

Department of Health and Social Care

2018/19 Q2 Performance Update:

Programme for Government &
DHSC Service Delivery Plan

DHSC Q2 2018/19 DHSC Programme for Government Update

This section sets out the Q2 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	Q2 -Data
We have affordable and accessible housing which meets our social and economic needs	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	74
We live longer, healthier lives	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	Annual measure; survey now scheduled to take place in Q4
	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	Annual measure
	Reduce the number of people dying prematurely from	Deaths from preventable cancer and heart disease are two of the biggest causes of death in the Isle	Under 75 mortality rate from cardiovascular disease	47.6 per 100,000	Annual measure

	heart disease	of Man. We will measure these statistics through information provided by Public Health.	considered preventable		
	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	Survey complete; output is being assessed and will be available in Q3.
	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	*see below
We have improved the quality of life for children, young people and	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	54

families at risk	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 Partnership will provide this data.	Number of families entering early help that were supported out of assistance and remained so	79%	89%
	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	5.0 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	5.0 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	Q2 -Data
We live longer, healthier lives	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% 59.5% 69.47%	79.47% 65.8% 76.78%
		Maintain percentage of eligible population registered with GP online services	21%	21%	22%	25%
	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	**see below	**see below
		Maintain bed utilisation / occupancy levels at Ramsey Cottage Hospital	86%	85-90%	92.2%	80.6%
		Reduce adult acute mental health bed occupancy	92%	85%	91%	92%
		Increase in 5 day discharge follow-up rate by Mental Health Services	90%	100%	81%	87%
		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%	***see below	***see below
		The hospital will achieve 93% aggregate performance for 2 week cancer waiting times	89%	93% - 2019	81.5%	77.1% ****see below
	We will improve services for people who really need care in hospital	No patient will wait >52 weeks for elective inpatient surgery by the end of March 2019	13.2%	0%	13.3%	10.6%
		ED attendances less than 4 hours from	79%	85%	77.9%	79.8%

		arrival to admission, transfer or discharge				
		ED attendances less than 6 hours from arrival to admission, transfer or discharge	92.8%	95%	92.6%	93.1%
		Reduce ED mean waiting time	156 minutes	135 minutes	161 minutes	153 minutes
	We will work to ensure that everyone receives good value health and social care services	Maintain spend against budget through delivery of the cost improvement plan	104.3%	100%	100.24%	102.03%
		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)	1466 (full year estimate 5992)
We have improved the quality of life for children, young people and families at risk	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%	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%	*****see below	*****see below
		We will meet all compliance standards for milestones within the Safeguarding adult's policy and procedures	81%	85%	84%	87.5%
		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	5.0 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	5.0 per 1,000

** Data for Q2 currently unavailable due to the backlog of coding episodes however for reference, the 2017/18 full financial year figure is 17.8%. The DHSC is currently exploring options to improve the timeliness and accuracy of coded episodes.

*** 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.

**** Continued efforts are being made to understand the demand on the service and the capacity available to ensure that we can accommodate these patients within 2 weeks of referral.

***** 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.

Programme for Government Actions

Outcome	Action	Political Sponsor	Target Delivery Date	Q1 - Update	Q2 - 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.	Research Ethics Committee is now established. The first cohort of research culture training is also complete. The R&D Unit is experiencing a minor delay with the development of the integrated ethics portal due to staffing constraints; otherwise the action is on track.
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.	The dialogue with the key stakeholders is nearing completion. There has been active participation from local authorities and to date they have raised many similar themes across the Island.
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.	Extensive Standards tracker work ongoing throughout Q2. Paper for Tynwald planned for development in Q3 to be received at Tynwald in Q4.
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.	The streamlined referral process between opticians and hospital consultants due to go live October 2018; repatriated ARMD service due to commence November 2018. A business case has been developed for the establishment of community respiratory team which is currently awaiting sign off.
We live longer, healthier lives	Deliver clear legal frameworks for all essential	Jason Moorhouse,	Mar-21	Continued review of General Scheme ongoing; progression of all	Work streams for both the NHCS 2016 and the Medicines Act 2003 are

	Health and Social Care services	MHK		activity within the Legislation Team is currently being impacted due to limited resource capacity.	approximately 6 – 8 weeks behind schedule at present, as all other works have had to be put on hold to facilitate the substantial task of reviewing all the legislation for which the Department is responsible in anticipation of Brexit. Given that the deadlines for the completion of the Brexit works are out of our control, this work has had to be prioritised.
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.	Many digital initiatives have progressed well over Q2 with a number of systems now live including EMIS Community and OCS e-requesting. However, some work streams are experiencing delays whilst an appropriate source of funding is identified and ongoing issues with suppliers are resolved.
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.	Very little progress has been made in determining those services that will be provided on island and those that will be provided off island. However, progress has been made with one of our off-island partners who has expressed a very positive indication of their willingness to work with us in a strategic way such that it will be possible for an entire end to end service offering to become jointly governed in a true partnership by adopting agreed clinical pathways and protocols whether care is delivered on or off island. It is hoped that this proposed arrangement will be further explored and finalised by end March 2019.

<p>We live longer, healthier lives</p>	<p>Reduce waiting times for operations</p>	<p>Clare Bettison, MHK</p>	<p>Mar-19</p>	<p>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.</p>	<p>The refresh of the Inpatient, Daycase and Outpatient waiting list is complete and the five most challenged areas have been identified. The detailed review of capacity and clinic templates has not commenced due to workload pressures. The initial scoping exercise for theatres productivity is complete with a number of opportunities identified.</p>
<p>We live longer, healthier lives</p>	<p>Implement the Mental Health & Wellbeing Strategy</p>	<p>Ann Corlett, MHK</p>	<p>Dec-20</p>	<p>Talking Therapies implementation and service specification for step-down beds complete. Good progress being made against other initiatives.</p>	<p>Treasury approved funding for an 18 month pilot for online counselling and online self-help. The Project Board is due to meet early in Q3 to discuss next steps around implementation. The 'Safe Wards' initiative has been implemented by the Acute Inpatient Service. Review of current Supported Living service across MHS is complete and is now in business as usual at Step 3.</p>
<p>We live longer, healthier lives</p>	<p>Improve the way we communicate with the public about the way our health and care services are provided</p>	<p>Jason Moorhouse, MHK</p>	<p>Mar-21</p>	<p>No plan submitted; comprehensive plan to be developed and aligned to Corporate Communication Plan.</p>	<p>Ongoing discussions between DHSC and Corporate Communication are taking place to define responsibilities for communication. In order to reach a wider audience, alternative platforms for communication have been identified and are now being utilised; as such, analytical tools are being used to monitor communication performance. The next steps are to identify priorities within each directorate for communication. Further work to finalise the milestone plan is ongoing.</p>

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.	A review into the effectiveness of the quality committees has been completed, and to improve governance and accountability certain elements and functions of quality assurance have been incorporated into the regular work of the Executive Leadership Team: which itself is now meeting on a more frequent basis. Work has also commenced on updating the department's governance document.
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	The Integrated Care staff engagement events that took place in September included a facilitated workshop that focused on the theme of becoming an Employer of Choice. The output of the workshops will now be incorporated into the detailed review of the milestone plan for this action.
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	Drafting of the methodology for DHSC outcomes framework has commenced; scoping activity for JSNA substance misuse strategy core data complete; awaiting ratification from Public Health.
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.	The DHSC's vision for Integrated Care was launched at the Delivering Longer, Healthier Lives workshops that were held in September. The sessions were designed to continue engagement with key stakeholders and colleagues focusing on progress with pilot projects, making every contact count, my job matters and becoming an employer of choice. A

					number of prestigious guests joined the events for the IOM's First Integrated Care Symposium.
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.	The DHSC is considering a proposal put forward by a UK independent regulator; the tri-island commissioning body is not an appropriate option to pursue at this stage due to ongoing development with Jersey and Guernsey model. Consultation regarding Isle of Man regulation is currently being drafted with a view to going out to the public in Q3.
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.	Status as per Q1 update

DHSC Q2 2018/19 Service Delivery Plan Update

This section sets out the DHSC's Q2 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

It should be noted that there are a number of strategic objectives that are captured within the Programme for Government reporting activity, and as such they have not been duplicated within this section.

Service Delivery Plan Objectives

Strategic Goal	Objective	Q1 - Update	Q2 - Update
<p style="text-align: center;">Greater Responsibility</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>External tender exercise did not secure a provider. Alternative plan now being developed for a joint review by Internal Audit and the Merseyside Internal Audit Agency. Project plan and completion date should be agreed in Q3.</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>Work has commenced and the first stakeholder meeting/workshop takes place on the 3 October 2018. It is envisaged that the final report will be completed by March 2019.</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>The Director of Public Health Annual Report 2018 has been presented to MHKs and to Chief Officer Group (COG). Accountability/responsibility for progression to a cross-government strategy and implementation plan sits with COG who have requested quarterly progress reports. Public Health is now leading work to draft a strategy for public consultation with a view to publishing the strategy and timed, costed and accountable implementation plan at end of year 1 (Q2 2019/20). Work has commenced to strengthen the childhood overweight/obesity management pathway and to specify and commission</p>

			family centred multi-intervention weight management programmes for very young children (0-4 years) and children and young people (5-18). Milestones will be agreed for reporting during Q3.
More Care in the Community	Complete Phase 1 of the Eastcliffe project; relocating Day Services for Adults with Learning Disabilities to the Noble's Complex	Phase 1 of project progressing to plan, due to be complete in Q2.	Phase One of the Learning Disability Capital scheme to replace Eastcliffe Day Services is now open and providing services to adults with a learning disability. The new facility is to be known as Greenfield Park and will provide employment opportunities to adults with a learning disability in the Industrial Centre, Shop, Garden Centre and Café.
	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 adult 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.	New adult Social Work Team structure now in place. Disabilities team split into a specialist Learning disability Team and a Generic Adults team with effect from 24th September 2018. The Generic Adults Team will deal with both adults with a physical disability and adults who appear to be vulnerable and in need of some support/advice but do not come under the umbrella of Learning Disabilities, Mental Health, Drug and Alcohol Team or older peoples services.
	Continue to reshape Learning Disability Services in line with the Learning Disability Strategy 2014-2019	The adult 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. An external review of adult LD Respite Services took place earlier this year with the	The review has now been developed into a project work stream with a steering group taking forward the recommendations including the redevelopment of Radcliffe Villas. The initial business case for the capital scheme to replace Radcliffe Villas will be presented to the Executive Leadership Team on 5th October for consideration.

		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.	
	Move appropriate paediatric activity from the hospital setting as an outreach service, provided in the community	Children's Paediatric 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. The outreach team is an admission prevention service to try and keep children with complex health needs cared for in their own home and reduce hospital admissions.	Action complete.
	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.	Discussions have taken place with GPs to identify issues / reservations about working in MEDS; subsequently, an options appraisal has been submitted to the Department for review. An action plan for next steps has been agreed in conjunction with the Hospitals Directorate.
	Subject to full planning approval, commence development of the Summerhill View older persons care facility	Planning approval due early July.	Discussions are ongoing with the planning officers; follow up meeting with planning is scheduled for the end of October.
Improve Hospital Services	Develop and enhance quality management systems within the medical laboratory in pursuance of the ISO 15189:2012 standard (recognises quality and level of	Discussions are ongoing between pathology and the finance team to reinstate the funding source for the employment of a Quality Manager.	Unable to identify funding source at this stage; the 2017/18 pathology budgetary underspend that was previously identified has since been absorbed by the Department's broader budget.

competence in medical laboratories)		
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	The design and plans are in their final stages and will soon be ready to go out to tender for the various work packages needed to develop the area.
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.	Discussions have taken place with suppliers, GTS and the Head of Commercial and Business Enterprise. Further work will now take place with the Procurement team to progress this although funding sources are challenging to secure
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.	Following the recent commencement of a Clinical Nurse Specialist in Dermatology, the dermatology service is now fully staffed and running to full capacity. There are further service developments in the pipeline, such as development of a photodynamic therapy service. Action complete 30/9/18
Redesign the pathway for the admission of the acute medical patient from Emergency Department into hospital setting	Dr Ian Sturgess is carrying out a deep dive diagnostic study into the current patient pathway. He will subsequently provide a detailed report with recommendations to be considered.	Report has been produced; recommendations are currently being considered by the Department.
Improve access to radiology services through	Detailed planning exercise currently being completed. Recruitment activity on track.	Recruitment has been successful; two radiographers to be in post by the end of

the implementation of sustainability plan		October 18 and one in post by end of January 19. Three services have been repatriated back to the Island and have shown a cost avoidance benefit of £25,000 from April to September. The procurement process for the teleradiology service has begun; North West Hub for Radiology membership is delayed until the DHSC receive confirmation of membership of School of Radiology.
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.	Detailed planning exercise is currently underway.
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.	<p>Further service transformation work has been ongoing in RCH during the last quarter which includes:</p> <ul style="list-style-type: none"> • Development of rehabilitation team based on Martin Ward to deliver intensive therapy • Ramsey (Martin Ward) medical team now fully staffed • Development of Dermatology Service • Increase in use of medical/surgical outpatient clinics by 7 per week • Increased use of Ramsey theatre through dermatology/plastics minor ops along with increased oral surgery activity • Commencement of anaesthetic led sedation lists in oral surgery and dermatology <p>Completion date 31/12/18.</p>

Protect Vulnerable People	Development of an integrated (4 tier) Autism pathway	Detailed planning to commence early Q2.	The first phase to identify all referral, assessment, diagnostic and review pathways that exist across child, adolescent and adult disciplines (including transition) has commenced. Extending the scope to include ADHD and NDD, the sub-group are in the process of defining the current 'state' position with a view to developing a future pathway model to be considered by the Autism Steering Group in late October. At this point a defined timescale for completion should be available.
	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.	Status as per Q1 update.
	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.	Status as per Q1 update.
Value for Money	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.	A high level implementation plan to support progression against this objective is now available, outlining work streams that in effect create the building blocks to develop the commissioning framework. The CCD will report progress to the Department Commissioning Committee in October. Development of CCD three year commissioning/procurement plan and creation

			of contract database is complete.
	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.	A supplier has been chosen to provide a new set of financial reports; work is ongoing to tailor the reports to the DHSC's requirements with a view to incorporate business information into a set of monthly reports going forward.
	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"> • Recruitment of pharmacists and pharmacy technicians to support all GP surgeries with medicine use • The initiation of a joint secondary and primary care prescribing committee • A pilot project on pharmacist medication reviews in care homes 	An initial draft of the DHSC Pharmacy Strategy has been produced. Optimize software is in use across all Island GP surgeries to assist with prescribing choices; a pharmacist is working alongside some GP surgeries as a pilot project to identify alternative value for money drugs where appropriate and as such, £300,000 savings have been identified in year 1. A parallel pilot project has enlisted a pharmacist to review medication in care homes, saving £7,676 in one care home alone.
	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.	The DHSC is temporarily closing the Private Patient's Unit at Noble's Hospital and suspending private medical services for at least a year from 1 January 2019 to allow for a major updating of facilities and management of the service. Retail income from Noble's Shop has generated an additional £21k over budget this financial year. This has been achieved by gradually expanding retail lines with larger profit mark ups since the beginning of this financial year.

	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.	Tertiary Services at the end of quarter 2 is currently on track and forecast to fully meet its set £1.4m CIP target. This has mainly been achieved by introducing greater governance controls in this budget area. Although potential risks have been identified, there are a number of CIP schemes still to be actioned which could mitigate these risks and deliver potential further savings in future financial years.
	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.	Recruitment has not yet commenced for the case manager. It is hoped that this post will be advertised and recruited in the second half of the financial year.
	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.	The development of the tertiary specification is still under construction. In the interim, quarterly service review meetings have commenced and are scheduled with a number of our current tertiary providers in the UK.
Supporting Pillar	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.	The Programme Board is now incorporated into the agenda for the Executive Leadership Team and updated Terms of Reference have now been approved. Work is continuing on the production of a Department-wide change methodology, as well as refining the scope of the change Portfolio. Recruitment of resource

			to support transformational activity has been placed on hold for the time being.
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.		Future commissioning arrangements are heavily interlinked with the development of the bespoke commissioning process. In relation to funding mechanisms, the CCD will prepare and submit an options appraisal for Department consideration in Q3.
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.		The Pod structure is due for completion by the end of October and is on target. However, as was always the case the internal finishes and commissioning will be completed in the weeks following, with the opening scheduled for the 9th November.
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.		The design has been agreed with the GP's; discussions are ongoing with the Government Valuers, Peel and Western District Housing Committee, Highways and the Planning Department to ensure the proposed scheme is fully compliant prior to the submission for planning permission and conclusion of the final business case for Department Approval.
Ensure information across the business is delivered in a timely, accurate and consistent manner through the development of an information management	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		The implementation of the Data Protection Act 2018 was a priority over Q2; information asset and data mapping is currently ongoing. Drafting the information management strategy has begun in accordance with the milestone plan.

	strategy and implementation plan	<p>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.	<p>Various options were presented to the Department following the meeting with Dentists. No final decision was taken to follow up on the options presented and a different approach has been decided. Discussions are to commence in October/November 18 to develop a dental strategy in conjunction with Public Health by March 2019. Dentists will be invited to a follow up meeting in November 18.</p>