

# Department of Health and Social Care

2019/20 Q3 Performance Update:

Programme for Government &  
DHSC Service Delivery Plan

## **DHSC Q3 2019/20 DHSC Programme for Government Update**

This section sets out the Q3 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	Q2 19/20 - Data	Q3 19/20 - 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	4	16
<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	The data will be made available in Q3 2019/20	Analysis of the health & lifestyle survey has been delayed and is due for release May 2020*
	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	Annual measure: 2019/20 fig. 86.1 per 100,000	Annual measure: 2019/20 fig. 86.1 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 Public Health.	Under 75 mortality rate from cardiovascular disease considered preventable	Annual measure: 2019/20 fig. 54.3 per 100,000	Annual measure: 2019/20 fig. 54.3 per 100,000
	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	Annual measure: due Q3 2019/20	Analysis of the health & lifestyle survey has been delayed and is due for release May 2020*
	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	Male: 63.8 years  Female: 57.9 years	Annual measure:  Male: 63.8 years  Female: 57.9 years
<b>We have improved the quality of life for children, young people and families</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	The number of reported Safeguarding alerts in adult care homes	31	44

<b>at risk</b>		environments.			
	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	93%	93%
	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	5.0 per 1,000	5.6 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	6.0 per 1,000	6.0 per 1,000

\*A delay in obtaining financial exemption in order to progress the contract with The Public Health Institute at Liverpool John Moore's University, (our analysis providers) means their final report will not be published until May 2020.

### Programme for Government Key Performance Indicators

OUTCOME	POLICY STATEMENTS	KPI	Baseline	Target	Q2 19/20 - Data	Q3 19/20 - 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%	Cervical - 81% Bowel – 65.2% Breast – 73%	Cervical - 81% Bowel – TBC* Breast – 66.75%
		Maintain percentage of eligible population registered with GP online services	27%	27%	31%	31%
	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%	See below	**See below
		Increase and maintain bed utilisation / occupancy levels at Ramsey Cottage Hospital	80.1%	85-90%	86.6%	82.1%
		Reduce adult acute mental health bed occupancy	92%	85%	93%	90%
		Increase in 5 day discharge follow-up rate by Mental Health Services	94%	100%	92%	96%
		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%	78%	83%
	We will improve	The hospital will achieve 93% aggregate performance for 2 week cancer waiting times	80.3%	93%	77.3% (FYTD aggregate 82.1%)	82.1% (FYTD aggregate 82.1%)

	services for people who really need care in hospital	No patient will wait >52 weeks for elective inpatient surgery	6.4%	0%	9.2%	12.1%
		ED attendances less than 4 hours from arrival to admission, transfer or discharge	79.5%	85%	89.8%	80.6%
		ED attendances less than 6 hours from arrival to admission, transfer or discharge	92.3%	95%	96.4%	91.4%
		Reduce ED mean waiting time	159 minutes	135 minutes	136 minutes	165 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	101.4%	100%	105.1%	105.7%
		Maintain the number of patients travelling to the UK for outpatient first attendances and follow up treatment and provide care where appropriate locally	5994	5994	1,921 Patients (7,400 full financial year projection based on Q1 and Q2 figures)	1,809 patients (7,345 full financial year projection based on data to date)
<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	95.5%	100%	99%	97%***
		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	84%****
		We will meet all compliance standards for milestones within the Safeguarding adult's policy and procedures	93%	85%	30%	65%*****

\* There appears to be an anomaly within the data provided for Q3, and accordingly efforts are being made to validate this with the Screening hub in Rugby.

\*\*The coding function within the organisation and the backlog of coded episodes remains on the hospital risk register. Responses from the prior information notice together with the proposition of continued development of the team locally have been collated in a paper due to be presented to the DHSC Management Board in January in order to agree a way forward for the coding service.

\*\*\*A Rio system change has taken place October. As such, changes to practice has impacted on recording initially. This has improved as time went on. It is estimated this will be 100% Q4 as staff understand and follow process.

\*\*\*\*All cases under adult safeguarding are offered a 3 month follow up case closure. 84% of people opted into have their case remain open for a follow up review.

\*\*\*\*\*Cases delayed for many reasons, including high volume of cases impacting on availability of workers and facilities, delayed at request by family member, Safeguarding Officers request and further investigation prior to conveying a meeting.

**Programme for Government Actions**

It is acknowledged that many of the DHSC's existing Programme for Government actions are impacted upon (or will be delivered alongside) activity that is being progressed by the Health and Care Transformation Programme. It is anticipated that more detail will be confirmed regarding this activity during Q4, and as such an in-depth review of the Department's Programme for Government commitments is due to commence, so that a more detailed status update can be provided for the next reporting period.

Outcome	Action	Owner	Target Delivery Date	Q2 2019/20 - Update	Q3 2019/20 - Update
<b>Responsible Island</b>					
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	<p>The DHSC's research function is currently under review and as such, further milestones may be subject to change in Q3. In the meantime work has commenced to create a project plan for the advancement of R&amp;D legislation and policy.</p> <p>The integrated ethics portal has been through testing and will be live Oct 2019 after which work on the Research Management Software will commence. It is expected that this work will still be delivered on time.</p>	<p>The DHSC's research function is currently under review, and as such further milestones may be subject to change. In the meantime work has commenced to create a project plan for the advancement of R&amp;D legislation and policy.</p> <p>The integrated ethics portal is now LIVE. We are working with the supplier to transition to an appropriate URL.</p>
<b>Inclusive and Caring Island</b>					
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	Jul-19	<p>The research and joint working with DOI has continued, and a significant amount of additional detail has now been added to the final report, which is now expected to be submitted to the Social Policy and Children's Committee in Q3. The RAG status has been amended to reflect the fact the target date has now passed.</p>	<p>Further additions have been made to the report following the publication of data from Public Health. The report will be finalised and agreed by both Ministers prior to progression to the Social Policy and Children's Committee in Q4.</p>

Healthy and Safe Island					
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	<p>(i) <u>Eye Care</u> – Detailed planning due to commence, which is to include engagement and involvement of 3rd Sector.</p> <p>(ii) <u>Care Pathways</u> – work continuing with Transformation team to ensure this activity aligns with the Independent Health and Social Care Review recommendations.</p> <p>(iii) <u>GP Contract</u> - Comprehensive analysis / mapping of existing and future service provision has commenced, with separate staff and GP questionnaires issued. Regular engagement meetings have now been established with the GP's.</p>	<p>(i) <u>Eye Care</u> – Updated strategy written and appropriate approvals due to be sought in Q4 before implementation.</p> <p>(ii) <u>Care Pathways</u> – Slow progress this month due to resourcing for transformation team and lack of clarity around BAU projects. Draft process and documents, with initial project plans in place.</p> <p>(iii) <u>GP Contract</u> - Now working with the GPs on the detail of the contractual arrangements and the principle of connecting the work on care pathways into the contract on an ongoing basis.</p>
We live longer, healthier lives	Deliver clear legal frameworks for all essential Health and Social Care services	Jason Moorhouse, MHK	Mar-21	Drafting instructions for Adoption Bill now completed. This activity took longer to finalise than originally expected, but now being presented at Legislative sub-committee on the 25/10 before formal submission to the AG's.	<u>Adoption Bill</u> - Drafting Instructions together with the Impact Assessment were approved by the Legislation Sub-Committee in October 2019. The Instructions and the Impact Assessment were formally submitted to the Legislative Drafting Team on 29 October 2019.

					<p>Drafting ongoing, with aim of introducing the Bill into the Branches before June 2020.</p> <p><u>The Regulation of Care (Amendment) Bill 2019 (No.1)</u> – added to the legislative programme to address an anomaly in the Regulation of Care Act 2013 whereby employment agencies supplying or introducing doctors, nurses or midwives to work for the DHSC were required to register with the Department’s Registrations and Inspections Unit. The Bill has now passed through the branches; Royal Assent is anticipated for April this year.</p> <p><u>The Medicines (Amendment) Bill</u> - was added to the legislative programme to address issues within the Act regarding the supply and administration of prescription medicines. The Bill will be introduced into the Branches in April 2020 or as soon as possible thereafter.</p>
We live longer, healthier lives	Continue to digitally transform the hospital and health and care services more generally	David Ashford, MHK Minister	Mar-21	Infection, Prevention & Control Surveillance rollout is progressing, with the key infrastructure now built, and	Infection, Prevention & Control Surveillance is firmly in the delivery phase.

				<p>regular dialogue established between clinicians and the supplier. A new project Sponsor has also been appointed.</p> <p>The Clinical Assessment and Noting project has seen a further upgrade ahead of planned live deliverables due to commence November 2019.</p> <p>A decision has been made regarding a shared mobile device for use with the Electronic Prescribing and Medicines Administration system and the Clinical Assessment and Noting system.</p> <p>Detailed planning being finalised in order to commence the RiO 7 upgrade, supplier to provide further clarity regarding dates in October.</p> <p>The Integrated Digital Care Record Outline Business Case is nearing completion and will be presented to the necessary boards in due course.</p>	<p>The Clinical Assessment and Noting project has seen delays due to hardware resourcing difficulties. It is due an application upgrade, currently scheduled for 06/02/20 which will be combined with a new device swap out. The first electronic assessments are on track for delivery in March.</p> <p>Electronic Prescribing and Medication Administration roll out has also been delayed due to the same hardware resourcing issues that have now been resolved. This project has a dependency on a functional eDischarge solution so as to safeguard the transfer of discharge medication back into primary care. This eDischarge solution has been specified and is currently in development.</p> <p>The RiO 7 upgrade project is progressing as planned.</p> <p>The Integrated Digital Care Record Outline Business Case is ready and has been approved at project level. The route of progression of this business case will depend on the outcome of recent developments in this space.</p>
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<p>We live longer, healthier lives</p>	<p>Define the services which will be provided on-Island and those which will be provided off-Island</p>	<p>Jason Moorhouse, MHK</p>	<p>Jan-21</p>	<p>A Project Initiation Document (PID) has been drafted by the Transformation team for a 'service by service review'. This is 1 of 7 PIDs which is a key priority of the Programme and the DHSC Board. In conjunction with the 'service by service review', a 'detailed needs assessment' and 'pathway work' needs to be undertaken. These work streams are also highlighted within the 7 PIDs as key priorities.</p> <p>The Transformation team and DHSC are working together to define the approach and implementation required for this work. A 'pathfinder approach' is currently being discussed to identify and prioritise projects/conditions which will be reviewed first.</p>	<p>The first areas that the Needs Assessment, Care Pathways and Service by Service Review project teams are approaching are:</p> <ul style="list-style-type: none"> <li>• Cardiovascular</li> <li>• Diabetes</li> <li>• Haematology Oncology</li> <li>• Urgent Integrated Care</li> </ul> <p>Other areas which will be included during this initial phase will be eye care, autism and children with complex health needs.</p>
<p>We live longer, healthier lives</p>	<p>Reduce waiting times for operations</p>	<p>David Ashford, MHK Minister</p>	<p>Jan-21</p>	<p>Initial procurement activity in relation to Theatres review concluded with no responses. Since then the team involved in undertaking initial scoping activity have expressed an interest, and discussions are continuing with the AG's Office with regards to next steps. It is</p>	<p>Procurement activity has begun through the North of England Commercial Procurement Collaborative to identify a UK based supplier with the skills and experience to deliver the Theatres project on the Isle of Man.</p>

				<p>expected that these discussions will be completed during October. This has resulted in a further delay in the underlying activity.</p> <p>The requisite Job Planning activity has also been impacted by the delays mentioned above, as the review will suggest ways of becoming more efficient - which in turn will need to be incorporated within this work. Discussions are also continuing to seek approval to the revised Job Planning Policy.</p>	<p>A new start date the work of April 2020 has been set.</p> <p>The updated policy for job planning is being reviewed and we await approval before a full job planning cycle can commence.</p>
We live longer, healthier lives	Implement the Mental Health & Wellbeing Strategy	Ann Corlett, MHK	Dec-20	<p><u>CAMHS Service Specification / Autism Pathway</u> - the final paper from the external provider was received later than expected, and is now in the process of being considered. This has slightly delayed progression of the revised CAMHS service specification and updated Autism Pathway.</p> <p><u>Forensic Pathway / Custodial Service</u> – no further progress due to resourcing constraints.</p> <p><u>Core Recovery Service</u> - the papers have been approved the Community Care Leadership</p>	<p><u>CAMHS Service Specification / Autism Pathway</u> – status per last quarter.</p> <p><u>Forensic Pathway / Custodial Service</u> – resource now allocated to work alongside leadership team to undertake detailed planning activity aimed at supporting operational improvements.</p> <p><u>Core Recovery Service</u> - Progress has been delayed slightly due to resource availability, but appropriate resources have now been allocated to the project and</p>

				Team, and have since been presented to the DHSC Board.	work is continuing in the development of an implementation plan.
We live longer, healthier lives	Improve governance and accountability in the way we provide health and care services	Jason Moorhouse, MHK	Jan-21	<p>The first prioritised project initiation documents have been agreed by the Transformation Programme, these include:</p> <ul style="list-style-type: none"> <li>• Undertake Needs Assessment</li> <li>• Undertake Service-by-Service Review</li> <li>• Design and Implement Care Pathways</li> <li>• Establish Arms-length Delivery of Health and Social Care Services</li> <li>• Improve the Legislative Framework</li> <li>• Digital Strategy</li> <li>• Data, Information and Knowledge</li> </ul>	Improvements to the governance and accountability within the organisation continued to be driven by the Transformation programme priorities during Q3.
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	<p>The Public Health Outcomes and Health Outcomes Frameworks were published online on the 9<sup>th</sup> August 2019, and further work is currently being undertaken to enhance reporting on both Frameworks.</p> <p>In addition, collation of indicator reporting is being undertaken to</p>	Collation of indicator reporting is currently being undertaken to include Custom & Excise specific data to enhance the Substance Misuse Core data Set (this piece of work also includes statutory compliance to the DPA 2018, namely; DPIA and Data Sharing Agreements).

				<p>enhance the Substance Misuse Core Data Set.</p>	<p>A review is currently being undertaken to enhance Open Data reporting to increase openness and transparency.</p> <p>Substance Misuse Core Data Set has been drafted. Working group to review.</p> <p>A series of service-level core data sets across Community Care are being scoped and developed.</p>
<p>We live longer, healthier lives</p>	<p>Develop and implement the Integrated Care Strategy</p>	<p>Ann Corlett, MHK</p>	<p>Mar-21</p>	<p>Work commenced in September on the refurbishment of Peel Resource Centre to create the 'Western Wellbeing Centre', and recruitment to the Referral Coordinator post is currently underway. These actions, together with the recent appointment of a dedicated Administration Officer will facilitate the full implementation of a single point of access and single referral and assessment process for people registered with Peel Medical Centre.</p> <p>Planning is currently underway to commence work on the development of integrated care services in the South of the Island.</p>	<p>Treasury supported the Business Case seeking funding to for the implementation costs of the integrated care strategy from pilot to review.</p> <p>Development work has continued on the Western Wellbeing Centre ahead of an official opening in February 2020.</p> <p>Recruitment is now complete for the referral coordinator and administration posts.</p> <p>Initial engagement sessions have been held with stakeholders in the south of the island, whilst work has commenced on updating the</p>

				<p>The Integrated Urgent Care project is currently in the process of being re-scoped to better align with Transformation activity. A proposal for the future governance of the project is due to be progressed in November.</p>	<p>project governance structure with a proposal due to be progressed in Q4.</p>
<p>We live longer, healthier lives</p>	<p>Achieve maximum waiting times after referral for non-urgent consultant-led treatments of 18 weeks</p>	<p>David Ashford, MHK Minister</p>	<p>Mar-23</p>	<p>A whole system scoping exercise has not been completed in light of the focus on pathways and service by service review(s) as required by the adopted Sir Johnathan Michael review and subsequent Transformation Programme. The first prioritised project initiation documents have been agreed by the Transformation Programme, these include:</p> <ul style="list-style-type: none"> <li>• Undertake Needs Assessment</li> <li>• Undertake Service-by-Service Review</li> <li>• Design and Implement Care Pathways</li> </ul> <p>Diabetes and Cardiovascular are the first pathfinder services to be reviewed and relevant targets will be identified within this process.</p>	<p>Status per Quarter 2.</p>

We live longer, healthier lives	Introduce a unitary complaints process in the DHSC	David Ashford, MHK Minister	Jan-21	<p>Scoping activity now progressing, with a detailed review of all existing complaints processes now commenced.</p> <p>Next steps are to develop a comprehensive plan to support implementation.</p>	<p>Complaints processes for the new health and social care operating model – Manx Care and the DHSC are being reviewed and updated to ensure each entity has a streamlined and effective process.</p>
We live longer, healthier lives	Introduce overhauled and sustainable private medical services	David Ashford, MHK Minister	Jun-20	<p>The Transformation team have referred the overhaul of private health services back to the DHSC to progress as it is out of scope with the Sir Jonathan Michael final report.</p> <p>A project manager and business analyst are now in place to drive this project forward and a PID is currently being finalised. A public consultation was launched and initial findings from this process have been published. Further analytical work of the written responses is underway and this work will be used to inform the new offering.</p>	<p>The DHSC has agreed the refurbishment quality of the PPU to infection control standards. Project timescales are being finalised early January 2020. Routine and backlog maintenance testing and inspections have been completed in December 2019.</p> <p>An options appraisal paper for the service delivery model has been drafted to be presented to Department Board in early 2020. Detailed scoping and analysis work has taken place using evidence collated from our previous service, the public consultation outcomes and UK service delivery models. This information is being used to produce an information dossier to support collation of</p>

					information which will be required as part of a tender process.
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	CQC have visited the DHSC in October 2019 to scope this work further, and a new executive lead has been appointed.	<p>The Transformation programme is working jointly with the DHSC to complete an initial scoping exercise with the Care Quality Commission to address the nature, frequency of inspections required and those services to be inspected.</p> <p>The Transformation Project and DHSC will jointly need to identify the standards for measurement, how quality inspection reports will be handled, how the issues identified will be rectified and the consequences for the provider of those services, in which issues are identified, of failure to do so.</p> <p>The Transformation Project will also need to explore and secure inspection of any services that the Care Quality Commission cannot support.</p>

### **DHSC Q3 2019/20 Service Delivery Plan Update**

This section sets out the DHSC's Q3 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 may be duplicated within this section.

## Service Delivery Plan Objectives

Objective	Q2 - Update	Q3 - Update
<b><u>Greater responsibility</u></b>		
<b>Ensure delivery of quality assurance and accountability review for all current screening programmes</b>	The final report on bowel screening now received from Internal Audit will be considered at November Board meeting. The second review, breast cancer screening, has now commenced.	The final report on bowel screening was considered at November Board meeting. The decision was to delay switching screening test method until 2021. A further decision was taken to transfer all screening programmes to a centralised DHSC screening hub.
<b>Develop programmes aimed at reducing childhood obesity and improving children's oral health; drawing on funds from the Soft Drinks Industry Levy</b>	The rollout of measurement programme has been delayed until September 2020 due to concern that the weighing and measuring would not be done with full engagement of schools, pupils and parents, and the correct SOPs and Weight Management Referral scheme for children and families is not in place to support those children identified with a high BMI. The group will continue to meet to ensure that DESC and DHSC are aligned and ready to roll out with full confidence from September 2020.  An expansion of the current supervised tooth brushing programme to primary schools may be considered once the oral health strategy has been completed.	The tender documentation for a Weight Management Programme for young people and their families has been completed, and will be launched for interest by February 2020. This will be funded from the SDIL. Breastfeeding training and encouragement via UNICEF Baby Friendly and a social media campaign initiated in the community have also been funded from the SDIL. These are all part of a wider Whole Systems Approach to achieving a healthy weight as part of the Childhood Weight Management Strategy.  Expanding the 'Smile of Mann' tooth brushing programme to include reception and year 1 primary school children is a key priority for action within the Oral Health Strategy for Children aged 0-11 years. Contact will be made with schools regarding the programme later in the year.
<b>Produce the oral health needs assessment report, drawing on research, local quantitative data and qualitative information</b>	The needs assessment has been typeset, and will be submitted for approval and sign-off when the Oral Health Strategy has been finalised.	The Oral Health Needs Assessment is complete, and will be sent to the Minister with the Oral Health Strategy when complete.
<b>Develop and produce the Dental Public Health, Oral Health Strategy for Children 0-11 years, based on the outcomes and recommendations from the oral health needs assessment report</b>	First draft approved by DPH to be tabled at the next Oral Health Project Group for comment/amendment. Meeting takes place on the 16/10/19.	The Oral Health Strategy is almost at final draft stage. When the final draft is complete, it will be sent to the Minister alongside the Oral Health Needs Assessment.

<p><b>Develop and implement a Making Every Contact Count (MECC) pilot project</b></p>	<p>A paper has been written to update senior management about the MECC project, requesting pooled funding from various areas within the DHSC for the initial Train the Trainer programme. This paper will be presented to the DHSC Management Board 21 October. Until this is approved, some tasks are on hold.</p> <p>The Evaluation workstream is still progressing with the pre-MECC evaluation. Around two thirds of staff in the pilot project have completed the pre-MECC online staff survey. We are now requesting interviews with several senior managers regarding MECC, to find out their views about the organisational readiness for MECC. These are due to be completed in November and January 2020.</p> <p>The Resources workstream is currently providing feedback about the draft resource to support professionals to deliver MECC.</p>	<p>A paper was presented to DHSC Management Board meeting 21 October 2019 to raise awareness of MECC, seek current senior leadership buy-in and endorsement, and agree pooled funding for initial cohort of Train the Trainers. The Board agreed the recommendations in principle, but wanted extra information about the commitment for Trainers. A second paper was written, and funding has been agreed.</p> <p>The Evaluation work stream is progressing with the pre-MECC baseline evaluation. Five interviews have been undertaken with senior staff to find out their views about the organisation's readiness for MECC, with several more scheduled in January and February 2020. The pre-MECC online staff survey has been completed and analysed. We had a 70% response rate from staff in the pilot MECC project.</p> <p>The Training Work stream has finalised dates for the MECC Train the Trainers course (March and April 2020). Application form and best practice agreements finalised.</p>
<p><b>Develop a Weight Management Implementation Plan</b></p>	<p>Survey closed at the end of September and Health Intelligence Team has produced a report of the public responses supplying themes for exploration. Healthy Weight Summit planned for 29 November to support Whole Systems Approach working and to set up implementation planning and workstreams.</p>	<p>The Whole Systems Approach to Healthy Weight was held at the end of November, and feedback about the draft strategy from stakeholders present was collected during December 2019.</p> <p>There were only a few minor changes required to the strategy, and the final document is to be brought to COG in February 2020. A suggested implementation plan will accompany the strategic documentation for discussion.</p>
<p><b>Continue to reshape Learning Disability Services in line with the Learning Disability Strategy 2014-2019</b></p>	<p>The Learning Disability Partnership Board is scheduled to meet in October 2019 at which point an update on the new strategy will be presented.</p> <p>Work continues outside of the LD Partnership Board, particularly in regard to the Access to Health group and a new lead for this sub group has been identified.</p>	<p>Tall Trees resource centre for adults with learning disabilities opened in October, providing a selection of day service activities on site and in the community.</p> <p>Meeting scheduled and Terms of Reference circulated for 'Access to Health' group, which was due to meet early January.</p>

		Working Group re-established to progress actions in relation to the provision of respite services.
<b><u>More Care in the Community</u></b>		
<b>Redesign the provision of Respite Services; remodelling the facilities at Radcliffe Villas to accommodate the identified needs of service users</b>	Preliminary discussions have taken place in regard to the use of the Eastcliffe site and the Department of Infrastructure have been asked to undertake some initial scoping work in regard to the feasibility of this site. No other sites remain under consideration. The current site at Radcliffe Villas remains the preferred option.	The feasibility of available sites has now been concluded, and a request to retain the Eastcliffe site is to be submitted to Treasury in Q4.
<b>Subject to full planning approval, commence the development of the Summerhill View older persons care facility</b>	<p>The Tendering process took place and after presentations, interviews and an assessment of each submission by the panel, the contract was awarded to Tooms Bros Ltd.</p> <p>Following this the Contractor is undertaking a review of the detailed design and the sequencing of the work. We are soon to tender the Mechanical and Engineering contract and this will follow a similar process for the award of the contract as above.</p> <p>As yet we do not have a firm date for submission to the Department and Tynwald until we have greater detail from our appointed contractors, as is the normal process.</p>	The awarding of the Mechanical and Engineering contract remains under discussion, and due to the delays associated with this it's now likely to be May 2020 before it is presented to Tynwald for approval.
<b>Design and implement a Custodial Pathway for general and mental health including addictions that runs from point of first contact in the system through prison sentence or into community orders</b>	Status remains unchanged from last quarter.	Resource now allocated to work alongside leadership team to review current operating model and undertake detailed planning activity aimed at supporting operational improvements.
<b>Develop a number of operational strategies within the Community Care Directorate to set out the</b>	The first draft of the ALDS is slightly delayed and will be ready by the end of October; there is a deadline of 18 <sup>th</sup> October for final information.	The first draft of the Adult Learning Disabilities Service Strategy and the mid-term refresh for the Mental Health and Wellbeing Strategy are now complete and internal

<b>long term direction and integration of key services including; Mental Health, Learning Disabilities and Dental Care</b>	The first draft of the refresh for the Mental Health and Wellbeing Strategy is now complete. It is with the clinical general manager for dissemination to the appropriate group for comments and feedback.	review and approval of both is now progressing.
<b>Work with GPs to develop the GP contract for 2020</b>	Two separate questionnaires have been developed and circulated, one went to GPs and their wider Practice team, and the other went to all DHSC clinical staff.  Formal discussions are now taking place with representatives from the profession to consider how to draw these issues together into new contracting arrangements.	Now working with the GPs on the detail of the contractual arrangements and the principle of connecting the work on care pathways into the contract on an ongoing basis.
<b>Subject to funding approval from the Health Transformation Fund, continue to implement all of the 18 short term recommendations from the Foundations for Integrated Care: Position Paper as part of the Pilot in the West of the Island</b>	Status remains unchanged from last quarter.	Business Case for Health Care Transformation funding was approved by Treasury in November 2019. In accordance with the terms of the fund, approval by CoMin is currently being sought following which implementation of remaining short term actions can be progressed in accordance with recommendations detailed in the Foundations for Integrated Care: Position Paper as part of the Pilot in the West of the Island.
<b>Subject to funding approval, commence detailed planning activity to support the implementation of the remaining longer term recommendations from the Foundations for Integrated Care: Position Paper as part of the Pilot in the West of the Island</b>	Status remains unchanged from last quarter.	Business Case for Health Care Transformation funding was approved by Treasury in November 2019. In accordance with the terms of the fund, approval by CoMin is currently being sought following which planning and implementation of remaining longer term actions can be progressed in accordance with recommendations detailed in the Foundations for Integrated Care: Position Paper as part of the Pilot in the West of the Island.
<b><u>Improve Hospital services</u></b>		
<b>Develop and enhance quality management systems within the medical laboratory in pursuance of the ISO 15189:2012 standard (recognises quality and level of</b>	Challenges remain in identifying the funding source for this post	Conversations ongoing with UK accreditation service to negotiate a review of all quality systems within Pathology. Formal proposal to be progressed during Q4.

<b>competence in medical laboratories)</b>		
<b>Complete the redesign of the chemotherapy clinic space to accommodate the increase in patients receiving treatment on the Island</b>	This objective is now complete	
<b>Evaluate the introduction of Histopathology (the study of changes in tissues caused by disease) Telemedicine solutions</b>	We have undertaken a fact finding trip to Liverpool to look at their implementation for digital Histology and will be assessing other systems over the next few months.	Fact finding trip undertaken to Leeds, who are well advanced with the development of their tele-histopathology solution. Request seeking appropriate technical resource to support the initiative due to be progressed during Q4.
<b>Redesign the pathway for the admission of the acute medical patient from the Emergency Department into the hospital setting</b>	Plans for the relocation of Fracture Clinic to allow expansion of ED into the current Fracture Clinic are being designed and costed at the moment. Funding has been secured from a charitable partner. The project will not be progressed until the Integrated Urgent Care Programme is more advanced to ensure the model of care to be delivered in the expanded area supports our integrated urgent care strategy	Plans for the relocation of fracture clinic and some other changes within ED to improve capacity and patient flow have been drawn up and agreed. Proceeding to next stage of project which is financial analysis of the cost of works prior to proposal being sent to Henry Bloom Noble Trustees who have agreed in principle to fund the works.  Provision of an Acute Medical Consultant in ED until 8pm Monday to Friday and until 2pm on weekends is now fully in place – this will ensure a senior medical decision maker is present in ED during busy periods to make decisions around admission/discharge or referral to Ambulatory Emergency Clinic.
<b>Improve access to radiology services through the continued implementation of the sustainability plan</b>	Confirmation of funding has been received from the charities and from Treasury. The purchase orders for the MRI and two CT scanners have been submitted and turnkey work will begin once Siemens have visited the site in November.  A second recruitment campaign for three Radiographers will coincide with the start of the turnkey work.  A plan is in place to ensure patient services remain uninterrupted whilst the turkey building work and installation of machines take place.	Siemens are now on site and work has commenced to install the two new CT scanners which is to be completed by the end of April 2020, followed by the installation of the new MRI scanner at the beginning of May 2020. Current work schedule shows completion prior to TT week.  To support the additional functionality and capacity that this equipment will enable, work has also commenced on the recruitment campaign to employ additional radiographers.

	A quote has been received for the Global Network portal and is being progressed to be in place by the end of the year.	
<b>Review the clinical model delivered by the ambulance service to ensure that it is at the forefront of modern urgent care delivery</b>	This Project work is currently only hold as more scoping work is required to ensure all essential stakeholders have been engaged. This scoping work is currently ongoing and will determine the way forward for each aspect of urgent care.	This project will be subsumed into the Urgent Care Transformation Programme.
<b>Explore opportunities to develop in reach services with UK providers; repatriating clinical activity back to the Island where it is possible and clinically safe to do so</b>	Discussions are continuing with Clatterbridge Cancer Centre and Liverpool Heart and Chest Hospital respectively.	A proposal has been received from Clatterbridge Cancer Centre (CCC) which sets out a plan to become a spoke of the CCC hub. The proposal will be reviewed with aim of implementation in Q1 2020/21.
<b>Redesign of patient flow</b>	<p>Following a recent visit to St George's Hospital in London, a redesign of Patient Flow operating procedures has taken place to ensure an improved process of referring patients from Emergency Department to Acute Medical Unit including:</p> <ul style="list-style-type: none"> <li>• Presence of AMU Consultant in ED from midday to 8am Monday to Friday to provide senior decision making around admissions and whether patients can be managed through the Ambulatory Emergency Care clinic instead of requiring admission</li> <li>• Revision of AMU bed request procedure – this is a direct interaction between ED nurse in charge and AMU nurse in charge, which releases Patient Flow capacity to concentrate on generating flow within the other medical wards and surgical wards</li> <li>• Weekly meeting between Patient Flow and DATU Manager to identify future capacity for medical day procedures (i.e. blood transfusions/infusions etc) to avoid pressure on medical bed base</li> <li>• Oncology Day Unit now open and being used for procedures, infusions etc for patients undergoing</li> </ul>	<p>Actions following visit to St George's Hospital have been implemented and are making a big difference in helping to manage admissions into the hospital and ensuring a smooth flow of patients from ED into the admissions areas and to avoid bottlenecks and overcrowding in ED.</p> <p>A review of Patient Flow staffing will be undertaken in Q4 19/20 to look at supplementing existing Registered Nurse staffing in the Patient Flow Team with Senior Healthcare Assistants to provide support to wards and undertake other tasks that does not require a registered professional to undertake.</p>

	cancer treatment to reduce pressure on inpatient beds	
<b>Deliver 2 week wait for all tumour groups through the implementation of the Cancer Care Plan</b>	<p>The Operational Cancer Standard requires compliance of 93% of all suspected cancers to have a first appointment within two-weeks of referral. Performance for Q2 was 77.3%, with approximately 34% of breaches being the result of Patient choice. Performance against this target is being closely monitored, and tumour groups not performing to the operational standard are discussed at weekly Patient Tracking List meetings.</p> <p>Demand is currently higher than capacity across a number of specialties, with the areas that are contributing most to the deterioration of the performance target being Breast, Colorectal and Urology. Actions plans are in place to identify ways of increasing clinic capacity within existing financial constraints.</p>	<p>The Operational Cancer Standard requires compliance of 93% of all suspected cancers to have a first appointment within two-weeks of referral.</p> <p>Performance for Q3 was 73.3%, with approximately 34% of breaches being the result of Patient choice.</p> <p>Performance continues to be monitored on a weekly basis; however demand continues to outstrip capacity in most areas.</p> <p>Activities are being reorganised where possible to support 2 week wait which is impacting on waits for routine appointments.</p>
<b><u>Protect Vulnerable People</u></b>		
<b>Continue the development of an integrated (4 tier) Autism pathway</b>	Due to operational and logistical issues the review was undertaken later than anticipated, however the final recommendation document has now been received and is in the process of being considered by the relevant Department leads.	Development of Autism pathway is now to be progressed by Transformation team as part of initial Pathfinder activity.
<b>Redesign the Core Recovery (addiction) Service</b>	<p>The papers have been approved the Community Care Leadership Team, and have since been presented to the DHSC Board.</p> <p>The Board accepted and agreed the model and agreed that further relationships and commissioned services would be further evaluated and documented. Detailed planning activity is now being progressed, and tracking of progress will now be reported through the Operational PMO.</p>	Progress has been delayed due to resource availability, but appropriate resources have now been allocated to the project and work is continuing in the development of an implementation plan.
<b>Design and model the integrated</b>	The design plans have now been agreed and we are in	The design team have now been appointed and have now

<b>Child and Adolescent Mental Health Service including the provision of 3 on Island beds</b>	the process of finalising the room data sheets. Once this activity is complete the work will be tendered.	commenced requisite activity for the detailed design phase.
<b>Introduce fit for purpose adoption legislation to ensure compliance with best practice</b>	Drafting instructions to be presented at Legislative sub-committee on the 25/10. Upon acceptance drafting resource to be identified.	The Drafting Instructions together with the Impact Assessment were approved by the Legislation Sub-Committee in October 2019. The Instructions and the Impact Assessment were formally submitted to the Legislative Drafting Team on 29 October 2019.  Drafting ongoing, with aim of introducing the Bill into the Branches before June 2020.
<b>Introduce amendments to Children and Young Persons Act to strengthen arrangements for children and young people in care, care leavers, and establish the "corporate parent" in law</b>	Status remains per last quarter - Drafting instructions for the Children and Young Persons Act will be developed after the adoption legislation has been introduced. At present, this is planned for 2020/21.	Status per last quarter.
<b>Work with colleagues in Department of Education, Sport and Culture to develop an integrated pathway for children with disabilities</b>	A scoping exercise is underway as part of this initiative.	A scoping exercise is underway as part of this initiative. Due to report March 2020.
<b>Conduct a domestic abuse joint strategic needs assessment (JSNA)</b>	Dr Ewart's Executive Summary has now been typeset and is currently being proof read. The underlying report is undergoing the same process. It is expected both elements will be finalised by the 14/11/2019.	Dr Ewart's Executive Summary was considered by Lead Officer Group on 04/12/19 and SPCC on 20/12/19. Resulting actions are yet to be received. In the meantime the Dan Davies has drafted a high level Isle of Man Domestic Abuse strategy.
<b><u>Value for Money</u></b>		
<b>Continue to develop a directorate wide Commissioning process for Community Care</b>	Following the commencement of transformation work, Commissioning is being considered on a wider Department scale with a view to establishing a consistent approach.  The Executive Board for Commissioning has started to work alongside colleagues in transformation to agree	Discussions regarding a Commissioning approach continue between the Department and Transformation team.  It is envisaged that Commissioning provisions will exist as standalone units in both the Department and Manx Care and the Executive Board for Commissioning is leading the development of the Strategic and Operational Frameworks

	the way forward. Where appropriate, aspects of the Community Care model may be considered.	that will detail roles and responsibilities, interactions and reporting channels as well as specifying processes and procedures.
<b>Improve the quality of financial information; management accounts to be produced in one template by 30 April 2019</b>	This objective is now complete	This objective is now complete
<b>Implement Medicines Optimisation strategy in order to deliver effective prescribing and cost improvement programme across the Department</b>	<p>The Medicines Optimisation team continues to make savings and the pharmaceutical services budget is £625k underspent year to date.</p> <p>The pharmacy team continue to support 11 of the 12 GP surgeries and the team has commenced quality and patient safety work in line with the Medicines Strategy 2019, alongside the cost saving work.</p> <p>In addition, the care home pharmacist continues to work across DHSC care homes carrying out medication reviews; and a 0.5FTE learning disability pharmacist started with the DHSC at the beginning of September.</p> <p>The results of the public consultation are expected Q3 and will form the basis of a paper to the Board of DHSC, in order to direct the development of services in the community.</p>	<p>The pharmacy team continue to support 11 of the 12 GP surgeries and the team continue with both quality and patient safety work in line with the Medicines Strategy 2019, alongside the cost saving work.</p> <p>In addition, the care home pharmacist continues to work across DHSC care homes carrying out medication reviews, and a presentation will be done on the first year of this work to Board in February 2020.</p> <p>Following recruitment in December 2019 to the Community Mental Health pharmacist post, the team is currently complete.</p> <p>The results of the public consultation on community pharmacy have been submitted to the DHSC Management Board and to the transformation team for information.</p>
<b>Deliver savings from the Tertiary Services budget through the implementation of Cost Improvement Plans</b>	Status remains unchanged from last quarter.	Status remains unchanged from Q1 – “As per recommendation 11 of the Independent Health and Social Care Review, detailed pathway work needs to be undertaken both on and off Island in order to ensure that activity can be repatriated to the Island if it is clinically safe to do so. If activity is repatriated, savings will be made to the tertiary services budget. However, this may mean that further investment is needed within the hospital to absorb this activity. The DHSC continues to challenge invoices received for activity to make sure appropriate referrals have been made”.

<b>Supporting Pillar</b>		
<b>Determine future commissioning arrangements for third sector organisations</b>	<p>An update against this target is now interlinked with and dependant on the establishment of commissioning within the Department/Manx Care.</p> <p>Intermediate compliance arrangements are to be confirmed in Q3.</p>	This target is being considered as part of the Departments Commissioning Framework. This remains under development.
<b>Complete premises development plan for Peel GP Surgery</b>	Funding has been approved and preferred supplier has been awarded contract on the basis they are already undertaking separate works on the same site.	The detailed schedule of work continues to be negotiated with the Contractor and Peel and Western District Housing Committee (PWDHC). Negotiations are progressing with the Corrin Trustees in relation to their request for compensation for the lifting of the covenant on the land owned by PWDHC. We are not expecting any delays to the scheme due to this.
<b>Further develop project management principles whilst developing associated capability, through the continued evolution of the Department's Project Management Office and supporting processes / structures</b>	<p>A single Department-wide PMO is now in the process of being created, bringing together all current Portfolios and project resources.</p> <p>Initial focus is on the requirement to undertake a re-prioritisation of all projects across the Department, whilst consideration is also being given as to how to align activity with the Transformation Programme, and the underlying governance required to support this.</p>	<p>Work has continued on the restructuring of the Department's project resources, and the underlying projects that they support.</p> <p>Ongoing collaboration with Transformation Programme to ensure alignment of project governance requirements.</p>
<b>Establish a Manx Care Pathways governance framework to ensure a cohesive delivery across an integrated tiered model of care for the Isle of Man</b>	Transformation PIDs presented to DSHC leadership, Clinical and Government Board and signed off. Issues with resourcing of transformation teams, and also final approved pathfinder projects resulting in delay on commencing this work fully.	Slow progress this quarter due to resourcing for transformation team and lack of clarity around BAU projects. Draft process and documents, with initial project plans in place.
<b>Continue to implement the Information Management Strategy</b>	<p>The SIRO is currently in the process of reviewing a number of the Information Management Strategy reporting indicators in order to align with the work of the Transformation Team.</p> <p>The 'NHS Number – Persistent Indicator' paper is to be resubmitted to the Board following minor changes to be included – to be resubmitted Oct/Nov 2019.</p>	<p>The DHSC Management Board approved the 'NHS Number – Persistent Indicator' paper – implementation will be aligned with the Integrated Care Record Project to ensure strict governance consideration pursuant to the DPA 2018.</p> <p>Work is still ongoing to align the IMS reporting indicators to the Transformation Team with an update to be provided during the next reporting period.</p>

	<p>An audit review (Lead: DPO/IGT) of stand-alone systems across the DHSC estate will be conducted from Oct to be completed by NLT Dec 2019 in order to increase system security and compliance, in addition the SIRO will benchmark current information compliance against the UK Data Security and Protection Toolkit required by all NHS providers, this is to completed by NLT Dec 2019.</p>	
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