

## **The HSCC Annual Report 2016-17 Tynwald Briefing**

1. The purpose of the Health Services Consultative Committee's (HSCC) Annual Report is to provide Tynwald members and the Department with independent scrutiny and advice on the performance and effectiveness of Health Services. HSCC is a publicly appointed body of 9 lay members with skills and experience from business, public services and the voluntary sector. The members are tasked under legislation with 'tendering to the Department views on any general matters relating to the Service. The Department shall have regard to any views given by the HSCC.'
2. Over the last year, HSCC has undertaken its work of advising and scrutinising Health Services through consideration of the Department's Delivery Plan priorities, emerging draft Strategies, attendance at divisional meetings, Quality Committees, Strategy workshops, training sessions and 1:1 liaison meetings with officers. HSCC meets annually with the Minister and with the CEO regularly, both as a full body and directly with the Chair. Each HSCC member provides written reports to the monthly Committee meetings where information is shared, Officers questioned, and current concerns fed back. The cycle concludes in the attached Annual Report which contains Key Recommendations to the Department. Evidence for its views is contained within Member Annual Reports, detailed in Appendix Tables A-D with each of those tables having a corresponding Main Body page A-D.
3. During this reporting period (2016-17), HSCC has observed the second year of a long and difficult process to transform Health Services. Led by the Health and Social Care 5-year Strategy, the Department continued on a revised approach to health through supporting people to take more responsibility for their health, helping them to stay well in their homes and communities, improving the services for people who need care in hospital and working towards good value health and social care. HSCC is in no doubt that this transformation is needed and understands that making substantial changes is difficult and requires sustained effort, appropriate funding and resilience from officers and political members. The public and Health Service employees also have a role to play in accepting service changes, provided they are well explained and clinically justified.
4. The Department has set about the work of change. It set priorities for work, timescales and reporting quarterly with progress. The work focused on solid evidence gathering on health needs/outcomes, waiting lists for appointments and operations, and On and Off Island contracts and commissioning. Work has been done on consolidating functions of client services and using technology more effectively to deliver better patient care. There has been strategic consideration of Recruitment and Retention, Quality Care, and Organisational Development. Governance has been improved through a Management Board and seven Quality Committees (QCs) working on cross Department subjects such as Informatics and Care Quality.
5. There have been notable successes during the year including successful Digital projects, an improved Governance system through appointments to cross Department Quality Committees, a new R&D Group, Drugs and Alcohol Joint Strategic Needs Assessment, improved Mental Health provision and the establishment of a Patient/client services team.

6. Overall progress, however, has been slow and patchy. It has been very slow on the priorities to support change – integrating care and budget prioritisation. In particular, HSCC has seen:
  - Evidence collection on which to set priorities being held up due to other Government changes.
  - Quarterly Service Delivery Plan (SDP) reporting, whilst published, was late and incomplete.
  - Effective engagement with staff and public has been sparse resulting in public unease when changes are made.
  - Communication has been confined to information giving through traditional media.
  - Commissioning of services and the setting of contracts has started to improve but there is still no complete catalogue of contracts.
  - Some QCs whilst starting to be effective, have room for improvement.
  - Nurse staffing levels continue to be a source of concern.
  - Timely, accurate staff absence data is lacking.
  - Many Strategies have been compiled (mostly without consultation) but few actions have been seen from these.
  - Where strategic changes are occurring, there was little monitoring of their operational impact upon stakeholders.
7. At the end of the period covered by this report, HSCC has serious concerns that the Department still has a huge amount of work if it is to transform Health Services within 5 years. Specifically, work is urgently needed to adopt change management principles; to introduce modern systems to manage Nobles and achieve promised Cost Improvement Plans; to provide focus and a supportive structure and funding for the integration of care; to bring the Department's finances into line using solid evidence of priorities to set budgets which give the best value for money; to fully utilise Manannan Court thus reducing the amount of people using UK based services; to adjust nurse staffing levels to meet individual ward occupancy, particularly in medical wards; to improve adult discharge procedures through improved collaborative working connecting Community Health Services (CHS), Social Care and Acute services; to implement relevant recommendations from the West Midlands Quality Review reporting via standing agenda items on QCs and divisional meetings and to urgently introduce the Legislation passed by Tynwald in July 2016.
8. Throughout the year, HSCC has seen dedicated staff using their skills, knowledge and experience to both facilitate change and to provide a caring service to patients. This is against the background of a worldwide shortage within some specialisms, vocal pockets of the public calling for services with little clinical evidence to support their claims and an ageing population requiring more care in an already stretched service.
9. Of most concern over the past year, HSCC has seen little in terms of decision making. Difficult political decisions need to be made urgently on service prioritisation, fees and charges. If the much-needed change in Health Services is to be achieved then there needs to be strong and consistent leadership from all.
10. In the coming year HSCC will use the Programme for Government as it relates to Health Services, the Health Service Delivery Plan 2017-18 and its attendance at Committees and Health meetings to scrutinise Health Services performance.