

# Department of Health and Social Care

Q1 Performance Update:

Programme for Government &  
DHSC Service Delivery Plan

## **DHSC Q1 2018/19 DHSC Programme for Government Update**

This section sets out the Q1 performance on the following Programme for Government areas:

- National Indicators
- Key Performance Indicators
- Actions

## The outcomes we will help to achieve

## Programme for Government Outcomes

OUTCOME	National Indicator(s)	Explanation	Measure	Q1 -Data
<b>We have affordable and accessible housing which meets our social and economic needs</b>	Reduce the time that people wait for residential or nursing care	It's important that as people get older they have accommodation that meets their needs. If people don't have to wait as long for the right accommodation, they will be able to live more independently for longer. We will measure the length of time people are waiting for residential or nursing placement following a needs assessment.	Number of eligible people on the waiting list for residential or nursing care following needs assessment	66
<b>We live longer, healthier lives</b>	Increase the number of people regularly undertaking physical activity	We want people to live longer, healthier lives. This includes taking responsibility for their own health. A part of this is doing more exercise. We will measure the number of people who are doing the minimum recommended physical activity per week through the healthy lifestyles survey.	The percentage of adults achieving at least 150 minutes of physical activity per week in accordance with UK Chief Medical Officer (CMO) recommended guidelines on physical activity	2017/18 - 72.6% 2018/19 data due Q2
	Reduce the number of people dying prematurely from preventable cancer	Deaths from preventable cancer and heart disease are two of the biggest causes of death in the Isle of Man. We will measure these statistics through information provided by Public Health.	Under 75 mortality rates from cancers considered preventable	88.1 per 100,000
	Reduce the number of people dying prematurely from heart disease	Deaths from preventable cancer and heart disease are two of the biggest causes of death in the Isle of Man. We will measure these statistics through information provided by	Under 75 mortality rate from cardiovascular disease considered preventable	47.6 per 100,000

		Public Health.		
	Improve the health related quality of life of the population	As people grow older, they need more support to help them live more independently with a good quality of life, particularly those with long term conditions. We will measure this through information provided by Public Health	Increasing the average health status score of adults using survey responses to questions covering 5 dimensions: mobility, self-care, usual activities, pain/discomfort, anxiety/depression	Data due Q2
	Increase healthy life expectancy	If the Programme for Government is succeeding, then we will be living longer, healthier lives. Healthy life expectancy is defined as 'Healthy life expectancy at birth: the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health'. We will measure healthy life expectancy based on the lifestyle survey and mortality rates.	Healthy life expectancy at birth as measured by Public Health	*see below
<b>We have improved the quality of life for children, young people and families at risk</b>	Improve safety in care environments and protect people from avoidable harm	We need to look after the most vulnerable people in our society, particularly in care environments. We will measure the number of reported incidents in care environments.	The number of reported Safeguarding alerts in care homes	37
	Increase the number of families supported out of early help assistance	If we can support more families to become independent so that after an initial intervention they are able to return to a more stable life, then we will know that our early intervention is working. The Children's Services	Number of families entering early help that were supported out of assistance and remained so	79%

		Partnership will provide this data.		
	Maintain the number of children in care relative to current UK benchmark	We want to protect children who are vulnerable or at risk. Currently the number of children in care is below the UK average which is a good benchmark to maintain.	Number of children under 18 in care per 10k of population compared to UK figures	4.6 per 1,000
	Maintain number of children with child protection plans relative to UK benchmark	It's important that vulnerable and at risk children have a plan in place which sets out the right level of intervention. Currently the number of children with child protection plans is below the UK average which is a good benchmark to maintain.	Number of children under 18 subject to a child protection plan per 10k of the population compared to UK figures	5 per 1,000

\* Analysis of the 2016 Lifestyle Survey by an external provider fell short of expectations and therefore did not give enough detail to enable calculation of the Healthy Life Expectancy Indicator. A plan to remedy the situation has been developed, it is anticipated the data will be available in Q3.

### Programme for Government Key Performance Indicators

OUTCOME	POLICY STATEMENTS	KPI	Baseline	Target	Q1 -Data
<b>We live longer, healthier lives</b>	We will help everyone to take greater responsibility for their own health, encouraging good lifestyle choices	Maintain our uptake of adult screening programmes at current levels	Cervical – 80% Bowel – 63% Breast – 72%	Cervical – 80% Bowel – 63% Breast – 72%	79.95% **Unavailable 69.47%
		Maintain percentage of eligible population registered with GP online services	21%	21%	22%
	We will help people to stay well in their own homes and communities, avoiding hospital and residential care wherever possible	Reduce emergency admissions at Noble's for people with long term or chronic conditions, where appropriate management in the community has been shown to reduce the need for unplanned hospital admissions. These include conditions like asthma, diabetes and epilepsy	16%	13% by April 2019	Data currently unavailable due to the backlog of coding episodes
		Maintain bed utilisation / occupancy levels at Ramsey Cottage Hospital	86%	85-90%	92.2%
		Reduce adult acute mental health bed occupancy	92%	85%	91%
		Increase in 5 day discharge follow-up rate by Mental Health Services	90%	100%	81%
		Older people will be transferred to Community Social Work team caseloads within three months of being on a Hospital Social Work team caseload	10%	90%	***Unavailable
	We will improve services for people who really need care in hospital	The hospital will achieve 93% aggregate performance for 2 week cancer waiting times	89%	93% - 2019	81.5%
		No patient will wait >52 weeks for elective inpatient surgery by the end of March 2019	13.2%	0%	13.3%
		ED attendances less than 4 hours from arrival to admission, transfer or discharge	79%	85%	77.9%
		ED attendances less than 6 hours from arrival to admission, transfer or discharge	92.8%	95%	92.6%
		Reduce ED mean waiting time	156 minutes	135 minutes	161 minutes
		Maintain spend against budget through delivery of the cost	104.3%	100%	100.24%

	We will work to ensure that everyone receives good value health and social care services	improvement plan			
		Reduce by 10% the number of patients travelling to the UK for outpatient first attendances and follow up treatment and provide care where appropriate locally	7,299	6,569	1,530 (full year projection 6,120)
<b>We have improved the quality of life for children, young people and families at risk</b>	We will provide safeguards for people who cannot protect themselves	In relation to adult safeguarding alerts meeting the threshold for further investigation, increase the proportion of cases where the views and wishes of the person concerned (and their carers when relevant) were sought and documented	75%	100%	100%
		Maintain the proportion of adult safeguarding alert cases meeting the threshold for further investigation where the person concerned feels safer after the intervention	87%	87%	****Unavailable
		We will meet all compliance standards for milestones within the Safeguarding adult's policy and procedures	81%	85%	84%
		Number of Looked After Children (in the care of the Department, or where the Department provides accommodation for continuous period of more than 24 hours) to be maintained within target	5.0 to 5.9 per 1,000	5.0 to 5.9 per 1,000	4.6 per 1,000
		Number of children subject to a Child Protection Plan to be maintained within target range	3.8 to 5.2 per 1,000	3.8 to 5.2 per 1,000	5.0 per 1,000

\*\* Unable to report Q1 performance due to staff sickness at NHS Digital (UK); Q1 data will be provided in Q2.

\*\*\* One of the issues being addressed through organisational redesign is with regard to ease at which cases are moved from Hospital to the Community team. Once the reorganisation is complete the teams will be working to clear expectations regarding assessments, care planning and transfer of cases, until then it is difficult to accurately report against this KPI.

\*\*\*\* This was a new KPI for this year, and the Community Care Directorate are currently developing a means of extracting this information from their systems. Once this process has been finalised they will be able to report against this from Q2 onwards.

## Programme for Government Actions

Outcome	Action	Political Sponsor	Target Delivery Date	Q1 - Update
We have more responsive legislation and regulation	Embed a robust governance framework for Research and Development activity, whilst improving the quality of research applications and associated outcomes	Jason Moorhouse, MHK	Mar-20	Recruitment for the Isle of Man Research Ethics Committee due to complete in July. Research culture training is nearing completion. Practicalities regarding costing and processes are on track as per project plan.
We have affordable and accessible housing which meets our social and economic needs	Investigate and report how to ensure we have accommodation that can meet the needs of an ageing population including 'care' and 'extra care' housing, and nursing and residential homes	David Ashford, MHK Minister	Dec-18	Good progress has been made to date; extensive research has taken place looking into the existing facilities available on Island and their respective service costs. Dialogue has begun with key stakeholders in order to determine future needs.
We live longer, healthier lives	Continue the external peer review process (WMQRS) of health services and implement the recommendations	Clare Bettison, MHK	Mar-19	Results of WMQRS Review 8 have been published. Work is ongoing to consolidate a 'standards tracker' covering all 8 reviews.
We live longer, healthier lives	Move more services from the hospital into the community so care is provided closer to peoples' homes	Ann Corlett, MHK	Mar-21	Detailed planning activity in progress against multiple work streams, including the transfer of drugs traditionally prescribed and monitored in a hospital setting into the community through a shared care protocol.
We live longer, healthier lives	Deliver clear legal frameworks for all essential Health and Social Care services	Jason Moorhouse, MHK	Mar-21	Continued review of General Scheme ongoing; progression of all activity within the Legislation Team is currently being impacted due to limited resource capacity.
We live longer, healthier lives	Continue to digitally transform the hospital and health and care services more generally	David Ashford, MHK Minister	Mar-21	Tele-Stroke went live in May, good progress being made against other digital initiatives with a number due to complete in Q2.
We live longer, healthier lives	Define the services which will be provided on-Island and those which will be provided off-Island	Jason Moorhouse, MHK	Mar-19	A number of organisations responded to the PIN to express interest in forming healthcare partnership with the DHSC. Exploratory tertiary procurement meetings took place at the end of June.
We live longer, healthier lives	Reduce waiting times for operations	Clare Bettison, MHK	Mar-19	Targeted activity identified to address waiting times with an implementation plan in development. In the meantime, the waits have marginally increased



				hence current RAG status.
We live longer, healthier lives	Implement the Mental Health & Wellbeing Strategy	Ann Corlett, MHK	Dec-20	Talking Therapies implementation and service specification for step-down beds complete. Good progress being made against other initiatives.
We live longer, healthier lives	Improve the way we communicate with the public about the way our health and care services are provided	Jason Moorhouse, MHK	Mar-21	No plan submitted; comprehensive plan to be developed and aligned to Corporate Communication Plan.
We live longer, healthier lives	Improve governance and accountability in the way we provide health and care services	Jason Moorhouse, MHK	Mar-19	Changes to Department's management structure now complete. Next steps are in the process of being agreed with reconstituted ELT.
We live longer, healthier lives	Design and deliver a suite of core data sets to underpin the core work streams	David Ashford, MHK Minister	Mar-21	Detailed planning and identification of associated resources / ownership due to progress in Q2
We live longer, healthier lives	Develop and implement the Integrated Care Strategy	Ann Corlett, MHK	Mar-21	The Integrated Care Steering Group held 14 initial 'Let's Integrate!' events in May seeking input on the integrated vision from key stakeholders. All feedback has been consolidated and a thorough review of all ideas and contributions is taking place.
We live longer, healthier lives	Become an employer of choice in healthcare	David Ashford, MHK Minister	Mar-21	Progress across this action has been impeded by recent management changes. There is a fundamental requirement to re-plan activity and agree ownership going forward, but the broader subject of becoming an employer of choice will now be captured under the Integrated Care Programme
We have improved the quality of life for children, young people and families at risk	Ensure that all Health and Social Care services have the appropriate levels of Regulation and Inspection	David Ashford, MHK Minister	Mar-21	The Department has received an initial draft of proposal from external regulators; detailed paper being prepared for further consideration.
We have improved the quality of life for children, young people and families at risk	Put the Safeguarding Children Board on statutory footing through legislation, and consider putting in place a statutory board for safeguarding adults	Ann Corlett, MHK	May-18	Statute complete: The Safeguarding Bill received Royal Assent and was announced to Tynwald on 17 April 2018. A commitment has been made to Tynwald by the Minister for Policy and Reform for the Appointed Day Order and subordinate legislation to be put before Tynwald by December 2018; for which the Cabinet Office is, under the provisions of the Act, now responsible for progressing.

## **DHSC Q1 2018/19 Service Delivery Plan Update**

This section sets out the DHSC's Q1 performance against the strategic objectives listed within the Department's Service Delivery Plan, split out as follows:

- Greater Responsibility
- More Care in the Community
- Improve Hospital Services
- Protect Vulnerable People
- Value for Money
- Supporting Pillar

## Service Delivery Plan Objectives

Strategic Goal	Objective	Q1 - Update
<p><b>Greater Responsibility</b></p>	<p>Ensure delivery of quality assurance and accountability review for all current screening programmes</p>	<p>Funding source confirmed and service specification produced. Procurement activity now progressing through AG's Chambers.</p>
	<p>Undertake review and refresh of children's oral health needs assessment and strategy</p>	<p>Work has commenced on planning the Oral Health Needs Assessment. The contents of the project charter have been agreed by the Oral Health Executive Steering Group, and project plan is in development. The project will commence in September and the needs assessment report will steer the development of the Strategy.</p>
	<p>Develop programmes aimed at reducing childhood obesity and improving children's oral health; drawing on funds from the Soft Drinks Industry Levy</p>	<p>The Director of Public Health Report for 2018 has a focus on childhood overweight and obesity, and this will be the call to action for cross-government working, building health into all policies. One aim from the cross-government engagement will be to develop and implement evidence-based programmes to reduce these risk factors.</p> <p>The report has been drafted in Q1 and will be released in Q2. The pilot for the supervised tooth-brushing programme has been evaluated, and has shown to be successful and practicable and will be rolled out in Q2 to a further 18 nurseries.</p>
	<p>Complete Phase 1 of the Eastcliffe project; relocating Day Services for Adults with Learning Disabilities to the Noble's Complex</p>	<p>Phase 1 of project progressing to plan, due to be complete in Q2.</p>

<b>More Care in the Community</b>	Expand the scope of the Adult Social Work team to ensure care is not limited to those who have Learning Difficulties or Mental Health problems	The Social Work Service is being reconfigured to address gaps in previous provision and barriers with current arrangements. Significant work is also taking place to remove the arbitrary age criteria for older peoples team of 65 in order to ensure that all adults who are vulnerable and in need of support can be provided with an appropriate response.
	Continue to reshape Learning Disability Services in line with the Learning Disability Strategy 2014-2019	<p>The Learning Disability Partnership Board continues to meet regularly, providing direction for the LD Strategy on the following areas; Access to Health, Inclusion, Housing and Accommodation, Employment.</p> <p>An external review of LD Respite Services took place earlier this year with the final report received in May 2018. The output of the review is currently informing plans for the future delivery of Respite Care and the redevelopment of the current Respite facilities.</p>
	Move appropriate paediatric activity from the hospital setting as an outreach service, provided in the community	<p>Children's services are now integrated which means both community and hospital aspects of the service are managed by the Women and Children's Services within the Hospitals Directorate.</p> <p>The outreach team is an admission prevention service to try and keep children with complex needs cared for in their own home and reduce hospital admissions.</p>
	Develop sustainable plan for GP out of hours services	Research is currently being undertaken in order scope options for alternative delivery. This is being done in collaboration with hospital services.
	Subject to full planning approval, commence development of the Summerhill View older persons care facility	Planning approval due early July.

<b>Improve Hospital Services</b>	Develop and enhance quality management systems within the medical laboratory in pursuance of the ISO 15189:2012 standard (recognises quality and level of competence in medical laboratories)	Discussions are ongoing between pathology and the finance team to reinstate the funding source for the employment of a Quality Manager.
	Redesign the chemotherapy clinic space to accommodate the increase in patients receiving treatment on the Island	Architects plans and costings have been received for the refurbishment of Ward 5 to make it a suitable clinical venue to support an expanded day chemotherapy facility. The plans also include the creation of dedicated car parking with adjacent access to the unit. A funding request has been submitted to the Scott Foundation Trustees for consideration. A response is expected by end July 2018
	Evaluate the introduction of Histopathology (the study of changes in tissues caused by disease) Telemedicine solutions	Initial conversations with a number of suppliers have taken place to roadmap this initiative; discussions with the Head of Commercial and Business Enterprise are ongoing to identify next steps.
	Develop a high quality dermatology and skin service that ensures that all patients with skin complaints are seen and treated in accordance with clinical guidelines	A full time dermatology service is now up and running within Ramsey Cottage Hospital. The service has appointed a Clinic Nurse Specialist in Dermatology to support the full time service as well as running clinics for drug monitoring and chronic disease management.
	Redesign the pathway for the admission of the acute medical patient from Emergency Department into hospital setting	A deep dive diagnostic study is being carried out into the current patient pathway, and following this a detailed report with recommendations is to be considered'
	Improve access to radiology services through the implementation of sustainability plan	Detailed planning exercise currently being completed. Recruitment activity on track.
	Review the clinical model delivered by the ambulance service to ensure that it is at the forefront of modern urgent care delivery	This piece of work has been included as part of a system-wide urgent care review to encompass A&E, MEDS and Ambulance Services as a whole, and will start in earnest in August 18.

	Develop Ramsey Cottage Hospital into a vibrant community hospital with elderly care/rehabilitation facility, outpatient clinics and day case theatre	Substantial progress has been made in developing Ramsey Cottage Hospital; Martin Ward is now a 31 bedded, consultant led, intermediate care and rehabilitation facility which has significantly increased turnover of patients. Nursing workforce has increased to facilitate this change in service.
<b>Protect Vulnerable People</b>	Development of an integrated (4 tier) Autism pathway	Detailed planning to commence early Q2.
	Work with colleagues in Department of Education, Sport and Culture to develop an integrated pathway for children with disabilities	Working collaboratively with DESC to draft a framework for consultation on the integrated pathway.
	Complete investigations into the feasibility of registering social care workers	A report has been produced exploring how the process of registering social care workers takes place in peer jurisdictions and what would need to happen in the IOM to allow for this process. The report has been submitted to the Safeguarding Board for their input.
<b>Value for Money</b>	Development of Directorate wide Commissioning process for Community Care	The Commissioning and Contracts function has commenced the design and development phases associated with creating a commissioning process for the Directorate. The implementation timeframe is however not expected until the 19/20 financial year, with commissioning and contracts currently focusing on compliance; working through an extensive Directorate procurement plan.
	Improve the quality of financial information - Provide the Department with more detailed, timely financial information to aid the decision making processes and allocation of resources	The monthly finance reports continue to be delivered in a timely manner. The Department is continuing to assess alternative reporting methods to improve the way in which the Department uses financial information.
	Develop and implement Medicines Optimisation strategy which will deliver effective prescribing and cost improvement programme across the Department	The Medicines Optimisation programme has commenced and detailed planning activity is currently taking place for: <ul style="list-style-type: none"> <li>• Recruitment of pharmacists and pharmacy technicians to support all GP surgeries with medicine use</li> <li>• The initiation of a joint secondary and primary care prescribing committee</li> </ul>

		<ul style="list-style-type: none"> <li>• A pilot project on pharmacist medication reviews in care homes</li> </ul>
	Explore opportunities to generate a greater level of hospital income through commercial enterprise	A business case is currently being developed to provide different options of how we could deliver private healthcare to generate a greater level of income in this area. Work is also underway on scoping potential further commercial activities within the foyer area of Noble's Hospital to generate additional income. Research is currently taking place to identify any additional services that could be offered within staff accommodation.
	Deliver savings from the Tertiary Services budget through the implementation of Cost Improvement Plans	Savings are currently being delivered by identifying and reducing errors in activity coding via non contracted activity invoices from UK hospitals. Activities undertaken by a UK hospital without prior funding approval or referral are not being paid. For April to June 2018, this has saved an estimated £26k compared to £10k on the same period in 2017.
	Explore opportunities to repatriate as much activity as possible from the UK to be delivered safely on island	A 12 month pilot for a case manager referral function has been approved and recruitment will commence in quarter 2 in line with the phasing of the Cost Improvement Plan. The pilot will aim to reduce pre admission assessments for surgery in the UK, reduce follow up consultations off island, remove inappropriate referrals and provide effective management of onward referrals in the UK.
	Adopt a more robust approach to commissioning services from UK providers	The development of robust local service specifications is underway to inform future commissioning services and relationships with UK hospitals. This will include adoption of contract performance monitoring for improved health outcomes, quality of care and cost control.
	Establish a functional Programme Management Office to support delivery of the Department's strategic objectives	DHSC Change Management Methodology is currently being developed and will be subject to comprehensive rollout. Inaugural Programme Board due to sit August 2018, and progress with change initiation process ongoing.

<b>Supporting Pillar</b>	Determine future commissioning arrangements for third sector organisations	The Community Care Directorate is currently exploring both the commissioning arrangements and future funding mechanism for third sector organisations; developing an options appraisal that aligns with the wider Department health and social care integration model.
	To build a 'Pod', funded by Bridge the Gap Charity, on the Noble's site which will be jointly used by DESC and DHSC for support of young people with life limiting illnesses	14 week programme commenced on site Monday 25th June; works progressing well and on schedule to finish in October.
	Produce premises development plan for GPs - securing additional premises for Peel as a priority	Discussion with Peel and Western Housing are ongoing regarding the boundary at the rear of the surgery. The covenants for the land are with the Attorney General's Chambers at present. Completion date unknown as things stand.
	Ensure information across the business is delivered in a timely, accurate and consistent manner through the development of an information management strategy and implementation plan	<p>Strategic initiatives are currently being aligned in accordance with the implementation of the Data Protection Act 2018, most notably, lawful processing. To reflect new data protection law, the Information Management Strategy will include utilising 'data' (processes, applications, data, technologies and technical architectures which are used by enterprises to support the collection, data analysis, presentation and dissemination of business information).</p> <p>In view of the large agenda and finite resources, it is necessary to prioritise areas of development activity in accordance with any associated risks; this will be articulated within the implementation plan.</p>
	Working with the Island's dentists to consider options for reforming the current dental contractual system by 1 April 2019	Meeting took place with NHS Dental contract holders in April 2018; exploration into options for different model of delivery is taking place.