

Government Circular Number: 2021/0021



DHSC Mandate to Manx Care

Service Year 2021-22

Date: 16 March 2021
Version: 1.00
Status: Final

Contents

Contents	1
Foreword by the Minister for Health and Social Care	3
1. Introduction.....	5
1.1. The Purpose of the Document.....	5
1.2. Department of Health and Social Care	5
1.3. The Role of the Mandate.....	5
1.4. Effective Date and Duration	5
1.5. Mandate Management	6
2. Manx Care’s Objectives.....	7
2.1. Introduction	7
2.2. Objective 1	7
2.3. Objective 2	7
2.4. Objective 3	7
2.5. Objective 4	7
2.6. Objective 5	8
2.7. Objective 6	8
2.8. Objective 7	8
2.9. Objective 8	9
2.10. Objective 9	9
2.11. Objective 10	9
2.12. Objective 11	10
2.13. Objective 12	10
3. The Mandated Services.....	11
3.1. Introduction	11
3.2. Mandated Services	11
3.3. Mandated Functions	12
3.4. Service Delivery and Commissioning	13
3.5. Provision of Information	14
4. Funding.....	16
4.1. Budget for the 2021-22 Service Year	16
4.2. Indicative Revenue Budgets for the 2022-24 Service Years	16
4.3. Indicative Capital Budgets for the 2022-24 Service Years.....	16
4.4. Method.....	16
4.5. Budget Allocation	16
4.6. Efficiencies and Cost Savings	16
4.7. Financial Regulations	17
5. Service Levels and Quality Standards.....	18
5.1. Background.....	18
5.2. Urgent and Emergency	18

Manx Care Mandate

5.3.	Integrated Mental Health Services	19
5.4.	Social Care Services.....	19
5.5.	Primary Care Services	20
5.6.	Other Considerations	20
5.7.	Service Descriptions	21
5.8.	Requirements for Quality Standards	21
5.9.	Future Changes.....	23
6.	Shared Services	24
6.1.	Mandated Shared Services	24
6.2.	Performance of Shared Services	25
6.3.	Other Services.....	25
7.	Manx Care Performance.....	26
7.1.	Performance Management and Reporting	26
8.	Dispute Resolution	27
8.1.	Introduction	27
8.2.	Dispute Notices	27
8.3.	Expedited Disputes Process.....	27
8.4.	Partner Negotiations.....	28
8.5.	Escalation Procedure	28
9.	Charges to Service Users	29
9.1.	Introduction	29
9.2.	Prescriptions	29
9.3.	Dental Services	29
9.4.	Social Care Services.....	29
9.5.	Ophthalmic Optician Services	29
9.6.	Overseas Travellers	29
10.	Inspections	30
10.1.	Schedule of Inspections for the Service Year	30
11.	Complaints.....	32
11.1.	Manx Care Complaints Procedure	32
11.2.	Third Party Complaints Procedures	32
12.	Failure to Comply with all or any of the Terms	34
13.	Definition of Terms.....	35

Foreword by the Minister for Health and Social Care

As Minister I have written many forewords introducing reports and strategies for the department. This one is different, as here for the first time, I set out a mandate for the provision of comprehensive health and care services for the Isle of Man.

It is a genuinely ground-breaking moment, marking a significant change in our approach. A mandate for public services is a new concept in the IoM, so I should begin by defining it: put simply, it is a set of instructions to the newly formed body Manx Care for the delivery of the National Health and Care Service (NHCS) to the Isle of Man.

Manx Care will be created as a statutory board at arms' length from the Department of Health and Social Care (DHSC), to be focused on service delivery. This historic restructuring of the department ensures separation between the setting of policy and strategy by DHSC and the delivery of services on the ground by Manx Care. This first mandate tasks Manx Care with its remit, objectives and priorities. We have embarked on an exciting journey.

Our National Health and Care Service is respected and cherished by the people of the Isle of Man. It will be there for us whatever our needs, thanks to the continued dedication and commitment of our health and social care professionals and staff. Our commitment to it is as firm as ever.

I am immensely proud of what the NHCS stands for and what it has achieved in the most challenging of circumstances, not only for the extraordinary things it does for us as individuals, but also for what it says about us as an Island nation. A formal [Charter](#) adopted in 2018 upholds the principle that the NHCS is here to help everyone to:

- Strive towards better health
- Keep their bodies and minds well
- Get better when they are ill or disabled
- Be cared for and supported when they cannot get better or their disablement is more long term or permanent in nature, and
- Get extra support and protection when they are vulnerable or need safeguarding at any time in their lives

Furthermore, this mandate underlines my commitment and my responsibility as Minister for Health and Social Care to preserve and defend the seven modern day core principles of the National Health Service (NHS) which have been endorsed and affirmed by Tynwald:

- 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;

Manx Care Mandate

- 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 creation of Manx Care is clear evidence that we are delivering on the recommendations of Sir Jonathan Michael's [Independent Review of the Isle of Man Health and Care System](#), which has truly been a catalyst for change.

Sir Jonathan's final report highlighted the substantial challenges we face, including an ageing population, the rising cost of treatments and a huge increase in the number of us with long-term, often multiple conditions. Sir Jonathan made 26 recommendations to address these and other far-reaching issues, so that a sustainable system can provide for future generations. His report and all its recommendations were unanimously accepted and endorsed by Tynwald.

That vision is now balanced with real substance. Although there is a long journey ahead, great strides have been made over the past 18 months, not least the passing of new legislation to establish Manx Care. The Public Health Directorate has moved from DHSC into the Cabinet Office to drive progressive health policies across government. Our Pathfinder process has taken a deep dive into a number of key areas from cancer care to services for stroke patients and children with complex needs, to ensure that health and care services are delivered by the right person, in the right place, at the right time and in a sustainable way.

But improving services isn't enough in itself. Behind it we need a structure of good governance, clarity on what we will deliver by when, how we will deliver these goals and assurance that the right oversight and reporting is in place. The relationship between the Department and Manx Care is designed to achieve that. The Department will set out its strategy and build upon its priorities on an annual basis via the Mandate process and will hold Manx Care accountable for the delivery of services, the outcomes, and any directed efficiencies.

The global coronavirus pandemic has meant that the past year has been extremely challenging for everyone, however I am encouraged that a great deal of work across the Department and the Transformation Programme has continued. Our ambition is undimmed to achieve this once-in-a-lifetime opportunity to create a transformed and sustainable health and care system of which our Island can be proud. In fact, the new and flexible way in which the DHSC has been delivering some health and care services during the pandemic will help us to reach this ultimate aim and we will work together to harness this opportunity.

I would like to take this opportunity to thank all readers for the input you have already offered, or will offer in the future, towards shaping the future health and care system for all of us on the Island.

The creation of Manx Care, the redesigned DHSC, and this mandate to it is the next step on our continuing journey to improve the health and wellbeing of our Island nation.

Hon David Ashford MHK

Minister for Health and Social Care

Manx Care Mandate

1. Introduction

1.1. The Purpose of the Document

- 1.1.1. This is the document (the "Mandate") that outlines the Department of Health and Social Care's (the "Department") requirements of Manx Care as the Department's provider of health and care services, for the residents of the Isle of Man and those who visit and require those services, where regulations allow. The Mandate fulfils the requirements of the Department and Manx Care under the Act.
- 1.1.2. The Mandate sets out the services required, the funding available and the obligations and limitations of the delivery of the services.
- 1.1.3. Manx Care may commission from itself or other suitably qualified organisations, both on and off Island, services that meet the standards required.
- 1.1.4. This document forms the basis on which services required to be delivered are described and mandated by the Department to Manx Care.
- 1.1.5. The mandate forms part of the quality and service delivery requirements for Manx Care. Manx Care must ensure adherence to other non-specified legal and statutory duties as prescribed with the relevant Isle of Man legislation, regulations, directions orders and codes.
- 1.1.6. Manx Care and DHSC will co-produce an Operating Framework which describes the operational detail of the key deliverables within the Mandate and how the relationship will operate.

1.2. Department of Health and Social Care

- 1.2.1. The Act sets out the duties, functions and responsibilities of the Department in Part 2 of the Act, as well as in other sections of the Act such as Part 5. Some of the specific functions are set out below
- 1.2.2. The Department retains responsibility for, and is accountable to Tynwald, for health and social care services for the people of the Isle of Man.
- 1.2.3. The Department shall strategically commission, through this Mandate, health and social care services from Manx Care and it shall assure Manx Care's performance in delivering such services.

1.3. The Role of the Mandate

- 1.3.1. Schedule 2 of the Act specifies what the Mandate must contain, and this Mandate is structured to align with Schedule 2.

1.4. Effective Date and Duration

- 1.4.1. This Mandate shall be effective from and including the 1st of April 2021 and shall continue until and including the 31st of March 2022. This is the first Service Year for the Mandate and where appropriate recognises the longer-term journey in its content.

Manx Care Mandate

1.5. Mandate Management

- 1.5.1. Each Partner shall, by agreement, nominate a senior officer to be the key representative for the effective management of the Mandate.

Manx Care Mandate

2. Manx Care's Objectives

2.1. Introduction

2.1.1. The Department's strategic objectives for Manx Care and the specific deliverables (where relevant) for 2021/2022 are as follows:

2.2. Objective 1

2.2.1. Contribution towards the Island's response to the COVID-19 pandemic as directed by DHSC. This includes but is not limited to the ongoing delivery of the COVID-19 testing and vaccination programme in accordance with the strategy set by the Department and Government.

2.3. Objective 2

2.3.1. Demonstrate that the experience of Service Users, patients and carers is effectively captured, matches the agreed standards and that feedback is used to drive continuous improvement and better outcomes for people accessing and using all services. In 2021/2022:

- Measure the experience of Service Users, patients and carers, and define plans to improve that experience by 30th July 2021 and commence implementation of that plan to enable demonstrable improvement within the Service Year.

2.4. Objective 3

2.4.1. Demonstrate changes in transforming an integrated health and care service delivery following international standards for quality and outcomes. In 2021/22:

- Expansion of integrated well-being hubs in all four geographies of the Island.
- Evidence of the development and implementation of a number of agreed integrated care tiered pathways with Primary Care, third sector and other commissioned providers.

2.5. Objective 4

2.5.1. Ensure that all aspects of health and care have balanced equity of decision making, accountability and provision. In 2021/22:

- Implementation of the new delivery arrangements between children's and adult's social care.
- Demonstrable evidence that care (including social care) has an equal voice and representation across all governance structures.
- Development of a plan to evidence that there is an equitable focus on improving physical and mental health outcomes.

Manx Care Mandate

2.6. Objective 5

2.6.1. Demonstrate, embed and lead an effective and robust corporate, clinical & care governance structure across all services for the effective management of risk, the ability to provide real time intelligence about performance, and promotion of a safe, learning and improvement focused culture. In 2021/22:

- Progress the development and implementation of an effective clinical and care governance structure, and associated risk management systems.
- Baseline and evidence of the continuous improvement of internal and external working cultures, behaviours and allied processes.

2.7. Objective 6

2.7.1. Demonstrate continued financial balance through delivery of agreed cost and service improvement plans (CIP) and the delivery of the agreed sustainable financial plans. In 2021/22:

- Contribution to the development of a sustainable financial plan for health and care services on the Isle of Man
- 1% CIP delivery
- Working within the maximum affordable budget agreed (as defined in Paragraph 4.1)

2.7.2. The Partners recognise and accept that there continues to be major in year cost pressures that will need to be addressed to achieve this objective. Work is on-going to this effect to understand the full extent of the position. A plan will need to be prepared collectively by the end of quarter one in order to resolve the underlying position. The Department will need to work support and engage with Manx Care over the coming 12 months around service delivery, cost improvement and other measures in order that those challenges can be met.

2.8. Objective 7

2.8.1. Waiting times for Mandated Services to be reduced to levels comparable with other developed health and care systems. In 2021/22:

- Confirm the current baseline wait times for all Mandated Services by 30th July 2021
- Develop a plan by 31st October 2021 to reduce clinically/need-based prioritised wait times, including, but not limited to;
 - Integrated cancer services – time between urgent referral to first outpatient attendance
 - Urgent and emergency care – time to admit, transfer or discharge following arrival at the emergency department
 - Planned care – time on waiting list for treatment

Manx Care Mandate

- And commence the implementation of that plan by the end of the Service Year, showing improvements in wait times.

2.9. Objective 8

2.9.1. Adopt and embed a principle of continuous improvement in design, development and delivery of social care and health care services to ensure high quality measured outcomes are achieved, including, where appropriate, new opportunities to innovate including through the use of new technology. In 2021/22:

- Implementation of a suite of common set of standard processes, a quarterly self-assessment of data validity and agreed improvement plan for the following quarter.
- Development of a five-year roadmap in the strategic improvement and outcomes-based approach to the performance management of services.
- The development and implementation of an integrated performance management framework.
- A focus on improving a number of high risk agreed priority areas and implementation of agreed service improvement plans including the development of network alliance partnerships and health optimisation frameworks.

2.10. Objective 9

2.10.1. Effective and collaborative partnership working within the integrated care system

- Contribution to and delivery of the integrated partnership board agenda.
- To evidence increased closer work with non-statutory health and care sector providers, and the wider local communities.
- Delivery of the Transformation Programme objectives attributable to Manx Care.¹

2.11. Objective 10

2.11.1. Developing and integrating Primary Care at Scale as an essential part of service delivery within Manx Care. In 2021/22:

- Establishing the delivery of a number of services at a scale across all Primary Care professionals (not currently delivered by Primary Care).
- Developing a plan, implementation and evidence of the integration of Primary Care at Scale within Manx Care.
- Development of strategic plans for the sustainability of Primary Care services (e.g. recruitment and retention).

¹ Transformation Programme as determined by the Independent Review of the Isle of Man Health and Social Care System Report by Sir Jonathan Michael (18 April 2019)

Manx Care Mandate

2.12. Objective 11

2.12.1. Demonstrate a continuous improvement in workforce engagement, personal and professional development. In 2021/22:

- Implementation of staff engagement index, and baseline measurement.
- The implementation of a plan to improve staff engagement, satisfaction and morale.
- A reduction in staff sickness levels, measured quarterly. An improvement in the agreed mandatory training performance, measured quarterly.

2.13. Objective 12

2.13.1. The Isle of Man Government now has a commitment to reach net zero greenhouse gas emissions by 2050, and the Climate Change Bill due to come into operation in 2021 gives every public body a statutory duty to play an active role in achieving that goal.

2.13.2. Over the next five years, Manx Care will continue to pursue work to with the Department, Treasury, Department of Infrastructure and the climate change transformation team of the Cabinet Office to assess the emissions from the current estate and reduce them wherever possible, including opportunities for natural carbon sequestration in our grounds; Manx Care will pursue the reduction of the use of polluting anaesthetic gases and the improved use of asthma inhalers (in line with work going on in the UK); and support our staff and patients to choose low carbon options in all aspects of our operation

Manx Care Mandate

3. The Mandated Services

3.1. Introduction

3.1.1. Manx Care will be responsible for delivering:

- health and social care services for Isle of Man residents (that should become increasingly integrated over time), as listed in 3.2 below; and
- healthcare services for anyone present on the Island in relation to responsibilities under the Reciprocal Health Agreement (with other jurisdictions such as the UK and Guernsey) and emergency treatment for other overseas visitors.

3.1.2. Manx Care shall provide all services to Service Users that:

- the Department is required to provide under statute;
- the Department has provided to Service Users as of 31st March 2021, unless stated otherwise;

together, the Mandated Services.

3.2. Mandated Services

3.2.1. The Mandated Services are grouped into the following service areas, each a Mandated Service:

- Primary Care
- Urgent and Emergency Integrated Care Services
- Integrated Community Care
- Mental Health Services
- Social Care
- Specialised Care
- Preventative Healthcare (Screening and Immunisations)
- Research
- Women's, Children's and Families
- Public Health Delivery Programmes
- Private Healthcare

3.2.2. Private Healthcare may be implemented by Manx Care on terms agreed with the Department under Section 18 of the Act.

Manx Care Mandate

3.3. Mandated Functions

3.3.1. Section 13 of the Manx Care Act "Manx Care and its general functions" states "(1) Such of the functions of the Department referred to in section 4 which are the subject of the mandate, must be discharged by Manx Care on behalf of the Department in accordance with the mandate, applicable regulations and any directions given to Manx Care".

3.3.2. The Partners acknowledge that (using language consistent with Section 13 of the Manx Care Act) the functions of the Department that form the subject of the Mandate (and therefore, by extension, the Mandated Services) shall include, without limitation, elements of the "Related Legislation" set out below.

3.3.3. The Partners further acknowledge that the inclusion of functions of the Department (as set out in the Related Legislation) in the Mandated Services, is limited to the extent that such functions are required in order for Manx Care:

- to provide the Mandated Services as otherwise required; and/or
- to comply with any regulations, orders, direction or code of practice issued under the Act; and/or
- to comply with any order, direction or code of practice issued by an appropriately authorised person.

Manx Care will demonstrate that relevant policy and resulting legislative provisions are being met as they arise.

3.3.4. The following Acts (as may be amended or replaced during the Service Year) comprise the Related Legislation:

- National Health Services Act 2001
- National Health and Care Services Act 2016 (refers to the "NHS Charter")
- Mental Health Act 1998
- Social Services Act 2011
- Children and Young Persons Act 2001
- Statutory Boards Act 1987
- Abortion Reform Act 2019
- Access to Health Records and Reports Act 1993
- Adoption Act 1984
- Cancer Act 1942
- Children and Young Persons Act 1966
- Dental Act 1985

Manx Care Mandate

- Child Custody Act 1987
- Civil Partnership Act 2011
- Civil Registration Act 1984
- Criminal Jurisdiction Act 1993
- Custody Act 1995
- Education Act 2001
- Employment Act 2006
- Income Tax Act 1970
- Matrimonial Proceedings Act 2003
- Obscene Publications and Indecent Advertisements Act 1907
- Opticians Act 1996
- Police Powers and Procedures Act 1998
- Public Health (Tobacco) Act 2006 -
- Road Traffic Regulation Act 1985
- Safeguarding Act 2018
- Sexual Offences Act 1992
- Summary Jurisdiction Act 1989
- Value Added Tax Act 1996

3.4. Service Delivery and Commissioning

3.4.1. Manx Care has autonomy in how it delivers the Mandated Services.

3.4.2. Mandated Services fall into one of the following two categories:

- Directly delivered Manx Care services;
- Commissioned from providers external to Manx Care, either on and/or off Island

3.4.3. Manx Care shall ensure that, where Mandated Services are commissioned from providers external to Manx Care, such commissioning:

- is delivered in line with Financial Regulations;
- is delivered on Island where appropriate. Where it is necessary to commission Mandated Services off Island, Manx Care must consider patient safety, quality of the service and value for money. Decisions regarding the location of services should support the development of more integrated systems of care; and,

Manx Care Mandate

- (for services being commissioned after the date of this Mandate,) shall have a written contract, including a Service Specification, in place with the commissioned service provider, which should include explicit Key Performance and Quality Indicators, as defined by Manx Care and which should be in line with the overall objectives of the Mandate.
- 3.4.4. The Partners acknowledge that, where commissioned services are provided outside of the Isle of Man, the providers of those services may be bound by the laws and regulations of their territory, which may be different from, or similar to, those of the Isle of Man.
- 3.4.5. New services being developed where funding and delivery are assumed, will be incorporated into established reporting and management processes as they become live.
- 3.4.6. During the Service Year, the Department will retain all grants-based payments. From 31 March 2022, those relevant to service delivery will be subject to formal commissioning by Manx Care. The Partners will work together to achieve this during the Service Year.

3.5. Provision of Information

- 3.5.1. At the request of the Department Manx Care shall provide to the Department, in a timely manner, information (including anonymised and data concerning health) reasonably required in relation to any needs assessment or for the Director of Public Health to carry out the functions of the Director of Public Health as relate to the performance of Manx Care's functions under this Mandate, the Act or the Department's functions.
- 3.5.2. Before sharing any information under paragraph 3.5.1, Manx Care must ensure that it is necessary and appropriate to share the information and that there is a lawful basis for doing so either in accordance with section 34 of the Act, or an alternative lawful basis if such sharing does not fall within section 34 of the Act.
- 3.5.3. If for any reason Manx Care is unable to comply with a request for information under this paragraph 3.5 it shall provide appropriate justification to the Department in a timely manner.
- 3.5.4. In this paragraph 3.5:
- “data protection legislation” means the Data Protection Act 2018 and all legislation made thereunder including the Data Protection (Application of GDPR) Order 2018, the Data Protection (Application of LED) Order 2018 and the GDPR and LED Implementing Regulations 2018 or any legislation which applies to the processing of personal data in the Isle of Man

Manx Care Mandate

“Director of Public Health” means the Director of Public Health appointed under section 1 of the Local Government Act 1985²;

“personal data” has the meaning given to it in Article 4(1) of the Schedule to the Data Protection (Application of GDPR) Order 2018³

3.6 Working with the Public Service

- 3.5.5. The Partners acknowledge their responsibility to work with the Government Departments in accordance with the agreed System Target Operating Model, including the Cabinet Office’s Health and Care Transformation Programme.

² https://legislation.gov.im/cms/images/LEGISLATION/PRINCIPAL/1985/1985-0024/LocalGovernmentAct1985_6.pdf

³ https://legislation.gov.im/cms/images/LEGISLATION/SUBORDINATE/2018/2018-0143/DataProtectionApplicationofGDPROrder2018_2.pdf

Manx Care Mandate

4. Funding

4.1. Budget for the 2021-22 Service Year

- 4.1.1. The revenue budget for Manx Care for the 2021-22 Service Year is £269.4million.
- 4.1.2. Manx Care does not hold a capital budget but will manage the capital programme assigned to the Department on its behalf.
- 4.1.3. The capital budget for DHSC for the 2021-22 Service Year is £17.0 million.

4.2. Indicative Revenue Budgets for the 2022-24 Service Years

- 4.2.1. The indicative revenue budget for Manx Care for the 2022-23 Service Year is £269.8 million.
- 4.2.2. The indicative revenue budget for Manx Care for the 2023-24 Service Year is £271.3million.

4.3. Indicative Capital Budgets for the 2022-24 Service Years

- 4.3.1. The indicative capital budget for DHSC for the 2022-23 Service Year is £5.9 million.
- 4.3.2. The indicative capital budget for DHSC for the 2023-24 Service Year is £1.5 million.

4.4. Method

- 4.4.1. The 2021-22 revenue budget for Manx Care was based on the overall 2020-21 Department budget and adjustments agreed between the Partners. The new, overall total was then split between Manx Care and the Department based on the allocation of roles, any new roles and the allocation of cost centres. A final reconciliation is needed which will be completed before 31st March 2021.

4.5. Budget Allocation

- 4.5.1. For the avoidance of doubt, Manx Care is responsible for allocating its revenue budget in order to ensure the efficient provision of the Mandated Services in accordance with the agreed specifications.

4.6. Efficiencies and Cost Savings

- 4.6.1. As set out in the Act (Section 20), Manx Care must exercise its functions effectively, efficiently and economically.
- 4.6.2. Manx Care shall implement efficiency and cost saving measures that meet or exceed a 1% efficiency target in the 2021-22 Service Year. This amount is already built into the allocated revenue budget for the 2021-22 Service Year.
- 4.6.3. The Department intends to deliver and require Manx Care to deliver an eight-year efficiency profile. These efficiency targets will be reviewed at regular intervals as more information becomes available.

Manx Care Mandate

4.7. Financial Regulations

4.7.1. Manx Care is required to follow Financial Regulations issued by the Treasury.

5. Service Levels and Quality Standards

5.1. Background

- 5.1.1. Schedule 2 of the Act requires at paragraph 1(e) that “the Mandate must specify [...] service levels and quality standards which Manx Care must comply with in the exercise of its functions under this Act”. This section of the Mandate addresses that requirement.
- 5.1.2. Service Levels will be further developed during 2021 – 2022 but the ones identified below are the minimum required (“the Minimum Service Requirements”).

5.2. Urgent and Emergency

5.2.1. Ambulance

75% of life threatening 999 calls attended within 8 minutes by an emergency responder
95% of life threatening 999 calls attended by crewed ambulance within 19 minutes

5.2.2. Emergency Department

95% of patients admitted, transferred or discharged within four hours of arrival at the Emergency Department

5.2.3. Performance Diagnostics

Urgent diagnostics wait maximum 2 weeks
85% of GP Urgent referrals seen within 6 weeks
Routine diagnostics wait maximum wait 20 weeks

5.2.4. Integrated Cancer Services

2 weeks wait - receipt of urgent referrals for suspected cancer to first outpatient attendance to 93%

2 weeks wait - receipt of referral of any patient with breast symptoms (where cancer not suspected) to first hospital assessment 93%

28 days - receipt of 2week wait referral for suspected cancer, receipt of urgent referral from a cancer screening programme (breast, bowel, cervical), and receipt of two week wait referral of any patient with breast symptoms (where cancer not suspected), to the date the patient is informed of a diagnosis or ruling out of cancer - 75%

31 days - Decision to treat/earliest clinically appropriate date to start of second or subsequent treatment(s) for all cancer patients including those diagnosed with a recurrence where subsequent treatment is:

- surgery - 94%
- drug treatment - 98%
- radiotherapy - 94%

62 days - urgent referral for suspected cancer to first treatment - 85%

Manx Care Mandate

62 days - urgent referral from a NHS Cancer Screening Programme (breast, cervical or bowel) for suspected cancer to first treatment - 90%

5.3. Integrated Mental Health Services

5.3.1. Mental Health Services

Response to referrals from Emergency Department (ED) within 1 hour for Mental Health Assessments (75%)

Response to wards referrals within 24 hours for Mental Health Assessments (75%)

Follow-up following Inpatient Stay within 7 days for patients on Care Programme Approach (CPA) (100%)

Patients with first episode Psychosis within received National Institute for Clinical Excellence (NICE) approved treatment within 2 weeks (75%)

Patients with Serious Mental Illness will receive annual Physical Health Check (100%)

5.4. Social Care Services

5.4.1. Adult Social Care

Minimum 80% of all Fair Access to Care Services (FACS) completed in Agreed Timescales

100% of individuals (or their carers) who have received a copy of their assessment

Minimum 90% Supervisions due that were completed

Social work service to operate to an agreed average caseload (16-18 cases per worker)

5.4.2. Adult Social Care – Learning Disabilities and Older Peoples

85-100% of residential beds are occupied

90-100% of respite beds to be occupied based on dependency

95-100% of service users will have a Person-Centred Plan (PCP) in place

5.4.3. Children's Social Care

Minimum 85% Complex Reviews on time

Minimum 90% of Child Protection (CP) Conferences on time

Minimum 90% Initial Child Protection Conferences (ICPC) held on time

Minimum 90% CP Reviews held on time

Minimum 90% of Looked After Children (LAC) Reviews on time

Minimum 90% Supervisions due that were completed

Manx Care Mandate

100% Pathway plans in place

Minimum 90% of children participating in or contributing to their CP Review

Minimum 90% of children participating in or contributing to their LAC Review

Minimum 79%% of children participating in or contributing to their Complex Review

Maximum 80% Occupancy at Ramsey overnight (O/N) Stays

5.4.4. Integrated Community Services

Western Wellbeing

Reduction in ED attendances - Target 5% reduction/6 months

Reduction in admissions to hospital from locality - Target 10% reduction/6 months

Clinical Assessment and Treatment Service (CATs)

Waiting times

80% urgent - seen within 3 working days

80% routine - seen within 12 weeks

Community Nursing

Waiting times

Urgent seen within 4 hours

Non-urgent seen within 24-48 hours

Routine Care seen within one week

5.5. Primary Care Services

Primary Care providers will meet the service levels applicable within their agreed contracts.

5.6. Other Considerations

5.6.1. Service levels will be aligned and commissioned to the identified need of current and future service users and will flex appropriately to a developing health economy. The full identification of need will necessarily require Manx Care to consult with current and potential future service users as a means of identifying appropriate pathways and benefits from services.

5.6.2. The principle that patients and Service Users are fully engaged in, and at the centre of, all aspects of planning and delivery of health and social care services.

5.6.3. Public Health will also be consulted by Manx Care in respect of work to prevent the rise of future comorbidities in the population.

Manx Care Mandate

- 5.6.4. Accredited professional and quality standards relevant to each and all services commissioned will be measured consistently and reported regularly in accordance with the requirements of section 7 of this Mandate.
- 5.6.5. Service levels will contain quality standards that enable clinical outcomes and matters of safety and professional practice to be measured in a consistent and coherent manner with the Service User and patient experience as the central consideration.
- 5.6.6. An agreed assurance framework (including required outcomes) will set out all agreed baselines and projected service levels, quality standards, predicted outcomes and benefits for Service Users, and the methodologies for performance measurement and reporting.

5.7. Service Descriptions

- 5.7.1. Section 3.2 above (Mandated Services) lists the service areas into which the Mandated Services are grouped.
- 5.7.2. The Partners confirm that they are working together to develop a set of Service Descriptions that, for each Mandated Service, will define the Mandated Service to an appropriate level of detail. Each Service Description will include specific Service Levels and Quality Standards that are relevant to the specific Mandated Service. These Service Levels and Quality Standards must (as a minimum) equal the Minimum Service Requirements and Minimum Quality Standards. Where a Service Description is agreed and where the Service Description includes Service Levels or Quality Standards which exceed the Minimum Service Requirements or the Minimum Quality Standards, Manx Care agrees that it will provide the relevant Mandated Services to the level set out in the relevant Service Description from the date on which the Service Description receives sign off by both Partners.
- 5.7.3. Manx Care will measure and report to the Department its performance against the Service Levels and Quality Standards set out in each Service Description once agreed and in accordance with the requirements of section 7 of this Mandate.

5.8. Requirements for Quality Standards

- 5.8.1. Manx Care shall identify appropriate quality standards across its activities and shall work to meet those Quality Standards and be able to adequately report its actual level of achievement, measured against those Quality Standards, to the Department.
- 5.8.2. In general, the Quality Standards adopted by Manx Care shall reflect the duties and responsibilities conferred on the Department by the Act and as a minimum include (Minimum Quality Standards):
- the promotion of a comprehensive health and social care service;
 - improvement in quality of services;
 - the promotion of autonomy;

Manx Care Mandate

- obtaining appropriate advice;
- public involvement and consultation;
- promoting education and training;
- reducing inequalities; and
- (promoting increased and appropriate) duty of candour.

5.8.3. In general, the Quality Standards shall:

- place the patient and service user at their centre;
- ensure that safety and safeguarding of patients and service users is at the fore;
- ensure that patients and service users receive the most appropriate care available within available resources to maximise their quality of life in the short, medium and long term, with services encompassing the most meaningful benefits voiced by patients and service users;
- seek to further the integration of health and social care services on the Island;
- be informed by good practice from other jurisdictions; whilst recognising the specific characteristics of the Isle of Man such as geography, location, population and economy;
- reflect any formal international standards that are relevant e.g. ISO 9001 (Quality) or ISO 45001 (Health and Safety Management);
- utilise existing, recognised authorities such as royal colleges and professional bodies to determine good practice, assess the capability of individuals to practice in any give role and to support continuing professional development;
- ensure that individuals providing services for or on behalf of Manx Care have appropriate training and qualifications and are subject to ongoing learning, regular supervision, appraisal and job planning;
- ensure that suitable policies and processes are in place to support recruitment and retention of workforce such as to sustain services;
- ensure that services are provided from locations that are appropriate, fully consider the needs and constraints of patients and service users, are accessible to those with mobility challenges, are hygienic and are comfortable;
- ensure that any equipment assets used in service delivery by Manx Care is adequately maintained required for the optimal delivery of services is available, adequately maintained and calibrated, and that personnel are adequately trained in its use, with suitable and sufficient records relating to equipment are kept;
- ensure that appropriate financial management is in place to ensure that the Mandated Services are satisfactorily delivered within the allocated funding; and

Manx Care Mandate

- ensure that all confidential and sensitive information, including but not limited to that relating to patients, service users and their families and to staff members is kept confidential including in response to orchestrated attack or error conditions.

5.9. Future Changes

- 5.9.1. The Partners acknowledge that they will work together cooperatively to agree incremental changes to Service Levels and Quality Standards as Manx Care's capability to provide Performance Reporting improves.
- 5.9.2. The Partners acknowledge that Manx Care will inherit systems and processes that do not permit efficient and comprehensive Performance Reporting.
- 5.9.3. Manx Care will work to improve its capability to provide Performance Reporting to the Department including achievement of agreed Quality Standards.
- 5.9.4. The assurance framework (incorporating the required outcomes framework) will evolve over time and the Department and Manx Care will work collaboratively on its development.

Manx Care Mandate

6. Shared Services

6.1. Mandated Shared Services

6.1.1. Manx Care shall use the following Isle of Man Government Shared Services to support its delivery of health and care services on the Island:

- Treasury:
 - Internal Audit Services
 - Finance Shared Services
 - Finance Advisory
- Cabinet Office:

Office of Human Resources:

- Job Evaluation, Rewards & Metrics Services
- Payroll, Recruitment Administration & Employment Administration Services
- Business Partner Team, Absence Administration & Industrial Relations Services
- Learning, Education & Development Services
- Health, Safety & Welfare Services

Government Technology Services:

- Digital Services & Infrastructure

Corporate Communications:

- Corporate Communications Services

Business Change:

- Business Change Services

- Department of Infrastructure:
 - Estates Services
 - Transport Services
- Attorney General's Chambers:
 - Legal Services
 - Procurement Services

6.1.2. Manx Care will use its reasonable endeavours to enter into "Shared Service Agreements" to govern the relationship between Manx Care and each Shared Service Provider, which will include reasonable key performance indicators.

6.1.3. Manx Care and the Shared Service provider may agree updates or amendments of a Shared Service Agreement.

Manx Care Mandate

6.2. Performance of Shared Services

- 6.2.1. Where a Shared Service provider is failing to provide the Shared Service (in accordance with the Shared Service Agreement where one exists), and such failure can be demonstrated to be impacting on Manx Care's ability to provide the Services and/or meet any performance metrics, service levels and/or quality standards (as set-out in section 5 - Service Levels and Quality Standards), Manx Care should immediately notify the Department.
- 6.2.2. Such notification by Manx Care should set out:
- the nature of the failure of the Shared Service;
 - how it is impacting on Manx Care's ability to provide the Service(s);
 - where applicable, how it is impacting on Manx Care's delivery against performance metric(s), service level(s) and/or quality standard(s) (as set-out in section 5 Service Levels and Quality Standards);
 - a plan to rectify the failing of the Shared Service provider (which may include seeking a replacement provider); and
 - considerations for the Department on how it might provide support to Manx Care.
- 6.2.3. The Department will consider the notification of the failure of the Shared Service provider and work with Manx Care to resolve the matter. The Department will consider the representations of the relevant Shared Service provider in respect of any such notification.
- 6.2.4. Where the Department is notified by the Shared Service Provider of a failure by Manx Care to fulfil its duties or obligations under a Shared Service agreement it will consider such representations and work with the Shared Service provider and Manx Care to resolve the matter.
- 6.2.5. Manx Care should continue to provide the Service(s) under the terms of the Mandate including utilising best endeavours in respect of the failing Shared Service(s) until such time as the Department advises otherwise.
- 6.2.6. The Department recognises that, as part of the resolution of the matter, Manx Care may need to seek alternative provision for an equivalent Shared Service where the Shared Service provider is materially failing to deliver the Shared Service (in accordance with the Shared Service Agreement where one exists). Any such alternative arrangements will require Council of Ministers approval, which the Department will work with Manx Care to obtain, as appropriate.

6.3. Other Services

- 6.3.1. Manx Care will use its reasonable endeavours to enter into an agreement with the Department of Education, Sport and Culture (DESC) to provide Nurse Training Services to Manx Care under a separate services agreement.

Manx Care Mandate

7. Manx Care Performance

7.1. Performance Management and Reporting

- 7.1.1. Manx Care will establish a performance management framework across all aspects of its delivery of health and social care, with associated reporting cycles. It is recognised that this may take a number of years to embed but year on year a priority list will be agreed.
- 7.1.2. Manx Care will provide Performance Reports to the Department on an agreed schedule with agreed content and following an agreed performance review cycle.
- 7.1.3. Performance Reports taken as a set, shall (at least) suffice to evidence the degree to which Manx Care has met, exceeded or failed to meet the Minimum Service Levels and Minimum Quality Standards (or such Service Levels, Quality Standards or performance indicators that are contained within any Service Descriptions which have been agreed by the Partners).

Manx Care Mandate

8. Dispute Resolution

8.1. Introduction

8.1.1. This section sets out the procedure to be followed to progress any Dispute arising between Manx Care and the Department.

8.2. Dispute Notices

8.2.1. If a Dispute arises then:

- a. the Department representative and Manx Care representative shall attempt in good faith to resolve the Dispute; and
- b. if such attempts are not successful within a reasonable period, not being longer than 20 Working Days, either Partner may issue to the other a Dispute Notice.

8.2.2. If a Dispute arises then the Partners shall continue to comply with their respective obligations under the Mandate regardless of the nature of the Dispute and notwithstanding any issue of a Dispute Notice unless agreed otherwise in writing.

8.2.3. A Dispute Notice shall set out:

- a. the material particulars of the Dispute; and
- b. if the Partner serving the Dispute Notice believes that the Dispute should be dealt with under the Expedited Dispute Process, the reason why.

8.2.4. Following the issue of a Dispute Notice the Partners shall seek to resolve the Dispute:

- a. first by Partner Negotiations (in accordance with 8.4);
- b. then, if either Partner serves a valid Escalation Notice, by the Escalation Procedure (in accordance with 8.5).

8.3. Expedited Disputes Process

8.3.1. Where the use of the timescales set out elsewhere in this Schedule would be unreasonable, including (by way of example) where one Partner would be materially disadvantaged by a delay in resolving the Dispute, the Partners may agree to use the Expedited Dispute Process. If the Partners are unable to reach agreement on whether to use the Expedited Dispute Process within 5 Working Days of the issue of a Dispute Notice, the use of the Expedited Dispute Process shall be at the sole discretion of the Department.

8.3.2. If the Expedited Dispute Process is to be used pursuant to the provisions of 8.3.1 then the following periods of time shall apply in lieu of the time periods specified in the applicable Paragraphs:

- a. in 8.4.2 (b), 10 Working Days.

Manx Care Mandate

- 8.3.3. Where the Expedited Dispute Process is in use and at any time it becomes clear that an applicable deadline cannot be met or has not been met, the Partners may (but shall be under no obligation to) agree in writing to extend the deadline. If the Partners fail to agree within 2 Working Days after the deadline has passed, the Department may set a revised deadline. Any agreed extension shall have the effect of delaying the start of the subsequent stages by the period agreed in the extension. If the Department fails to set such a revised deadline then the use of the Expedited Dispute Process shall cease, and the normal time periods shall apply from that point onwards.

8.4. Partner Negotiations

- 8.4.1. Following the issue of a valid Dispute Notice the Department and Manx Care shall make reasonable endeavours to resolve the Dispute as soon as possible by negotiation between the Department's Representative and Manx Care's Representative.

- 8.4.2. If;

- a. either Partner is of the reasonable opinion that the resolution of a Dispute by negotiation will not result in agreement; or
- b. the Partners have not settled the Dispute in accordance with 8.4.1 within 30 Working Days of service of the Dispute Notice,
- c. either Partner may serve a written notice (an "Escalation Notice") to invoke the Escalation Procedure in accordance with 8.5.

8.5. Escalation Procedure

- 8.5.1. If an Escalation Notice is served, the Dispute is referred to the Partnership Board for determination.
- 8.5.2. Where the Partnership Board is unable to settle the Dispute, or where one or other Partner disagrees with a determination by the Partnership Board, the matter shall be referred to the Council of Ministers for determination. The dispute resolution process shall be incorporated into the Partnership Board's terms of reference.
- 8.5.3. Where a Dispute is referred to the Council of Ministers it must make a determination which shall be the final determination and will be binding on the Partners with no further escalation available to either Party.

9. Charges to Service Users

9.1. Introduction

9.1.1. The following regulations set out the charges that should be applied by Manx Care to service users, as amended from time to time, and such amendments may occur during the Service Year.

9.2. Prescriptions

9.2.1. The National Health Service (Charges for Drugs & Appliances) Regulations 2004 sets out how and under what circumstances service users may be charged for drugs and appliances prescribed by an appropriately qualified prescriber, and which includes the values of such charges.

9.3. Dental Services

9.3.1. The National Health Service (Dental Charges) Regulations 2015 sets out how and under what circumstances service users may be charged for dental services provided by a registered dental practice, and which includes the values of such charges.

9.4. Social Care Services

9.4.1. The Adult Social Care Services (Charges) Regulations 2020 sets out how and under what circumstances service users may be charged for relevant social care services, and which includes the values of such charges.

9.5. Ophthalmic Optician Services

9.5.1. The National Health Service (Optical Payments) Regulations 2004 sets out how and under what circumstances service users may be entitled to a voucher or vouchers to cover some or all of the charges in respect of ophthalmic optician services.

9.6. Overseas Travellers

9.6.1. The National Health Service (Overseas Visitors) Regulations 2011 sets out how and under what circumstances overseas visitors may be charged for relevant services.

9.6.2. Overseas visitors from the UK are exempt from any such charges under the Reciprocal Health Agreement between the UK and Isle of Man Government.

9.6.3. Overseas visitors from Guernsey are exempt from any such charges under the temporary Reciprocal Health Agreement between the States of Guernsey and Isle of Man Government.

10. Inspections

10.1. Schedule of Inspections for the Service Year

10.1.1. Inspections of the following Mandated Services are expected to commence during the first Service Year:

Adult Social Services

Older People

Learning Disability Services

Social Work and Support Services

Hospital, Mental Health and Communities

Community Services

Community Adult Nursing

Community Children and Families

Community Allied Health Professionals Services

Children and Families Services

Adult Social Care

Mental Health Services

Screening Services

Sexual Health Services

Unscheduled Care

Scheduled care

Women's & Children's Integrated Services

Diagnostics & Therapies

Patient safety & Quality

Primary Care

General Practice

Dental Services

Pharmacy Services

Ophthalmic Services

Patient Safety & Quality

Manx Care Mandate

- 10.1.2. Para 10.1 above lists those Mandated Services that it is expected will be inspected by the Care Quality Commission (CQC) (as detailed by Annex 1). Detailed arrangements with CQC are subject to contractual agreement and therefore this list is subject to change.
- 10.1.3. Other inspectors may be appointed by the Department to inspect, in the first Service Year, Mandated Services that are outside of the CQC's remit, i.e. Mandated Services that are excluded from the list at para 10.1 (as detailed by Annex 2).

Manx Care Mandate

11. Complaints

11.1. Manx Care Complaints Procedure

- 11.1.1. Manx Care must have in place and follow an appropriate Complaints Procedure that, as a minimum, meets the requirements of the Act and applicable regulations.
- 11.1.2. Manx Care's Complaints Procedure must include clear arrangements for the involvement of the Department in the resolution of complaints submitted to Manx Care for which Manx Care is unable to reach an appropriate resolution with the originator of the complaint, including a direct line of appeal by the originator of the complaint to the Department.
- 11.1.3. Manx Care's Complaints Procedure must include appropriate reporting arrangements to inform the Department about the operation of the Complaints Procedure; for example, the number of complaints received, their subject matter and how they are resolved.
- 11.1.4. Manx Care must give effective publicity to their complaint's arrangements and procedures and take reasonable steps to inform the persons listed in the National Health Service (Complaints) Regulations 2004 (as amended by the National Health Service (Complaints) (Amendment) Regulations (2021)) of those arrangements, the name of their complaint's manager and the address at which the manager can be contacted.
- 11.1.5. At the request of the Department, in line with the assurance framework, Manx Care shall provide its current complaints procedure and reasonable evidence of its operation to the Department.
- 11.1.6. The Department and Manx Care shall work together in good faith to agree any reasonable changes to Manx Care's complaints procedure identified by the Department from time to time (provided always that such changes comply with the requirements of the Act and applicable regulations).
- 11.1.7. If a complaint is received by Manx Care which refers to loss of life, including suicide, avoidable injury or serious harm received as a result of services provided by Manx Care or its commissioned providers, it must be notified to the Department immediately.
- 11.1.8. Manx Care will be required to act under the instruction of the Department in relation to functions delegated or contracted to other bodies providing statutory and scrutiny functions on behalf of the Department.

11.2. Third Party Complaints Procedures

- 11.2.1. In respect of new, renewing or the replacement of externally commissioned services, Manx Care must ensure that the providers of such services should operate a complaints procedure in a similar form to that set out above and comply with Para 2 (b) of Schedule 2 of the Act.

Manx Care Mandate

- 11.2.2. For the avoidance of doubt, the providers of such services at the point of transfer to Manx Care that are not currently required to operate a complaints procedure in a similar form to that set out above are exempt from such arrangements until they are renewed or re completed.

12. Failure to Comply with all or any of the Terms

- 12.1.1. Where Manx Care fails to comply with any or all of the terms of this Mandate, the Department will apply the procedure set out in Section 30 of the Act.

13. Definition of Terms

The following terms (when capitalised) shall be deemed to have the meanings shown when used in the Mandate and other forms of the same words (such as plurals) shall be interpreted accordingly.

Term	Meaning
Act	Means the Manx Care Act 2021
Department	means the Department of Health and Social Care.
Dispute	means any dispute, difference or question of interpretation arising out of or in connection with the Mandate, including any dispute, difference or question of interpretation relating to the Mandated Services, failure to agree in accordance with any change process or any matter where the Mandate directs the Partners to resolve an issue by reference to the Dispute Procedure.
Dispute Notice	means a written notice served by one Partner on the other stating that the Partner serving the notice believes that there is a Dispute.
Dispute Resolution Procedure	means the process and procedures set out in section 8.
Expedited Dispute Process	means the expedited process for the resolution of Disputes set out in section 8.3.
Government	Means the Departments Boards and Offices which form the Isle of Man Government
Mandate	means this document, the mandate for Manx Care set by the Department as required by the Manx Care Act and as amended in accordance with the Act.
Mandated Service	means a service that Manx Care is required to provide by the Mandate.
Manx Care	means the organisation providing health and care services as contemplated by the Manx Care Act.
Outcome	means a benefit that is expected once changes have been made to a Mandated Service such as an improvement in service quality or Service User experience, or a reduction in cost.
Outcome Framework	means a set of indicators agreed by the Department and Manx Care to monitor the health and social care Outcomes of Service Users.
Partner	means either the Department or Manx Care as the context dictates.
Partners	means the Department and Manx Care together.

Manx Care Mandate

Term	Meaning
Performance Report	means a product of Performance Reporting, in an agreed form, delivered by an agreed mechanism, to an agreed recipient or recipients in accordance with an agreed schedule.
Performance Reporting	means the efficient capture, analysis and reporting of data and information that is sufficient to support the comprehensive assessment of Manx Care's performance in delivering the Mandated Services.
Primary Care	is the first point of contact for health care for most people. It is mainly provided by GPs (general practitioners), but community pharmacists, opticians and dentists are also primary health care providers.
Primary Care at Scale	Collaboration across Manx Care and contracted Primary Care partner organisations to deliver an enhanced Primary Care service and to drive through quality and consistency of care.
Relevant Person	means the Department, Manx Care and, where appropriate, a person with whom Manx Care has entered into an agreement under section 17 (of the Act).
Service Level	means a defined and agreed metric against which a service is measured by Manx Care and, where required, reported to the Department by Manx Care, including, for the purposes of the Mandate, an Outcome Framework.
Service User	means an individual to whom, or in relation to whom, a health service or social care service is provided.
Service Year	means the period which ordinarily starts on the 1 st April and ends on 31 st March in each year that Mandated Services are provided.
Shared Service	means a service that is provided centrally, and which is available to be consumed by government organisations, departments and more broadly, across the Isle of Man Government.

Manx Care Mandate

Annex 1 – Detail of Services which are covered by the CQC Inspection.

Adult Social Care

- **Primary Service: Health and care services.**
 - **Adult social care**
 - **Services for older people**
 - Residential Care
 - Reablement
 - Community Support Services (Home Care and Dementia Home Care)
 - **Learning Disability Services**
 - Residential Care
 - Respite Care
 - **Social work and support services**
 - Adult services access team including out of hours
 - Adult review team
 - Adult generic social work team
 - Hospital social work team
 - Older peoples social work team
 - Learning disability team including Learning Disability Nurse, Speech and Language therapy and PBS worker

Hospital, Mental Health and Communities

- **Primary Service: Health and care services.**
 - **Community Services**
 - **Community Adult Nursing**
 - District Nursing Service
 - Health Visitor for Vulnerable Adults
 - Long term Condition Coordinators
 - Parkinson Disease Specialist Nurse
 - Continence Service
 - Tissue Viability and Wound Management Service
 - Prison Healthcare Service
 - Manx Diabetic and Endocrinology Service
 - **Community Children and Families**
 - Health Visiting Service
 - Children with Complex Needs Community Nurse
 - Family Planning Service
 - Health Child Safeguarding Team
 - **Community Allied Health Professionals Services**
 - Community Adult Therapy Services
 - Wheelchair Services
 - Podiatry Services
 - Adult Speech and Language Service
 - Integrated Loan Service (Community Stores)

Manx Care Mandate

- **Mental Health Services**
 - Acute inpatient services
 - Child and Adolescent Mental Health Services
 - Community Mental Health Service for Adults
 - Crisis Response Home Treatment team
 - Drug and Alcohol Team
 - Older Persons Mental Health Service
 - Community Wellbeing Service
- **Screening Services**
 - Bowel Screening
 - Cervical Screening
 - Breast Screening
 - Cancer Information and Support Service
- **Sexual Health Services**
 - Family Planning
 - HPV Vaccination
- **Unscheduled Care**
 - Isle of Man Ambulance Service
 - Emergency Department
 - Ramsey Minor Injuries Unit
 - Acute Medical Unit
 - Cardiac & Respiratory
 - Physiology
 - Cardiology Services
 - Respiratory Medicine
 - Stroke Services
 - Critical care Unit
 - Anaesthetics Department
 - Air Ambulance
- **Scheduled care**
 - Surgical Specialties (ENT, Oral Surgery, Urology, Breast Surgery, Ophthalmology)
 - Trauma & Orthopaedics
 - Operating Theatres
 - General Surgery (Colorectal, Vascular & Upper GI)
 - Day Surgical Unit
 - Renal Medicine/Dialysis
 - Haematology & Oncology
 - Diabetes & Endocrinology
 - Dermatology & Plastic Surgery
 - Outpatients
 - Genitourinary Medicine
 - Rheumatology
- **Women's & Children's Integrated Services**
 - Obstetrics & Community Midwifery
 - Gynaecology
 - Reproductive Medicine

Manx Care Mandate

- Paediatric Services
- Community Paediatrics
- Neonatal Intensive Care
- Children’s Safeguarding Health
- **Diagnostics & Therapies**
 - Hospital Therapies (Physiotherapy, Occupational Therapy, Dietetics)
 - Pathology Services
 - Imaging Services
 - Hospital Pharmacy
 - Mortuary & Bereavement
 - Blood & Transfusion

Primary Care

- **Primary Service: Health and care services.**
 - **General Practice**
 - General Practice – essential and additional
 - General Practice – enhanced service
 - Salaried General Practitioners
 - Out of Hours GP Services (Manx Emergency Doctors Service)
 - **Dental Services**
 - Dentistry
 - Community Dental Service
 - Primary Orthodontic Service
 - Secondary Orthodontic Service
 - **Pharmacy Services**
 - Primary Care Pharmacy Services
 - **Ophthalmic Services**
 - Primary Care Ophthalmic
 - **Patient Safety & Quality**
 - Patient & Service User Experience
 - Manx Care’s Care, Quality and Safety Team

Manx Care Mandate

Annex 2 –Detail of Services to be covered by other inspectorates (non-CQC).

- **Primary Service: Health and care services.**
 - **Public Health**
 - Health Improvement
 - Health Protection
 - Health Promotion
 - Oversight of public health activity undertaken by Manx care or other parties (e.g. the routine vaccination programme)
 - **Adult Social Care**
 - Services for older people
 - Day Services
 - Learning Disability Services
 - Supported Living
 - Day Services
 - Supported Employment
 - **Other Services**
 - Registration and Inspection Unit
 - **Community Services**
 - Community Children and Families
 - School Nursing Service/HPV Vaccination programme
 - Children and Families Services
 - Children with Disabilities Service
 - Provided under contract
 - Wraparound therapeutic service for looked after children
 - Autism outreach service
 - Early Help Service
 - Initial Response Team
 - Youth Justice Service
 - Supporting Families Service
 - Care Management
 - Family Placement Service
 - Safeguarding and Quality Assurance Unit
 - Provided under contract
 - Semi-independent homes
 - Aftercare services for looked after children
 - Education service for secure children's home
 - Family Support Service (early help)
 - Supervised contact centre for statutory services
 - Children's Homes (including one secure children's home)
 - **Pharmacy Services**
 - Community Pharmacy Services
 - Pharmacy - essential services

Manx Care Mandate

- Pharmacy - advanced services
- Pharmacy - enhanced services
- **Ophthalmic Services**
 - Community Ophthalmic
- **Patient safety & Quality**
 - Hospital Chaplaincy

NB – For the services detailed by Annex 2, it is expected that Community Pharmacy Services will be covered by the General Pharmaceutical Council (GPhC) and all other services will be covered by the appointment of inspector(s) planned to occur in the first service year, these are all subject to contractual agreement and border restriction logistics.