



Department of Health and Social Care



Annual Service Delivery Plan

2016 / 2017

1st April 2016

Contents

| | |
|---|----|
| Foreword | 3 |
| Chief Executive's Priorities..... | 4 |
| The Department in Numbers | 5 |
| Prevention..... | 6 |
| Community Care That Works..... | 9 |
| Hospital Care | 11 |
| Safeguarding People | 14 |
| Managing Change..... | 19 |
| The Five Year Strategy – Year One Priorities and Measuring Success..... | 23 |

Foreword

As Minister for Health and Social Care I am aware of how important this Department's services are to the people of the Isle of Man, and that those services touch all of our lives at one time or another. When I became the Minister of the newly formed Health and Social Care Department in 2014, I was aware that we would be facing big challenges in maintaining high quality services and in managing financial sustainability.

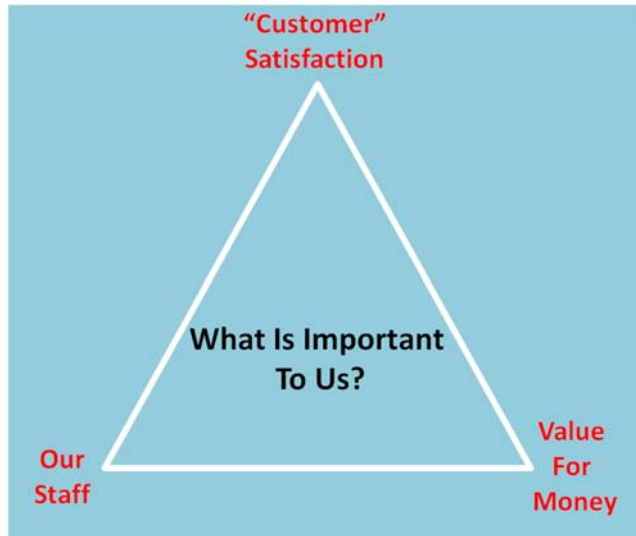
I know that our best asset is our people. As the largest employer in the public sector we have over 3,500 people working in the health and social care environment. We need to work hard to improve the morale of our staff and the respect which they deserve: and the results of our 'Have Your Say' staff survey in November 2015 reinforced this message.

Our community must have confidence in the services we provide. External reviews of our services and the recommendations coming from them will continue to be a focus of our work this year. In this Service Delivery Plan for 2016/17 you will see the first year's objectives associated with our five year strategy, which was approved by Tynwald in October last year. We have determined these priorities with your help, and the help of our staff and key stakeholders. We have listened to what you say, and you will see real improvements in our services by March 2017.



Howard Quayle, MHK
Minister for Health and Social Care

Chief Executive's Priorities



I used this slide in the presentations made at workshops and public roadshows which were held between December 2015 and February 2016 around the Island. As said in our five year strategy, we use the word

"customers" because we want to foster the principles of customer service. The people we care for are traditionally known as patients, service users and clients. By calling them our customers, and making sure that we listen to what they think about our services, we will improve those services. The other priorities are self-evident. My colleagues provide the Department's services, and I must concentrate on their wellbeing in order to ensure that the services are of high quality. Anyone in a public service role must strive to deliver value for money. In the Department of Health and Social Care, paying attention to how we spend our

funds and reducing waste will allow us to put as much money as possible into front-line services.

Delivery of all of our priorities must be by teams comprising colleagues from all parts of the DHSC.

Malcolm Couch
Chief Executive Officer



The Department in Numbers

The Department's capital programme (£11.7m) this year includes: completion of the breast and endoscopy units; construction of the mental health acute adult in-patient facility (£4.5m so far against a budget of £7.6m); starting work on replacement staff accommodation (£1.8m) and design work for the new learning disability day centre at £300k.

In 2016/17 our gross budget is £250.8m, and estimated income is £52.4m. The biggest spending areas are Noble's Hospital with £76.6m, Practitioner Services with £39.3m and Adult Services with £32.9m. The Chief Operating Officer budget increase is accounted for by a reallocation of employer pension contributions from the Treasury and centralisation of pay and other contingency budgets.

| NET EXPENDITURE - BY DIVISION | | | | | |
|--------------------------------------|--------------------------------|----------------------------------|---------------------------------|----------------------------------|-------------------------|
| | Net Actual 2014-15 £,000 | Net Probable 2015-16 £,000 | Gross Spend 2016-17 £,000 | Gross Income 2016-17 £,000 | Net 2016-17 £,000 |
| DIVISION | | | | | |
| Chief Executive's Office | 477 | 538 | 256 | | 256 |
| Chief Operating Officer | 861 | 1,545 | 21,348 | 206 | 21,142 |
| Finance | 4,557 | 2,601 | | | |
| Public Health | 1,508 | 1,449 | 1,625 | | 1,625 |
| Noble's Hospital | 88,121 | 85,629 | 76,587 | 2,506 | 74,081 |
| Ramsey Hospital | 3,933 | 3,661 | 3,906 | 10 | 3,896 |
| Tertiary Referrals | 16,015 | 17,572 | 17,204 | | 17,204 |
| Mental Health | 16,148 | 17,636 | 17,619 | 1 | 17,618 |
| Community Services | 7,936 | 12,553 | 13,812 | 118 | 13,694 |
| Ambulance Service | 3,076 | 3,214 | 3,208 | | 3,208 |
| Practitioner Services | 35,802 | 36,467 | 39,322 | 1,733 | 37,589 |
| Prison Health Service | 376 | 384 | 395 | | 395 |
| Government Catering Services | 751 | 2,343 | 6,383 | 4,894 | 1,489 |
| NI Contributions | (36,398) | (36,453) | | 37,366 | (37,366) |
| Children & Family Services | 15,970 | 15,267 | 16,215 | | 16,215 |
| Adult Services Area | 24,426 | 25,949 | 32,937 | 5,598 | 27,339 |
| Core Services Social Care | 552 | 960 | | | |
| NET EXPENDITURE | 184,111 | 191,315 | 250,817 | 52,432 | 198,385 |

Table 25

| INCOME & EXPENDITURE - BY CATEGORY | | | | | |
|---|----------------------------|------------------------------|----------------------------|---|------------------|
| | Actual 2014-15 £,000 | Probable 2015-16 £,000 | Budget 2016-17 £,000 | Provisional Budgets 2017-18 £,000 | 2018-19 £,000 |
| INCOME | | | | | |
| Taxation Income | 36,514 | 34,369 | 37,481 | 38,416 | 38,416 |
| Third Party Contributions | 349 | 520 | 346 | 353 | 360 |
| Operating Income | 13,582 | 15,343 | 14,509 | 14,789 | 15,073 |
| Grant Income | 17 | | | | |
| Other Non-Trading Income | 104 | 42 | 96 | 98 | 100 |
| TOTAL INCOME | 50,566 | 50,274 | 52,432 | 53,656 | 53,949 |
| Employee Costs | 130,385 | 135,448 | 138,991 | 141,049 | 143,168 |
| Infrastructure Costs | 1,298 | 1,237 | 1,486 | 1,486 | 1,486 |
| Transport Costs | 4,498 | 4,692 | 4,428 | 4,428 | 4,428 |
| Supplies & Services | 25,303 | 23,594 | 25,970 | 25,991 | 26,336 |
| Agency & Contracted Services | 70,088 | 71,325 | 73,433 | 73,433 | 73,433 |
| Loan Charges | 5,356 | 7,165 | 8,539 | 9,684 | 10,019 |
| Other | (2,251) | (1,872) | (2,030) | (2,376) | (2,675) |
| TOTAL EXPENDITURE | 234,677 | 241,589 | 250,817 | 253,695 | 256,195 |
| NET EXPENDITURE | 184,111 | 191,315 | 198,385 | 200,039 | 202,246 |

Table 26

Prevention

We want to provide a genuine national health and care service in the Isle of Man, not a service that simply treats illness when it becomes apparent. That is why the first of our strategic goals is for people to take greater responsibility for their own health.

The Isle of Man, in common with the UK, has seen significant improvements in life expectancy over recent decades. However, although we are living longer, we risk spending some of these additional years in poor health.

Men can expect to spend the last 16 years of their lives, and women the last 19 years, in less than good health. This has an effect not only on the wellbeing and quality of life of individuals, their families and carers, but also on health and social care costs.

We cannot solve these problems by increasing spending on health and social care. We need a new approach to securing good and lasting physical and mental health for everyone – across all stages of life and in all of our communities.

Part of this involves doing more to enable individuals to look after themselves better. Part requires us to make healthier decisions as a community. Our health is shaped by a wide range of factors. At a community level, the challenge is finding a way to influence these wider environmental and social issues, which are at least partially overseen by other government Departments. In the Isle of Man, our relatively small size means that we can bring the public health dimension and mental health and wellbeing into the daily work of every other department.



The role of Public Health this year is to bring a focus to bear on three key areas of work. These will be Health Intelligence, Health Improvement and Health Protection. It is apparent that the needs of our population are evolving on a daily basis, and in order that we can provide appropriate services now and plan to provide appropriate services in the future we need to understand our customers a lot better than we currently do.



This year we will:

- ✓ *Have better screening programmes and more targeted immunisation programmes for those at risk*

- ✓ *Work more actively in the schools to show young people how to improve their overall health and wellbeing*

- ✓ *Work more closely with residential and nursing homes to help them manage the risk of flu outbreaks*

- ✓ *Help people make healthier lifestyle choices especially around drinking, smoking, drug use and managing their weight*

- ✓ *Carry out a “Joint Strategic Needs Assessment” that will tell us what services we need now and in the future*

In line with our five year departmental strategy, the Strategic Plan for Mental Health and Wellbeing aims to take a holistic approach to mental health service delivery: with the emphasis on us becoming a 'health' and not an 'illness' service. In order to achieve this we will be placing more services in community settings, introducing supportive day services, enhancing child and adolescent provision as well as researching and designing a comprehensive older persons service for delivery over the next three years.

In Mental Health Services we have an implementation plan that covers the next five years and that will address many concerns about the traditional delivery of our current services, will ensure we have in place a service in alignment with National Institute for Health and Care Excellence ("NICE") best practice, and that our users and carers are at the core of what we have planned and are key in monitoring how we do what we promise.

This year we will:

- ✓ *Improve our on-line information and self-help materials – this will include on-line conversations with professionals who can help*
- ✓ *Increase the number and variety of therapeutic environments in local communities for people to us*
- ✓ *Bring volunteers and carers together*
- ✓ *Establish four mental health hubs around the Island to provide better support to people living in the community*
- ✓ *Investigate how physical activity helps mental well being*
- ✓ *Open our new residential building at Manannan Court for people who need extra support*
- ✓ *Spend our funding carefully to secure better services for people*

Community Care That Works

This section, in line with our second strategic goal, explains our work to improve health and social care services in the community this year and to ensure that more people receive the right care in the right place at the right time.

Many people are admitted for treatment or care which could be delivered at home if we could reorganise our services to do this. That may be bad for them because hospitalisation carries risk, particularly when stays become extended. It is also bad for the taxpayers because hospital treatment is expensive and should be used efficiently for the people who really need it.

Our Primary Care Service provides diverse services across the whole of the community. This includes the entire out of hospital health services, and the therapy services including physiotherapy, occupational therapy, speech and language therapy, podiatry and dietetics. We are also responsible for the ambulance service, prison

healthcare, salaried dental services and Ramsey District Cottage Hospital.

We also commission GP services (including the emergency doctor service), pharmacist services, opticians and general NHS dental services.



This year we will:

- ✓ *Develop further community-based integrated care, provided in locality hubs (either physical or virtual) where services work more closely together*
- ✓ *Make sure that our long term conditions nurses (introduced last year) are fully utilised in the community*
- ✓ *Improve the way we use our ambulance service to promote healthier lifestyles*
- ✓ *Expand the HENRY programme (health, exercise and nutrition) for the really young*
- ✓ *Encourage people to use the pharmacy minor ailments scheme*
- ✓ *Establish a step up/step down facility for those people who need more care than they can get at home and for those people who are well enough to leave hospital but not yet well enough to return home*
- ✓ *Redesign the Equipment Loan Service and improve the Wheelchair service so that the services are available when people need them and we can track and make best use of our equipment*

- ✓ *Using tele-health we will help people manage their health conditions more effectively and reduce the number of hospital admissions*

It is our intention this year to improve Health Services for People with Learning Disabilities (PWLD) in collaboration with the PWLD Partnership. We participated in the multi-agency follow-up review of children's services (which took place in March 2016) and we will implement any recommendations that come as a result of that review. We have a key role to play, through both health visiting and school nursing, in relation to looked after children and young people in the youth justice system: and we will ensure that we continue to work effectively with all colleagues.

We will make the whole of the Ramsey Cottage District Hospital site "dementia friendly", and increase dementia awareness training for all of our staff.

We will pilot a simpler and more effective GP contract, reducing the administrative burden, and maximising patient contact. We will continue to encourage use of GP online services. We will upgrade performance data to enhance the information given to the department, GPs and the public.

Hospital Care

As more services transfer into the community, Noble's Hospital will concentrate on the more specialist work which can only be done there: our third strategic goal. It will function as an "acute care hub", where patients are treated and stabilised and then rapidly transferred back to the community, or to a UK care centre as required. More planned surgical procedures will be done as day cases, and support systems will be developed so that patients can get home earlier.

Those principles are clear, but we need high-level professional advice to make the right practical decisions. We will call for assistance, when necessary, from the medical Royal Colleges and Faculties in the UK to help us decide – given the size of our population – which are the right services to provide on the Island and which services should be provided elsewhere at a UK centre. Of course, we would like to be able to offer everything, but it is not realistic for our hospital to appoint consultants for every speciality. If we have consultants, specialist nurses, operating theatres and other staff available for emergencies, we should use this resource as fully as possible for planned surgery.

Noble's is a busy hospital. In the past year we cared for approximately 120,000 patients (some of whom came more than once of course). Out of this number, approximately 39,000 people attended the Emergency Department and up to 13,000 adults and children were admitted to various hospital wards for treatment. We currently have up to 290 beds across our 13 inpatient wards. We also provide critical care facilities, a neonatal unit and maternity services. We provide diagnostic services and have a dedicated air ambulance service to move those people who need to travel to the UK urgently for treatment.



We have set ourselves a number of challenging targets for this year, which include no new harm to at least 97% of our patients during their stay with us. This means that we will actively be addressing the risks of pressure ulcers, urinary tract infections for catheterised patients, falls in hospital, medication errors, nutrition and hydration and new thromboembolism.

We have the same challenges as many other hospitals and countries when trying to recruit care professionals. We aim to fill our vacancies this year, which will reduce the amount of locum and agency costs we pay. It will also improve the consistency of care across our services as our dependency on temporary staff reduces. We need to address the issue of “stranded patients”, who are medically fit for discharge but for some reason have difficulty in moving to more suitable accommodation.

Clinical staff at Noble’s Hospital and across the Island will continue with their revalidation programme this year, as consultants, junior doctors and nurses and midwives are required to revalidate with either the General Medical Council or the Nursing and Midwifery Council. We will continue involvement with various clinical networks, maintain good links with Quality Control North West for

our technical service areas and strengthen our collaborative working with Health Education England and the Manchester Medical School.

This year we will:

- ✓ *Focus on improving the quality of care for patients using our new DHSC Quality Strategy (2016-21)*
- ✓ *Ensure that our staff are valued, supported and motivated to give the highest possible standards of care to our patients through a focus on leadership and training*
- ✓ *Communicate more effectively with our patients and our staff through better, clearer and more timely information being provided - and use feedback both from patients and staff to improve our services*
- ✓ *Introduce effective care pathways through the use of “Track and Trigger” which lets us monitor the general wellbeing of our patients in our hospital and alerts us when an early intervention is needed to keep a patient stable and well*
- ✓ *Continue to deliver improvements from the WMQRS reviews and prepare for two more inspections in April and October 2016, and external inspections of our chemistry department and blood transfusion service*

One of the biggest challenges for Noble's Hospital during this year is to get better control of costs, which are in the region of £80 million per year. We face rising demand for our services, and in order that we can meet demand we need to look carefully at our current pattern of spending. We know that we will be able to address some financial challenges through a more robust approach to commissioning services, and by making sure that we have good financial controls in place. We need to ensure that our resources are fully utilised: especially expensive resources such as operating theatres. To this end we will be carrying out capacity and demand modelling for theatre and outpatient services this year to help us improve efficiencies and reduce waiting times.

The hospital is a special environment and has to be managed to the highest standards. A clean, safe, well run and resourced facility contributes significantly to the health and wellbeing of the patients and staff who work there. We will deliver improvements in how we use our hospital this year and this includes reviewing our housekeeping services and relocating the stroke ward to ensure that patients recovering from stroke have better access to rehabilitation equipment and outside space. Improving our infection control and prevention surveillance will also be important and we will continue to promote our "bare below the elbows" initiative which has been proven to be effective in reducing risk of infection.



Safeguarding People

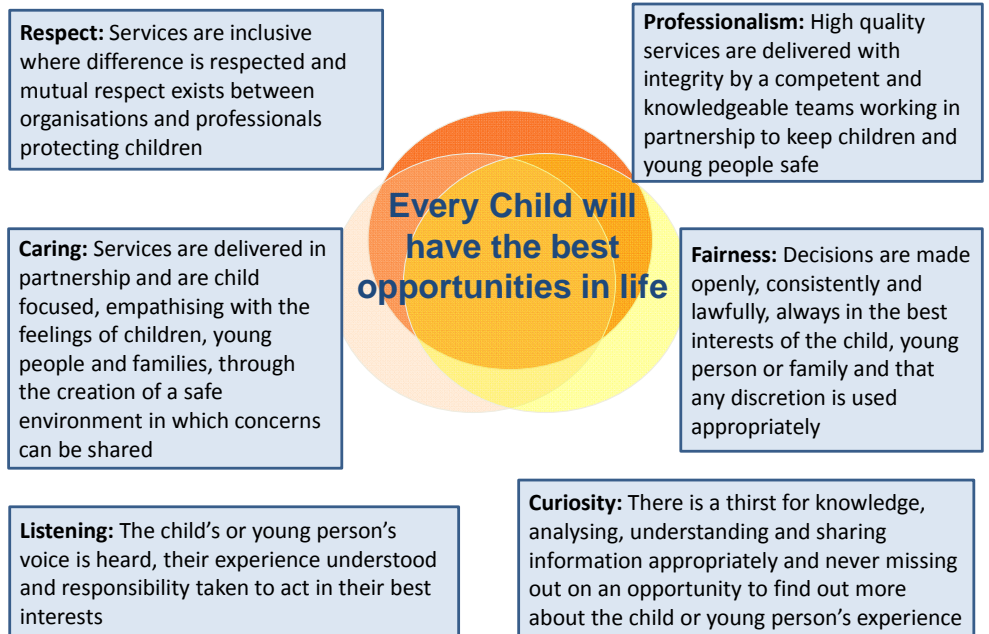
Safeguarding is our fourth strategic goal and is coordinated through two Safeguarding Boards; one for children and families and one for adults.

Children & Families Division has been improving its services for four years. Initiatives developed internally and with partner agencies have resulted in developments in early help and support, and in statutory intervention to protect and care for vulnerable children. These initiatives include the 'Team around the School and Family' (TSF). This is the name given to a process of assessing, making plans for, and reviewing outcomes of services provided to children with additional needs. In pilot projects, schools in one part of Douglas and health visitors in Ramsey can make referrals to the TSF coordinator and following assessment, services are provided in response to need. This service became Island-wide from September 2015, with a capacity to support up to 250 children and young people at any one time.

The Children and Families Division's vision is that every child will have the best possible opportunities in life.

The vision is underpinned by service values:

Vision and Values



This year we will:

- ✓ *Implement Early Help and Support (EHaS) for children and families through joint funding initiatives*
- ✓ *Use “signs of safety” in child protection conferences, and monitor the effectiveness of this approach - a pilot has been undertaken in the Isle of Man and evaluated this year and from the initial outcomes we intend to ensure that its use becomes a routine part of our work*
- ✓ *Start to use NARRATES (the new single assessment framework) and an integrated ‘thresholds of needs’ document in our work - and make changes to the electronic records system [Protocol] and train all our staff on the system and operational guidelines in order to ensure effective implementation*
- ✓ *Continue the re-commissioning of our services through the completion of a tender for a combined adoption and fostering service. We will need to revise adoption legislation and this year we will consult on the draft bill*
- ✓ *Deliver the recommendations of the Scottish Care Inspectorate review and implement the Safeguarding Children’s Board Audit Action Plan*

- ✓ *Review the services we provide for “looked after children”*
- ✓ *Review our out-of-hours service, which has been in place for a considerable time - looking at the demand, capacity issues and the cost of operating the service: and ensuring that where possible we include a review of our service against best practice*

We have a number of key performance indicators that help us measure the effectiveness and quality of our services. We will publish the results of these on a quarterly basis as part of the department’s ‘dashboard’ of performance information.



Adult Social Care

The majority of adults will not need safeguarding. However, there is a small minority, particularly those in need of care and support, who may need us to take action to keep them safe and in their residence of choice. It is important to remember that anyone may find themselves in a position where they are vulnerable through illness, or accident, or change of circumstance.

There is a particular risk of abuse, harm or neglect when someone is not able to make an informed decision. This may be either by way of physical or mental ill-health. As the proportion of older people within the Island's population increases, so will the number of people living with dementia. We need to make sure that older people are not abused in any way as a consequence of their inability to recognise this abuse, or indeed take action against it, including communicating to others. The development of legislation in respect of an individual's capacity to take decisions remains a priority for the Department.

The formation of the Adult Safeguarding Partnership has been a key development in ensuring all agencies are aware of the warning

signs and risks that exist for adults and older people and what to do in the event of there being any evidence of potential harm or neglect. The Department has invested in supporting this development including the development of the adult protection process, and adult safeguarding team. There has been a 130% increase in adult protection referrals over the last 12 months: largely as a result of greater awareness and a better understanding of adult safeguarding. Priorities for the Safeguarding Adults Partnership include: domestic abuse; drug and alcohol misuse; residential and nursing home care. The development of mental capacity and deprivation of liberty legislation, the risk of financial abuse and the Island's growing elderly population are all considered to be emerging risk issues.

From a social care perspective, the Department's five year strategy requires us to be able to provide flexible, responsive and skilled home-based support, attending to people's personal, domestic and medical needs. In addition to visits from social care staff or volunteers, we could provide aids for daily living, equipment and home alterations to help people maintain their independence.

We are currently part-way through an extended programme of rebalancing adult social care – with the intention of shifting resources from residential provision to a wide range of services which support independent and community living. We do not think that residential care is unnecessary or will ever be so, but better community services will help older people to stay in their own homes as long as possible, which is what most people tell us they want.



The Division commissions and provides a range of services and facilities for older people, including:

- Three residential resource centres for older people - 170 beds (14 respite & 27 extra cares);
- Three elderly mentally infirm (EMI) residential units – 44 beds;
- 345 older people’s day care places per week and 225 EMI day care places per week;

- A re-ablement service – supporting people to get back to and stay at home;
- Around 700 hours of home care delivered weekly; and
- A dementia home care service which currently covers the East of the Island.

We also have four social work teams: an adult services access team (including safeguarding); an older people’s hospital team; a disabilities team; and, an older people’s community team. The workload of these teams has increased by almost 20% in the last year.

We provide a range of services for people with disabilities – both physical and learning disabilities. We do this in partnership with others through a structured commissioning approach and through the department’s facilities. At present we provide 22 small community homes – ordinary houses on ordinary streets, 93 people in residential care within community homes, 50 people accessing respite care, 85 people a day are provided with day care and purposeful activity in the social firm and day centre, nine flats at Thie Quinney for people with a physical disability and we provide support to 25 people to live independently and support over 50 people in employment.

This year we will:

- ✓ *Develop a public service provider function for adult social care services across the island*
- ✓ *Encourage the growth in residential care provision across all providers, including opening a previously unused wing of Southlands - Bradda Unit*
- ✓ *Expand the development of the home care service – to deliver between 900 and 1000 hours of care per week*
- ✓ *Open two new community homes for people with learning disabilities*
- ✓ *Produce a detailed plan for the re-provision of day services for people with a learning disability*
- ✓ *Restructure social care services for people with dementia or other mental illness*
- ✓ *Work to develop a shared lives scheme for adults in need of support*
- ✓ *Working with service users, families and partners develop more effective transition planning for young adults with disabilities entering our service*
- ✓ *Further develop opportunities for independent and supported living*
- ✓ *Undertake engagement and public consultation, in order to publish our commissioning intentions for older people's services for the next five years*
- ✓ *Develop an age well partnership, involving stakeholders and service user representatives to provide a forum for continuous improvement of services for older*
- ✓ *Improve communication with all stakeholders*
- ✓ *Work with the independent chair of safeguarding to develop a Vulnerable Adults Partnership*
- ✓ *Continue to undertake internal audit/inspection of directly provided and commissioned residential, day and home care services*

Managing Change

Our fifth strategic goal is to provide good value services. The Department of Health and Social Care is diverse, and of the eight departments in the Isle of Man Government it employs the most people: approximately 2,800 'full-time equivalents', or in reality over 3,500 individuals, all contributing to health and social care services in over 119 different locations at any given time.

It also has significant political representation with one Minister and four political members who all lead for different service areas. The Minister has overall responsibility for the performance of the department and the quality of the services it provides.

To assist the Minister and the political members, the Department has a Corporate Services Division.

This division manages the following activities:

- parliamentary business, including the development of legislation, strategy and policy; supporting the scrutiny and complaints bodies including Health Services Consultative Committee, Institutional Review Board and Local Research Ethics Committee
- estates management;
- commissioning;
- data protection and freedom of information;
- finance;
- Catering Shared Services;
- information technology and business intelligence; and,
- registration and inspection of residential and nursing homes along with the inspection and registration of pre-school nursery and childcare provision.



There is constant pressure on the Department to provide new services and to improve existing services. In order to do so, new or modified buildings are needed. In addition to government funding, we are in the fortunate position where charities fund the cost of some of our schemes. In 2016/17, we will be receiving funding from the Manx Breast Cancer Group, Ramsey Welfare Trustees, and the Henry Bloom Noble Healthcare Trust, for which we are very grateful. The Department manages data protection issues and requests for information under the data protection legislation. All members of staff in the Department are required to undertake compulsory data protection training and information security training. We investigate all potential breaches of the data protection legislation when they are brought to our attention and routinely deal with individual requests for access to personal information.

This year we will be preparing for the implementation of the Freedom of Information Act across the Department in 2017. This includes ensuring our record retention and management policies are updated and in place and that we have robust processes in place to respond quickly to requests.

The finance team will lead on improving financial control, the understanding of expenditure patterns and in supporting colleagues in value for money work and financial planning. Although few words are used here, the subject is of critical importance in view of the Department's financial performance in 2015/16, and is one of the Chief Executive's three priorities.

The Department operates the Government Catering Service, which provides meals in a number of locations and facilities across the Island including: schools, Isle Of Man College, the National Sports Centre, Government Office and of course Noble's Hospital. Public sector catering and the food it provides, although sometimes viewed as a non-essential service, is now widely accepted to play an important role in the long-term wellbeing and health of the population. Understanding of the importance of food and nutrition, particularly in the wellbeing of children and young adults, has increased and is an underlying theme in our five year strategy.

The Isle of Man Government approved a five year digital strategy in 2015 which outlines the key areas that the Department of Health and Social Care will focus on to ensure that its information and business systems are fit for purpose in the future. There isn't one simple solution which will address all the needs of our services: and

our approach, working in partnership with Government Technology Services, will be to optimise the use of modern technology.

Overall, the Department is committed to ensuring that where possible we reduce our reliance on paper records, and in particular that the hospital moves to a “paper-light” approach for patient records as soon as possible. We also need to use information technology in a proactive way ensuring that our customers can book appointments online and that patients have access to their care records and can give permission for professionals to share this information to improve treatment pathways. We accept that there is significant investment and resources required to deliver a modern e-enabled health and social care service, but we are committed to achieving this as quickly as possible.

The Department has a small Business Information Unit which manages the flow of data and information across the service areas. Over the past 12 months a draft ‘dashboard’ of performance information for the Department has been developed and this year we will be focussed on finalising it and making it available to the

public. We currently use a bespoke informatics system called iHub, and this year will need to determine whether to continue with it or acquire a generic performance and data management system.

This Unit will play an increasingly important role in supporting managers in the Department to understand its levels of performance, and in particular how it can effectively benchmark its services against similar providers.

We also have a regulatory function which is delivered through the Registration and Inspection Unit. The Unit registers services and their managers which provide care in the community, such as adult care homes and adult day care services; nursing homes, preschool providers including nurseries, domiciliary care and independent clinics and independent medical agencies to name but a few services it is responsible for. The Unit's regulatory role is to protect the public and ensure that regulated services provide high standards of care, primarily through annual inspections based on minimum standards for that particular service.

This year we will:

- ✓ *Focus on delivering the National Health and Care Services Bill and Schemes, the development of capacity and deprivation of liberty legislation, work to update the medicines legislation and produce revised adoption legislation*
- ✓ *Work on our major capital schemes including: Acute Adult Psychiatric Ward, extension to Palatine GP Surgery, oncology centre/ therapy services, replacement nurses' home (staff accommodation) and a number of other major projects*
- ✓ *Focus on developing service specifications with clear patient pathways identifying what services will be provided off Island, what services will be provided locally in a hospital setting and what services will be provided in primary care or community settings*
- ✓ *Introduce telemedicine and tele-health to support our current service model – starting with dermatology*
- ✓ *Improve financial control, the understanding of expenditure patterns work to together to deliver value for money work and effective financial planning*
- ✓ *Maximise opportunities for school children, young adult students, patients and elderly persons to eat and drink through the provision of high quality meals, substantial snacks, out-of-hours service provision, and on-ward/care facilities provisions*
- ✓ *Primary and Community Services will see the expanded use of EMIS (Mobile) and GP Self-Serve*
- ✓ *Noble's Hospital will see increased use of the functionality of MEDWAY following a significant upgrade in July 2015*
- ✓ *Social Care services will see an investment in mobile working and identifying core IT platforms that can be upgraded, replaced and enabled*
- ✓ *Establish a dashboard of key performance indicators for our services and publish these on a quarterly basis*
- ✓ *Develop a programme of inspections by the Registration and Inspection Unit which will target those services which give cause for concern, are high risk and require additional regulatory attention and invest in its IT systems and technology for mobile working*

The Five Year Strategy – Year One Priorities and Measuring Success

Since approval of the strategy by Tynwald, the Department has consulted extensively with staff, stakeholders and the public on what areas of work and business change should be prioritised. Results and feedback from the stakeholder workshops and public roadshows have identified a number of key themes to work on in the first year and we have put measures against them. The next pages take a look at what we heard from the public and our stakeholders, how we translated those into our first year priorities and how we plan to measure our success.



What We Heard...

- A joined-up service where teams **talk** to each other about customers
- Communication between **EVERYONE** in the our care
- Improved **communication** with the public about what is happening with services
- **Better** communication with patients receiving treatment from GPs consultants and other professionals

See **more customers** in the time available by making better use of technology

Look thoroughly at waste - e.g. **text message / phone call** to be used instead of letters for appointment reminders

Have an effective **online** appointment booking and prescriptions service

Customer records are **accessible** to all relevant professionals, not lost somewhere when needed



- Increase spending in the community to ensure that people stay well in their **own homes**
- Create 'navigators' who assist people **throughout** treatment
- Begin to build the Integrate Care **Hubs**
- Community-based care, with services more **accessible** to customers, and GP surgeries brought up to date

Expand **dementia home care** services to the whole Island

Provide MRI scans and other services during **weekends**

Reduce replication of services between charities and government

Invest in **third sector organisations** which can provide high quality services

- Reduce the **layers** of management, red tape and numbers of temporary staff
- **Reduce waiting times** i.e. for certain operations such as eye surgery
- Manage waiting lists and clinic appointments **efficiently**
- Teams need to assess what they do and stop doing things that add **no value**

| Priority: | Measure: |
|---|--|
| Agree a cross-government process for Joint Strategic Needs Assessment (JSNA) which, over time, will drive needs-led and evidence-based change to future health and social care services, as part of the overall approach to improving health and wellbeing. | By March 2017, the Department (in collaboration with other parts of government) will: <ul style="list-style-type: none"> • achieve cross-government agreement on a process for JSNA to drive improvement in health and wellbeing; • agree a resourced work programme for JSNA into priority areas for health and wellbeing improvement to be carried out in 2017/18; and, • deliver a completed JSNA on drug and alcohol misuse, the results of which will drive strategic priorities for drug and alcohol treatment and rehabilitation services (in addition to wider aspects of substance misuse prevention). |
| Review UK NHS waiting list target times, commit to appropriate Manx targets and then monitor and publish performance data. | By October 2016, the Department will validate the current waiting list information it holds for health services provided locally. By March 2017, the Department will identify and publish realistic and comparable waiting list targets using the UK NHS waiting list target times as a benchmark. It will publish its position against these targets on a quarterly basis from April 2017 onwards. |
| Publish all actions for 2016/17 under the Strategic Plan for Mental Health and Wellbeing 2015 – 2025. | Publish quarterly updates against the actions in July 2016, October 2016, January 2017, and April 2017. |
| Carry out and publish initial planning in respect of setting up an integrated care hub. | By October 2016, identify which integrated health and care services could be delivered through existing DHSC facilities either in a single identified location, or on a service by service basis. By March 2017, publish the evaluation of the proposals and establish a pilot project. |
| Set up a research and development group to monitor research and translate it to DHSC services (especially pathways) and to oversee novel research in the Isle of Man. | By June 2016, identify a Manx model for a Research and Development Unit, complete a business case for any additional resources (staff and systems) required. By December 2016, complete a 6 month pilot of an R&D Unit for the Isle of Man and by April 2017 establish the Unit to support the work of the Local Research Ethics Committee and individuals wishing to carry out health and care research in the Isle of Man. |
| In conjunction with Government Technology Services (GTS), publish details of all digital strategy projects for the DHSC in 2016/17, including their expected benefits. | Identify all key projects for 2016/17 for DHSC detailed in the Digital Strategy. Produce and publish quarterly updates against progress of these projects by July 2016, October 2016, January 2017 and April 2017. |
| Set up a patient/client services team to be responsible for public information about services, the management of appointments, the management of travelling for UK services | By March 2017, create an effective customer service hub for people using our services. The hub will provide timely and accurate information for customers coming in and out of our facilities and also support the management of travel and appointments for those people requiring healthcare services off the Island. |

| | |
|---|--|
| and coordinating services for people (including at admission and discharge). | |
| Put in place up-to-date contracts for all services commissioned from UK providers which specify exactly what will be delivered by the provider and what will be carried out in the Isle of Man. | By September 2016, review all existing service provision arrangements and contracts for services provided by UK providers. By April 2017, ensure that all UK service providers have up to date contracts approved by the Attorney General's Chambers. |
| Put in place up-to-date contracts for all services commissioned from Isle of Man providers and develop further collaboration with the charitable and private sectors. | By September 2016, review all existing service provision arrangements and contracts for services provided by IOM providers. By April 2017, ensure that all Isle of Man service providers have up to date contracts approved by the Attorney General's Chambers. In collaboration, develop an effective framework for commissioning with third sector and private organisations by December 2016. |
| Publish regular updates in newspapers, website and social media of progress against the strategic goals and performance data across the department. | Establish an effective communication strategy for both internal and external stakeholders. Publish this in a detailed Communication Plan no later than April 2016. |
| Develop and implement both a comprehensive recruitment and retention strategy and implementation plan for all parts of the department. | Working closely with OHR and key service leads, create an effective recruitment and retention strategy by September 2016. Develop and put in place a comprehensive recruitment and retention plan for all parts of the department by March 2017. |
| Put in place a comprehensive organisational development plan, in conjunction with OHR Learning and Development, concentrating on vision, values and behaviours. | Working closely with OHR Learning and Development establish an organisational development plan for the department no later than September 2016. By March 2017, deliver workshops in all service areas focussing on vision, values and behaviours. This will be based on the content of the DHSC Customer Charter. |