ministers approved funding for 2022/23 with a base line budget of £4.3 million and an additional amount of up to £1.9 million, contingent on further business case submissions by the Transformation Programme. This was in addition to the amount of £700,000 that had already been approved in the previous financial year for the purposes of the Implement External Quality Regulations project, which provided the Programme with a maximum cost envelope of £6,899,434.

In September 2022, the Council of Ministers approved a recommendation from the Programme to pause two projects (Care Pathways & Service Delivery Transformation and Primary Care at Scale) and surrender some budget, in order help with the financial challenges within the health service, and to support Manx Care in achieving financial balance. Following subsequent papers to Treasury and the Council of Ministers, the 2022/23 budget was decreased to £5,682,105.

The detailed areas of expenditure within the Transformation Programme have been subject to variance during the year compared to the estimates agreed, which was expected. This is reflected in the actual cost for the Programme during the financial year 2022/23 as shown in the table below, demonstrating that that the Programme was delivered within its financial limit for the year with a positive variance. The positive variance was largely due to the challenges that the Programme has had with regards to the recruitment and retention of staff. Although this was generally noticeable across the Programme, it was most evident in the Information Governance project, as difficulty in recruitment resulted in long delays in appointing the resource required and consequently, a significant underspend.

Other areas of underspend include lower than expected costs with the external contractors, lower than expected usage of the HEMS, and differing salary estimations of Programme staff. Additionally, the Care Pathways & Service Delivery Transformation project also had a substantial positive variance. This was in part because the funds allocated for the Eye Care Strategy business case could not be transferred to Manx Care, as they were not in a position to implement the business case. There were also delays to the work regarding the procurement and implementation of the data warehouse, and therefore, the funds for this work remained unspent this

year. The required funding has subsequently been requested and agreed for spend in the 2023/24 financial year.

The Programme and its associated projects have dedicated cost centres, and finance reports are delivered monthly to the Transformation Board (in addition to Cabinet Office regular reporting of management accounts), in order to monitor both Programme and project expenditure.

2023/24 Funding:

The Programme has finalised the agreement with the Treasury and Council of Ministers for the maximum funding available for 1 April 2023 to 31 March 2024.

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

Full Year End Totals, April 2022 – March 2023 (inclusive) -

Area	2022-23 Budget	Full Year End Expenditure	Full Year Variance
Programme	£881,805.31	£773,124.80	£108,680.51
Programme Ext	£259,587.79	£210,504.51	£49,083.28
New Funding Arrangements	£304,569.14	£256,827.88	£47,741.27
Legislation	£213,574.17	£173,776.85	£39,797.32
Governance and Accountability	£198,365.28	£108,947.94	£89,417.34
Needs Assessment	£91,119.70	£62,495.01	£28,624.69
Care Pathways & Service Delivery Transformation	£1,037,177.62	£820,672.49	£216,505.13
Data and Business Intelligence	£433,216.75	£282,114.13	£151,102.62
Manx Care Record	£62,781.84	£48,545.47	£14,236.37
Information Governance	£463,888.87	£226,755.65	£237,133.23
Workforce and Culture	£284,269.75	£238,143.66	£46,126.10
Primary Care at Scale	£436,605.51	£428,071.24	£8,534.28
Air Bridge	£404,682.60	£361,765.52	£42,917.08
Implement External Quality Regulation	£610,460.64	£586,446.34	£24,014.30
Total	£5,682,104.97	£4,578,191.47	£1,103,913.50



Thank you for your support in making this a success.

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

For up to date information about the programme, please visit:
www.gov.im/health-and-care-transformation