



# Independent Review of the Isle of Man Health and Social Care System

SUMMARY FINAL REPORT – Foreword and Executive Summary  
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*18 April 2019*

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## Foreword

This Report should be seen as a catalyst for change. Several reviews of health and social care on the Isle of Man have been undertaken over recent years, identifying deep-seated problems in the way the services were organised and delivered. They made many good recommendations, which appeared to be accepted at the time but were not fully implemented – or, in some cases, not implemented at all. It would be extremely disappointing if the same were to occur with the recommendations in this Report, given that it has become very clear and widely recognised that the current system of health and care on the Island is both clinically and financially unsustainable.

In addition, the system cannot be shown to offer best value, either in terms of outcomes or costs. Therefore, now is the opportunity to make some fundamental changes to ensure that the service user is at the centre of the provision of services and that a clinically and financially sustainable system is secured for the people of the Island, now and for future generations.

Given my experience as a physician and a chief executive of leading NHS Trusts, I have considerable experience of managing major change programmes within the health and care environment. Since being asked to lead this important independent Review by the Council of Ministers last year, I have spent a considerable amount of time meeting people on the Island. I have gained an understanding of what health and care services mean to them, what challenges they find within the current system, what improvements are needed and at what cost. I found that the citizens of the Island want to see a comprehensive health and care service that is of the highest quality and delivered in a way which is efficient, effective and, whenever possible, provided on the Island. My Report has been informed by a combination of past experience and engagement with the lived experience of the people of the Isle of Man.

Above all I have learned about the talent, compassion and commitment of so many staff and volunteers, working across all sectors of health and care. I have heard very clearly their views about what changes they believe are needed to deliver better services. When in this Report I criticise the way services are organised, I recognise that the vast majority of staff are striving to deliver good care despite the system. However, patches of poor practice and behaviour do exist and, wherever they occur, they should be addressed.

No Government has unlimited budget. Whilst this Report does recommend increases in funding in the future, it also acknowledges that regular improvements in efficiency should be found to ensure that the increase in funding delivers the maximum benefit for the citizens of the Isle of Man. If the forecasted increased funding levels and efficiencies are not secured, the range, accessibility and quality of services provided would need to be adjusted accordingly.

Given this situation, the degree of change required in health and care services on the Island is significant. This Report explains the need for legislative changes, organisational changes and service reconfiguration (which will determine what care is provided and how). I view health care and social care as equally vital components of the entire system and so my recommendations apply equally to health and care, except where specified. The changes I recommend will impact all aspects of the health and care system on the Island.

This Report also urges action to further embrace the technological advances, which can enable better care to be provided on-Island, reduce appointments off-Island and allow more accurate information to be gathered and used for performance management and planning purposes.

The programme to transform the provision of health and care on the Isle of Man will not be quick, without significant challenges or without some further costs. However, in my opinion, the recommendations in this Report are collectively essential to ensure that health and care services on the Island are focussed on the needs of the service user, safe, of high quality and get most value for taxpayers.

The Isle of Man Government and the Department of Health and Social Care (DHSC) have for some considerable time espoused a vision of a fully integrated health and care system for the Island. I fully support that vision, although I recognise that, as yet, limited progress has been made towards achieving it. I feel that the acceptance and, crucially, the implementation of the recommendations included in this Report will enable that vision to be realised.

I would encourage the Council of Ministers to strongly commend the recommendations contained in this Report to Tynwald and require the implementation of them as soon possible in order to provide a financially and clinically sustainable, high-quality health and care system for the Manx population.

I would like to conclude by expressing gratitude for the support shown to the Review by the public, service users, carers, clinicians, politicians, employers and others who work in the private and third sectors in the provision of health and care. They have all given their time, encouragement and thoughts, thus enabling the Review to consider the health and care system in its entirety. We owe it to the population of the Island to act now to achieve the improvements that can give them the services they deserve.

A handwritten signature in black ink, appearing to read 'Jonathan Michael', with a stylized initial 'J' and 'M'.

Sir Jonathan Michael

11 April 2019

# Executive Summary

## Section 1. Introduction

The Introduction to this Report explains that the Isle of Man is well placed to become a model of how to deliver a fully integrated health and care system. However, to achieve this aim, a fundamental rethink of the current arrangements is required.

The main objective of the Review was to obtain an independent opinion on the state of services as they stand and to identify options for delivering and funding a modern, fit-for-purpose and sustainable health and care system. Its Terms of Reference included examination of whether the Isle of Man is getting value for money for the sums currently being spent on health and care - and what is the likely increase in funding that will be needed to support those services by 2035-36. Core questions for the Review included asking whether the Isle of Man has the best possible organisational model for the delivery of health and care. Is the current health and care strategy still appropriate? What obstacles have limited progress and how should they be overcome in the future?

The independent Review was led by Sir Jonathan Michael, who was assisted by Isle of Man civil servants and external consultants. The Introduction explains the approach to taking evidence, including extensive engagement with the public, staff and service users. The Review was supported by an Advisory Panel of stakeholders and a Sponsor Group. Sir Jonathan greatly benefited from the views of the numerous contributors, but as this was an independent Review, he retained full editorial control of its conclusions.

The Report uses the term health and care to include health services, social services and others who deliver care within the Isle of Man health and care system.

## Section 2. Current Costs and Models of Care

This Section looks at the growth in funding of health and care on the Isle of Man over recent years. It notes that budgets have tended to be overspent, predominantly due to overruns at Noble's Hospital. If changes are not made to the health and care system, costs are forecast to rise by 2.7% a year on average in real terms. This is due to demographic pressures, technological advance, rising public expectations and the tendency for healthcare costs to rise faster than general inflation.

If the 2.7% annual addition to costs were to persist until 2035-36, the annual cost of delivering current health and care services would rise to £433m at today's prices. This would require £156m more funding than is provided for health and care today – an apparently unsustainable proposition. These figures make it all the more important to make the system work more effectively.

The current service model is heavily focussed on delivering care from the main hospital site. Government policy since 2011 has been to shift services out of the hospital into the community, with an emphasis on the integration of services around the needs of the individual. However, although some progress has been made, integration remains limited.

The Review looked in turn at eight different sectors: public health; primary care; community services; social care (adults and children and families); third sector and private sector care; out-of-hours services; hospital-based services; mental health and learning disabilities. Each sector has its own set of issues.

Key points include:

1. **The Public Health** Directorate aims to protect and improve the health and well-being of the citizens of the Isle of Man as a whole. However, its ability to fully achieve this aim is

constrained due to a lack of key data from the health and care system and across Government, an inability to oversee key programmes delivering public health outcomes and a lack of resource to fully deliver on its remit.

2. **Primary care** on the Island relies heavily on GPs and by international standards makes relatively little use of practice nurses, nurse practitioners and pharmacists. However, there are fewer GPs per head of population on the Isle of Man than in England and their workload may be unsustainable. They also appear to refer more patients to other health services than in England.
3. **Community health services** (including community nurses, health visitors and a wide range of specialist therapists) are making progress towards formalised, integrated working with each other, but they are not yet able to integrate fully with other services, particularly with primary care and hospital-based services. This lack of wider collaboration results in greater pressure on hospitals and nursing/residential care, where costs are higher.
4. **Social care services** for adults are highly centralised. Services for people with more acute needs are predominantly provided in nursing and residential homes, rather than in their own homes. The benefit system encourages people to move into a care home instead of staying in their own home, where most people would prefer to be if sufficient support was available. Therefore, the Isle of Man gets the worst of both worlds from the system – higher cost and less satisfaction. Social care services for children and families have made progress in recent years and have undergone significant change, but structural fragmentation and limited integration pose risks to outcomes for some service users.
5. **Third sector and private sector organisations** can make a valuable contribution to the delivery of health and care services. They include charities, voluntary organisations, faith groups and care homes. However, partnership working between these organisations and the public sector is localised and not well developed.
6. **Out-of-hours** services depend on a “two-tier” system of GPs providing the Manx Emergency Doctor Service and Noble’s Hospital providing an Accident and Emergency Department. There are in effect two fully staffed services and there is no single centre of emergency care. This model has not changed since 2016, when an earlier review into urgent care by the Island’s Chief Ambulance Officer determined that it was unsustainable. A small number of emergency cases are diagnosed and stabilised in Noble’s Hospital, and then transferred via the airport to specialist centres in England. The Review has been advised that enhanced medical air transfer facilities to those specialist centres would allow more patients in need of urgent emergency care to be transferred in a safe and timely manner.
7. **Hospital-based services** on the Isle of Man provide a higher proportion of planned care than in other healthcare systems. Evidence demonstrates this is the most expensive and least appropriate place to deliver some of these services. The high volume of hospital-based care also exacerbates long waiting times and breaches of specific quality targets. This, coupled with a historic high rate of delayed discharges, means that the patient journey through the current hospital system is longer and more costly than necessary. At present, 13 different organisations based in England are contracted to deliver specialised services for the population of the Isle of Man. There are some indications that these services may be less than ideal and there are question marks over whether Isle of Man patients in English hospitals are being given the appropriate priority.
8. **Mental health services** are currently going through a long-term process of welcome change. A Mental Health Strategy for the Island was published in 2015, which mirrors the approach being taken in other health and care systems, the aim being to prevent mental ill health, promote mental wellbeing and treat mental illness. Considerable work has gone into the implementation of the strategy and there are clear, credible plans to build on this progress. Despite this, some elements of a mental health service that would be considered ‘best

practice' are not yet in place. There are also indications that elements of the system, as currently configured, are struggling to meet demand.

A Strategy for **Learning Disability services** on the Isle of Man was published in 2014 and a lot of effort has subsequently gone into its implementation. However, the Review process highlighted the need for greater medical input and improved integration, communication and education in order to support vulnerable people accessing care and navigating the system.

The Section proceeds to identify deficiencies in the governance of health and care, including a lack of data on quality and performance. There is not enough transparency about costs and spend. So it is not possible to judge whether, or to what degree, the spending of public money on health and care is appropriate or effective. There are insufficient processes or levers to hold to account the people with decision-making powers (whether clinical or non-clinical). There is also a lack of comprehensive, consistent quality regulation across health and care services. When inspectors do find fault, their recommendations are not consistently implemented.

There are a number of areas where the Isle of Man does not have legislation in force that is comparable to legislation covering the NHS in England, including lack of a clear framework against which clinicians can be held to account for the care provided. The current regulatory regime is not sufficiently robust to protect the public consistently and ensure that services are safe, relevant and of appropriate quality.

The health and care sector operates a multiplicity of IT systems that do not communicate well with each other and this inhibits relevant information sharing between providers of care. It is experiencing a variety of workforce challenges, including a high vacancy rate. The most recent comprehensive survey of the Department of Health and Social Care (DHSC) workforce highlights that the majority of its staff are committed to delivering a good customer service, but they do not feel encouraged to improve ways of working.

The section concludes by examining a number of cultural issues that may be standing in the way of progress.

### Section 3. Principles of Health and Care

This Report is not suggesting any changes in fundamental principles. A motion passed by Tynwald on 20 March 2018 said:

*“That Tynwald endorses and affirms the seven modern day core principles of the NHS [National Health Service]:*

- *The NHS provides a comprehensive service, available to all;*
- *Access to NHS services is based on clinical need, not an individual's ability to pay;*
- *The NHS aspires to the highest standards of excellence and professionalism;*
- *The NHS aspires to put patients at the heart of everything it does;*
- *The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population;*
- *The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources;*
- *The NHS is accountable to the public, communities and patients that it serves.”*

The Review has taken these principles as given and has extended them to ensure that the values that have been clearly stated for health services should also apply in social care. It has also adopted an additional principle, based on the DHSC's current vision and strategy, that health and care

services, wherever possible, should be delivered on the Island and close to a person's home. They should be provided centrally only when clinically necessary (whether in an Isle of Man facility or off-Island).

## Section 4. Case for Change

The Review heard very clearly about the sort of health and care system that people on the Island say they need. It is based on five key aspects:

- High quality, efficient services
- Best value
- Delivered as locally as appropriate
- Timely provision of services, which are both accessible and integrated with other aspects of the system
- Sustainable, both financially and clinically

This is achievable. The Island already possesses several of the components required to deliver a high-quality health and care system. They include a supportive population, a highly skilled health and care workforce, some good infrastructure, a supportive third sector and a strong economy. However, these benefits cannot yet be leveraged fully because of barriers to progress, which are described in Section 2.

A modern model of integrated health and care services is now required. It should be focussed on the service user, with the provision of care delivered locally whenever possible, either in the home or close to it. The need to receive care off-Island should be satisfied, but limited to those cases requiring specialist care that cannot safely be provided on-Island.

This Section sets out a vision of how services should develop, including improved communications and an increased emphasis on health and well-being, to improve the quality of people's lives and delay their need for access to health and care services for longer. Services should be delivered to an agreed high standard based on professional best practice, within an increased funding envelope and an annual efficiency target. They should be planned and delivered according to proven evidence of need. To achieve a satisfactory standard of emergency care there should be improved air links giving immediate access to a small number of specialist centres.

These changes will need to be underpinned by a fully delivered digital strategy, which exploits the current investment in technology services. There should be ubiquitous access, for those who have the right to it, to information which will help in the delivery of care, and systems that reduce travel for follow up appointments.

Costs and outcomes should be linked and measured; and the complete relevant information should be made available regularly to managers, clinicians, service users and those charged with making policy decisions. This will allow for the most informed decisions to be made. There should be regular, empowered inspection of services, with an aim to maintain and further drive up standards. Where failings are identified, there should be an agreed improvement plan and implementation timetable.

## Section 5. Creating a Sustainable System

This Section sets out the model of health and care that the Review has designed to enable the delivery of a financially and clinically sustainable system. The first step is to ensure that patients and service users always come first. As a result, the first of the Report's recommendations is that the Council of Ministers formally adopt the principle that puts patients and service users at the heart of the planning and delivery of health and social care services. It must put this principle into action in social

care as well as in health by ensuring that patients and service users are engaged at all stages in the planning and delivery of services.

### New Governance Model

The second recommendation is for a fundamental change in the governance of health and care. At present, the DHSC sets the policy as well as taking responsibility for delivering and/or contracting others to deliver health and care services. This dual role is problematic. If policymakers become too involved in operational matters, it is almost certain to lead them to concentrate on apparently urgent day-to-day business at the expense of the really important strategic decisions.

The answer is to separate policy making from the delivery of services. The Report recommends that the officers of DHSC should focus on strategic policy, regulation, overall finances and supporting the Minister and Members. This would facilitate better analysis and more insightful policy development. Meanwhile health and care providers should be allowed to focus exclusively on the delivery of high quality, integrated care, based on clinical need, as opposed to any undue, external influence.

The recommendation is for the creation of a single public sector organisation, perhaps to be known as “Manx Care”, which should be responsible for the delivery and/or commissioning from other providers of all required health and care services. Manx Care should be set up as an arm’s length body and run by a Board appointed by Government and approved by Tynwald. However, importantly, it should be operationally independent of both Government and Tynwald.

A series of further recommendations are linked to the setting up of this new arm’s length body. The services it provides directly or indirectly should be inspected regularly by independent, external quality regulators, with a report to the Manx Care Board and to the DHSC. To increase transparency, a publicly available annual report from Manx Care should be provided to DHSC and subsequently presented to Tynwald, summarising the delivery of the health and care services on the Island.

Other recommendations for improving the governance of health and care include:

- A new statutory duty of care, including a duty of confidentiality and a duty of candour;
- A transformation programme of health and care services;
- Progress reports on the transformation programme to the Council of Ministers and Tynwald; and
- Legislation to address weaknesses or gaps in the current system, enabling the implementation of recommendations in this Report, such as any necessary legislation to establish Manx Care.

### New Service Model

Greater emphasis will need to be placed on the health and well-being of the population, so that people stay well for longer with less need. This will require health to be considered across Government policy-making and so those charged with providing expert guidance on public health matters should be placed at the centre of Government. The Review states that all Departments should be required to factor public health guidance into policy setting and legislation. To facilitate this, it recommends that the Public Health Directorate moves into the Cabinet Office.

The Public Health Directorate should be resourced to undertake a programme of health and care needs assessments to inform the development of clinical service delivery models. On an Island with a population of 85,000, the capability of health and care services is inevitably limited, but clearly people’s needs must be met. A service-by-service review of health and care provision, in conjunction with the needs assessment, an analysis and implementation of care pathway design, should be undertaken. This should establish what services can, or should, or must be provided on- and off-



Island, against defined standards. Where services cannot be provided safely or deliver best value by Island-based providers, the default position should be to seek services from third parties for delivery on-Island whenever possible and off-Island where necessary. Integrated care pathways must be designed, agreed and delivered. At each point along the pathway, the provider(s) accountable for the service user should be clear. Work to establish the pathways should also incorporate the setting of quality standards.

Manx Care should deliver an enhanced 24/7 emergency air bridge, allowing for patients to be stabilised locally and moved quickly and safely to contracted specialist centres. This aviation solution (potentially using helicopters, fixed wing aircraft or both), with comprehensive in-flight emergency and critical care facilities, would transfer emergency activity to other specialist centres. The aim would be to provide a more reliable, faster and more comprehensive service than is currently in place in order to ensure access to timely and high quality, specialist emergency care. Enhanced emergency air transfer to off-Island specialist centres would alter the range of services that would need to be delivered on the Island.

Other recommendations for improving the service model include the establishment of a single, integrated out-of-hours service, deeper collaboration within primary care and removing disincentives to people requiring care and support remaining in their own home.

### New Funding Model

Additional increases in day to day funding will be required going forward but must be linked to the achievement of annual efficiency targets. Evidence of progress against the targets should be outlined in the annual report to DHSC. The Review looked at how big an annual efficiency target would be appropriate to provide greater financial sustainability and concluded that a 1% target should be the standard measure, reviewed annually. Efficiency gains of 1% a year of the full costs of delivering health and care would still leave an additional funding gap of approximately £120m by 2035/36. The Review suggests savings that could be made without having a negative effect on the quality or availability of services.

The Review recommends a ring-fenced additional allocation to support the transformation programme, equal to 1.5% of health and care spend for up to five years of implementation (2019/20 to 2024/25.) This amount would be equivalent to £4.3m in 2019/20. It would include resources for a team of transformation professionals to lead on the significant change efforts required and for the delivery of this Report's recommendations.

Unless the Isle of Man decides to reduce the range of services offered, it will need to find a sustainable way to meet the remaining funding gap, even after efficiencies are made. This could be achieved in a number of ways including through making changes to the way health and care is funded and/or channeling Treasury income above inflationary rates. The Report includes an analysis of possible options.

The Review proposes that funding should move from the current annual budget allocation to a 3-5 years financial settlement. Predictable funding would enable those working in health and care to plan and deliver services more effectively.

### Technology Enabled Transformation and Data

As the service is transformed through implementation of the recommendations proposed in this Report, reliance upon high quality digital systems will increase. To avoid delays in the delivery of health and care reforms, development of the Government-wide digital strategy needs to go further

and faster. This would enable greater integration across the system, improved monitoring and enhanced delivery of quality and efficiency-related information.

One of the key aspects of the digital strategy is the delivery of the “Manx Care Record”. The intention is to create a single overarching system that provides appropriate staff from all parts of health and care with access to all the key data from each relevant system used in the delivery of care. The Review considers this essential to the future clinical sustainability of care. Technology is not an add-on to delivery of care – it is an essential part of it for service users, staff, operational management and strategic planning.

A second important element of the digital strategy is the delivery of telemedicine services. By linking patients and their doctors to expert clinicians on and off the Island, the service can overcome many of the disadvantages of operating on a relatively small scale.

The Report calls for the collection of a core data set for the management and assessment of services. The systemic capture of accurate data should be a priority. Data sharing protocols and arrangements should be reviewed, agreed and implemented in accordance with the Information Commissioner’s regulations and guidance.

### New Workforce Model

Delivery of the recommendations in this Report requires a fit-for-purpose workforce. That demands solutions to a variety of issues including filling gaps in staffing, reducing duplication, easing recruitment difficulties, building career paths and improving morale. The answer is not as simple as hiring more staff. Increasing staff numbers only, at the same level of demand, would create unsustainable financial pressure, given that staff costs currently make up around 65% costs within the Island’s health and care system. It will be critical to use the workforce more innovatively with new ways of working and increased use of technology to increase productivity, reduce unnecessary bureaucracy and enable more time to be spent delivering care. Such innovations are becoming especially important at a time of a growing international shortage of health and care staff.

A workforce skills audit should be conducted in order to objectively assess the ability of the current workforce to provide the services required. This should apply whether the services are to be delivered directly or indirectly by Manx Care. Any gaps in that ability will need to be addressed, e.g. through upskilling, recruitment or purchasing of those services from other providers.

Recruitment will need to focus more on appointing generalist clinicians, with suitable specialist skills delivered by other specialist providers both on and off Island, as required. The workforce model should include alternate approaches, such as contracting staff from off-Island specialist centres to deliver specific elements of care on-Island, linking in with professional networks and utilising tel-ecare/ telemedicine solutions.

The Report notes the importance of the working culture of organisations. It is important to do everything possible to root out negative attitudes and develop policies that encourage staff retention and recruitment, including fair rewards and flexible arrangements to achieve an appropriate work-life balance.

## Section 6. Implementation and Transformation

It is formally outside of the scope of the Review to consider implementation in detail. However, given the failure to implement the recommendations included in a number of previous reports, it was considered prudent to provide some advice, working on the assumption that the Recommendations within this Report are accepted and that there is a desire to press forward to

implementation at pace. This section is intended to assist moving the Recommendations into actions and delivering change. It provides the outline of a transformation programme and describes the teams of people who will be needed to implement it.

### Section 7. Recommendations

To make the recommendations stand out, they are presented prominently throughout the main body of the Report in bold italics. This section also lists all the Recommendations in the order that they appeared in this Report.

### Section 8. Annexes

The Report is supported by a series of Annexes, including the Review's Terms of Reference and supplementary information.