

Government Circular Number: 2024/0043



## Department of Health and Social Care

### Mandate to Manx Care

Effective 1<sup>st</sup> April 2024

Date: February 2024

Version: 1.02

Status: Final

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## Foreword by the Minister for Health and Social Care

I am pleased to publish this Mandate to Manx Care for 2024-25 and beyond.

This is the fourth Mandate since the inception of Manx Care and both the Mandate process and the document itself have continued to evolve with each new iteration. It has not always been easy navigating the changing relationships, but I firmly believe that we are all driving towards the same goal, improving the health and wellbeing of the Island's population through a health and care system where people can access the right care, in the right place and at the right time.

This time last year, I said that we were heading into a year of safety and stability, in the midst of significant financial pressure. Whilst those pressures have not gone away, this Mandate is aimed at continuing to drive incremental improvements that will have the biggest impact on our longer-term strategic goals.

Following stakeholder feedback, we commenced drafting of this Mandate earlier than in previous years, starting in July 2023. This meant that we were able to ensure that key stakeholders had as much time as possible to provide input into the Mandate development process. I am grateful to those colleagues particularly in the Transformation Team, Public Health and of course Manx Care, who took time to support the process. This year we have also combined the process of gathering assurance against objectives with the Mandate creation process, to make sure we understand how key workstreams will develop and what the risks are to achieving them.

The Department is seeking to provide longer term certainty to assist with financial and operational planning, therefore this year's Mandate articulates the long-term vision and outcomes that we are striving for. The Mandate then provides clear direction to Manx Care about how individual objectives are expected to contribute to whole system improvements and government wide objectives (These are laid out in the 'at a glance' table at page 66 as a useful summary). There has been significant work between the Department and Manx Care to understand performance data which improves our shared ability to plan the best way to commission and deliver services for the future. This work will continue but I believe the suite of metrics required by this Mandate are achievable and will give us better insight to drive continuous improvement.

During the 23/24 Mandate year some key foundations have been laid through initiatives such as Restoration and Recovery and the baseline inspections by the Care Quality Commission, Ofsted, the Department's Registration and Inspection Team and other external Regulators. This enables us in the 24/25 Mandate to more confidently move from a position of discovery to deliverables which address key issues and to continue to drive better ways of working. Much of the work detailed in this Mandate has already commenced by way of planning set through last year's Mandate, which shows the positive effect of the Mandate's ability to plan long term.

This Mandate seeks to stress the importance of working in partnership with both wider Government and voluntary organisations. There are some key Government strategies that will only be achieved by working together, particularly in the area of early intervention and prevention. Manx Care are also required to continue to drive the transformation projects that will deliver the vision of "Right Care, Right time, Right Place" and most noticeably improve experiences for service users, particularly in the areas of primary care at scale and the development of integrated and consistent care pathways.

All of this said, there will still be challenges ahead. Whilst the funding envelope has been increased through the support of Treasury, we will not be able to make all of the improvements we would wish to through this Mandate year, and it is likely that we will have to make difficult decisions about how we prioritise the competing objectives of long-term transformation against short term delivery. The financial governance already undertaken by Manx Care and the DHSC and the continued work around activity-based costing will help us to understand the safest and most efficient ways to do this where necessary.

I look forward to evaluating progress made against the requirements of this Mandate and to continuing to work with Manx Care colleagues in the year ahead.

**Mandate to Manx Care 2024**

Lastly, I would like to place on record my gratitude to all who work within the Health and Social Care services for their continued dedication and commitment to public service

**Hon. Lawrie Hooper MHK  
Minister for Health and Social Care**

# **1 Introduction**

The definitions set out at page 85 of this Mandate and within the Interpretation Act 2015 apply to the interpretation of this document.

## **1.1. Purpose**

**1.1.1** This statutory document is the Mandate for the Service Year 2024-25 pursuant to Section 14 (1) of the Manx Care Act 2021 (the Act).

**1.1.2** The Mandate sets out the Department of Health and Social Care's (the Department) requirements of Manx Care in delivering all services pursuant to Section 17 of the Act.

**1.1.3** Manx Care must ensure adherence to all other legal and statutory duties as prescribed with the relevant Isle of Man legislation, regulations, directions orders and codes.

**1.1.4** The Department shall commission, through this Mandate, health and social care services from Manx Care and it shall assure Manx Care's performance in delivering such services through the agreed processes.

**1.1.5** The Department defines in its [Mandate Framework](#) the ways in which it expects Manx Care to report on performance. New services being developed will be incorporated into established reporting and management processes as they become operational.

## **1.2. Effective date and duration**

**1.2.1** This Mandate shall be effective from and including 01 April 2024 and shall continue until such time as another Mandate is laid.

# **2 Objectives**

## **2.1 Introduction**

**2.1.1** Strategic objectives for Manx Care and specific deliverables for 2024-2025, as well as details of future developments where known, are detailed in this Mandate but are not exhaustive.

**2.1.2** The priorities detailed here are set in support of Our Island Plan and the Department's annual plan and are designed to be incremental in nature. For each area of priority, the Department has set out the desired long-term outcomes, as well as the specific objectives relative to Manx Care in this Service Year and beyond.

**2.1.3** It is acknowledged that some of the longer-term outcomes are not solely in the gift of Manx Care and are likely to require collaborative working across Government and the wider community.

**2.1.4** Manx Care must, as part of the operating plan for the Service Year, produce a simple table summarising the key pieces of work it anticipates will contribute directly to each objective and sub-objective described in this section. This does not need to be publicly available but must be provided to the Department at the first Mandate Development Meeting of the Service Year and will be used as the basis for assurance discussions.

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**2.1.5** The known position of outstanding objectives from previous Service Years has been discussed between the Department and Manx Care at the time of writing this Mandate. Where these have not been fully achieved, they are restated or evolved through this Mandate to ensure consistency of progress tracking.

**2.1.6** Objectives considered to be completed since the previous Mandate will be detailed in the Department's Letter of Assessment for the Service Year, which will be laid before Tynwald.

## **2.2 Available revenue funding - financial plan and budget allocation**

**2.2.1** The revenue budget allocated to Manx Care for this Service Year is £346,822,565. This is an increase of £43,847,565 on 2023-24 and includes inflationary increases as well as a 2% efficiency target.

**2.2.2** The Department considers that the objectives of this Mandate are achievable when considering the total financial picture; however, where Manx Care feels it needs to take operational decisions in order to deliver within the financial envelope, the Department asks Manx Care to protect emergency and crisis services. In that case, Manx Care will be expected to assess the impact on patient safety and quality, seen through discussions in Manx Care Board papers and shared with the Department where there are policy implications. Strategic objectives, and pathways and services, handed to Manx Care by the Transformation Programme, should continue to be progressed in that case.

**2.2.3** Manx Care is responsible for apportioning the revenue budget in order to ensure the efficient provision of the Mandated Services in accordance with the agreed specifications. Manx Care must also take appropriate measures to ensure it does not overspend its budget, working with the Department to understand the policy, political and reputational risks of any such measures.

## **2.3 Capital funding**

**2.3.1** Manx Care does not hold a capital budget but will act as the client representative for the capital programme assigned to the Department, in line with the principles set out in any strategy or policy set out by the Department. The Department has submitted to The Treasury a plan for the 2024-25 capital programme, comprising:

- 3 discrete schemes already underway.
- An asset replacement fund of £1m.
- A strategic development fund of £250,000.
- 1 scheme approved for development funding.
- 2 schemes to progress for development funding.

**2.3.2** The Department intends to further define the roles and responsibilities relating to capital projects during this Service Year and asks Manx Care to participate in that work, together with wider Government Departments.

**2.3.3** Where a new or significantly changed property is added to the estate portfolio, Manx Care must ensure that the revenue implications of the services delivered are built into financial plans for subsequent years, in order to minimise any delay in operating once the building is practically complete.

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### **2.4 Efficiencies and cost savings**

**2.4.1** Manx Care shall implement cash efficiency measures during the Service Year of 2%.

**2.4.2** The Department intends to continue to deliver, and require Manx Care to deliver, a long-term efficiency profile. These efficiency targets will be reviewed at regular intervals as more information becomes available. Manx Care will continue to produce longer term plans for cost saving measures on an ongoing basis.

**2.4.3** Manx Care should explore all identified opportunities to improve productivity in efforts to improve and maintain financial health whilst retaining service quality and patient safety standards. Where there is a policy or charging implication or public impact, these are to be discussed with and agreed by the Department.

## **2.5 Priority 1 - Fully integrated health and care system**

### **2.5.1 Long term vision**

- Pathways and transitions between services are clearly understood by both professionals and service users, deliver care in the most appropriate setting, but at home or as close to home as possible where safe.
- Services are provided within the community reducing unnecessary attendances in emergency settings and treatment decisions are made at the earliest possible point, in partnership with the Service User and the people in their support network.
- Service provision is continually reviewed in all areas, in order to understand the true cost of care and avoid disproportionate spend. The system regularly appraises where services are best delivered locally and directly by Manx Care and where delivery is best supported by commissioning arrangements or strategic partnerships with the third sector.
- A range of settings are available in order to support and treat Service Users in the place which best promotes their recovery, avoiding inpatient admission wherever possible and where individuals see the right practitioner first time.
- A single, integrated out-of-hours service is available providing care in an efficient and appropriate manner outside normal working hours.
- Service Users know the ways they can support themselves at home, using technology as an enabler for efficient care pathways.
- Wellbeing partnerships operate in the 4 geographies of the Island with associated local area co-ordination. Those receiving multiple services are identified and supported throughout their journey through a clear care pathway and reliance on acute and secondary care are reduced where appropriate.

### **2.5.2 Manx Care objectives**

#### **a. Cost of care**

##### **2024-25 Objectives**

Manx Care will continue Activity Based Costing (ABC) in earnest, using 2024-25 to understand the work required to drive this work in a timely way. Following handover of the artefacts from the external partner, Manx Care will establish the next phase of work to enable service line reporting (SLR). Sourcing of this platform will have commenced by the end of the Service Year.

##### **Evidence**

- SLR system implementation plan agreed by the Manx Care Board and shared through the Mandate Development Meetings during the second half of the year.
- Reporting from the new SLR platform routinely (no less than quarterly) brought through a Manx Care Board sub-committee in the latter quarters of 2025-26.
- Outputs and analysis of repeat costing activity for the acute setting brought to the final



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Mandate Development Meeting of the Service Year of 2025-26.

- Regular management accounts scrutinised by a Manx Care Board sub-committee.

### 2025 and beyond

Manx Care will implement a platform for SLR in order to facilitate the routine production of service level costings. The Department will seek assurance of the plan through the Mandate Development Meetings, specifically the progress of initial and ongoing staff training and support.

By the end of the 2025 Service Year, Manx Care will repeat the initial desk-based costing activity for the acute setting using the new infrastructure and establish a process for automating the process as far as possible.

In the subsequent years, Manx Care will apply the approach and learning from the ABC already undertaken, starting with mental health, social care and social work services and primary and community care.

Using this information, Manx Care will produce (and share with the Department) a plan to make efficiencies in tertiary and secondary care and review budget allocations in order to direct a proportional increase in spend in the following areas:

- i. Mental health services.
- ii. Social care and social work services.
- iii. Primary and community care.

## b. Urgent care provision

### 2024-25 Objectives

By the end of the Service Year, responsibility for delivery and service implementation of the 'See, Treat and Leave', 'Intermediate Care', 'Hear and Treat' and 'Ambulatory Assessment and Treatment Unit (AATU)' projects of the transformation programme for Urgent and Emergency Integrated Care (UEIC), and the associated services, will be assumed by Manx Care.

For those projects still being implemented, detailed project plans will be agreed and updated through the Transformation Oversight Group.

Manx Care will seek to describe the future 'out of hours' integrated urgent care provision that will be available once the work-streams of UEIC are implemented.

### Evidence

- Regular project status reporting and detailed implementation plans of UEIC projects to the Transformation Oversight Group.
- Supporting project plans for care pathways already handed over to Manx Care for implementation, including detailed milestones, with agreed change requests where applicable.

- Out of hours provision document shared through the Mandate Development Meeting by 31 May 2024.

### **2025 and beyond**

Once urgent care systems are in place, Manx Care will periodically review the entirety of the provision for capacity, efficacy, change to patient experience and impact to understand whether expansion, reconfiguration or volume of coverage is required. This will include (but is not limited to) the clinical navigation function within the Emergency Services Joint Control Room, the Manx Emergency Doctor Service (MEDS) and options for telephone triage and advice, in line with the urgent and emergency work-streams of the Health and Care Transformation Programme.

In subsequent years, Manx Care will work to ensure that a robust triage model is in place for urgent and emergency care and that terminology and process is standardised for all relevant services. The urgent care advice line will provide direct booking to general practice and the urgent treatment centre at Noble's Hospital will be able to support a wider range of need, including dental and mental health as priorities to deliver a fully integrated model.

## **c. Primary Care at Scale**

### **2024-25 Objectives**

Following approval of the prioritised delivery of Primary Care at Scale (PCAS), Manx Care will assume responsibility for delivery of the PCAS project and continue to deliver the project in an incremental way with formal annual reviews.

Key activities in 2024-25 delivery are:

- Salaried model and service shift** - Manx Care will confirm the details of a salaried GP offering by 31 May 2024. Models of shared care will be defined, particularly understanding how Primary Care support prescription and monitoring of direct oral anticoagulants, ECG and ambulatory blood pressure and botox. Following the work on medication reviews undertaken during 2023, Manx Care will expand to include anyone being prescribed a medication for more than 12 months. The approach to identification and prioritisation of services to shift from secondary to primary care will be agreed by Manx Care and approved by the Department.
- Resilience** – Manx Care will continue to stabilise general practice, seeking to increase capacity across GP services through strong contracting and monitoring of performance. Details of the commissioning of a virtual GP service to support the service during times of pressure will be undertaken and assessed in time to be relevant for the next period of winter pressures.
- Hubs** - By the end of the Service Year, Manx Care will have wellbeing partnerships and hubs operating in all geographies of the Island.
- Pharmacy services** – Manx Care will continue to support the Department in scoping future models for pharmacy. By the end of the Service Year 2024-25, Manx Care will have completed and started to deliver against an options appraisal for delivery and contracting of community pharmacy, including a plan to recruit and support junior pharmacists, with a development plan to increase first contact pharmacist provision across all GP practices and the established wellbeing partnerships. By the end of the Service Year, Manx Care will be using electronic

methods for the production and transfer of prescriptions for all patients in primary and secondary care.

- v. **First contact practitioners** – Manx Care will review the pilot model of first contact practitioners in musculoskeletal, mental health and dermatology with a view to expanding geographical coverage.
- vi. **Frailty** - Manx Care will bring together all the work-streams related to frailty to ensure that there is a documented holistic and consistent approach across all services.

## **Evidence**

- Exception reporting and detailed implementation plan for the Primary Care at Scale project regularly reported to the Transformation Oversight Group and Integrated Care Partnership Board (ICPC).
- Development of a revised strategic implementation plan for 2025-26 agreed through the Manx Care Board by 31 December 2024.
- Reviews of pilots for pharmacy brought through a relevant Manx Care Board sub-committee.
- Options appraisal paper confirming the details of a salaried GP model offering shared through Board-to-Board by 31 May 2024.
- Integrated Performance Report – average wait time for a GP appointment, broken down by practice.
- Hubs operational in the 4 geographies of the Island.
- Options appraisal for community pharmacy development, and delivery progress against it, brought through a relevant Manx Care Board sub-committee.
- Progress against the implementation of electronic prescriptions (production and transfer) brought through a Manx Care Board sub-committee.
- Medication reviews reporting routinely brought through a Manx Care Board sub-committee agenda detailing the number of reviews completed, resulting cost savings and associated reduction in accessing services due to medicines optimisation.
- A review of the pilot model of first contact practitioners in musculoskeletal, mental health and dermatology, to be brought through a relevant Manx Care Board sub-committee, detailing how geographical coverage could be expanded.
- All frailty work-streams documented together and approved through a Manx Care Board sub-committee.
- Progress against the implementation of virtual GP brought through a Manx Care Board subcommittee before 31 August 2024.

**2.6 Priority 2 – Early intervention, prevention and childhood experience**

**2.6.1 Long term vision**

- Principles of early intervention, prevention, engagement and awareness are incorporated in all new strategies and service models so that support and care are provided at the earliest possible point, enabling Service Users options to make informed choices about their care through education and accessible information.
- The wellbeing and mental health of the population and specifically young people is improved, with people supported to develop and maintain resilience to deal with life's challenges - to a point where suicide never feels like the only option for someone. Treatment options for poor mental health and mental illnesses focus on need rather than diagnosis or label.
- Mental health services will focus on early intervention and prevention through multi-agency approaches and communities where people feel able and are supported to openly talk about their wellbeing and mental health. Where mental health illness is not preventable, services are flexible and bespoke to those experiencing trauma, minimising the risk of relapse through a personal safety plan.
- The Island has strong relationships with a network which includes third-sector and voluntary organisations, commissioned where necessary, to ensure that people have access to advice and support which is wide-ranging in nature.
- Where a child or young person requires a residential placement (where it is appropriate and supports the child to thrive), they are supported by a Corporate Parent to ensure that their views are heard. A child becoming looked after is a last resort where no other option is available – families at risk are identified and supported early.
- A full range of resources constituting a full offering of the Healthy Child Programme, Thrive and 0-19 offering by Manx Care, so that families feel supported before and after the birth of a child to make the best decisions for their family.
- Carers feel recognised, listened to and supported within our communities and are empowered to live fulfilling lives
- The health and care system which works cohesively to address barriers in accessing health and care services, resulting in a Healthy Life Expectancy (HLE) which is unaffected by any protected characteristics.
- An Autism Spectrum Condition (ASC)-friendly Island by 2034.

**2.6.2 Manx Care objectives**

**a. Multi-agency strategies**

**2024-25 Objectives**

In support of the multi-agency strategies for Suicide Prevention, Substance Misuse and Wellbeing and Mental Health, in 2024-25 Manx Care will ensure that all responsibilities allocated to them in the resulting action plans are completed in the agreed timescales, including as a priority:

- i. Support for Public Health Isle of Man (Public Health) in a commissioned, thematic

review of deaths by suicide and resulting action plan.

- ii. An application to join the National Confidential Inquiry into Suicide and Safety in Mental Health ('NCISH') supported by local psychiatrists.
- iii. Following approval of the Child and Adolescent Mental Health Service (CAMHS) business case, changes will be implemented to ensure those with low to moderate mental health needs are offered timely access to community-based support, advice or, where appropriate, courses of psychological therapy through the THRIVE model. An implementation plan for the early intervention model (iThrive) will be shared with the Department by 30 September 2024 and first actions underway by the end of the Service Year.
- iv. Manx Care will complete review of the clinical pathways for all major mental health conditions for all patients, and use this to implement changes for future delivery, starting with depression, in order to assess where capacity can be created in the system.
- v. Continued development of the drug death indicator data provided to Public Health as part of the Public Health Outcomes Framework (PHOF).
- vi. Participation in the construction and monitoring of a multi-agency Offender Healthcare Improvement Plan, with updates regularly brought through a Manx Care Board sub-committee.

During the Service Year, Manx Care will scope what would be required to establish a diagnosis pathway for adults with attention deficit hyperactivity disorder (ADHD).

Manx Care will also work with the Constabulary, Probation Service and Department of Home Affairs in a multi-disciplinary approach to develop and put in place appropriate service models to provide the right response to service users with mental health and social care challenges.

The Service Year will see the establishment of a multi-agency ASC strategy steering group which will drive awareness and acceptance, through tactical and collaborative decisions about service models and incremental change. Through this group Manx Care will ensure that all responsibilities allocated to them in the resulting action plan are completed in the agreed timescales, including as a priority:

- i. Support production of a reasonable adjustments campaign and associated training plan for staff.
- ii. Provide subject matter experts and relevant data through a dedicated resource to a multi-agency steering group.
- iii. Embed the use of the autism health passport across health and care services, providing expert clinical advice to wider public service where requested.

Manx Care are also asked to support the Department of Education, Sport and Culture (DESC) in the scoping of a nursery for children with complex needs as part of the Childcare Strategy, through provision of subject matter expertise and relevant data.

## **Evidence**

- Implementation plans updated through the regular steering group meetings for Suicide Prevention, Wellbeing and Mental Health and Substance Misuse.
- Integrated Performance Report – a timeline to include drug death indicator data, provided to Public Health and documented at the Performance Technical Group meeting.
- Milestone plan for reviewing clinical pathways for all major mental health conditions provided to the Department by 30 September 2024 through the Mandate Development Meetings, with quarterly progress updates thereafter.
- Integrated Performance Report - numbers of children accessing community-based support and / or psychological therapy and utilisation data for statutory services (CAMHS) is regularly available by the end of the Service Year.
- Offender healthcare action plan regularly reviewed and brought through a Manx Care Board sub-committee.
- Scoping document for the establishment of an adult ADHD diagnosis pathway, brought through a Manx Care Board sub-committee.
- ASC Reasonable adjustment campaign and training plan for staff developed and shared through the ASC steering group.
- Integrated Performance Report – ASC data requested through the steering group and agreed via the Performance Technical Group meetings.
- Action plan updated through the regular steering group meetings for the ASC Strategy.

## **2025 and beyond**

Subsequent years will see the establishment of a working group to understand the wellbeing and mental health pressures faced by key workers and staff in vulnerable roles, commencing with emergency services, through a trauma-informed framework and specific approach to post-traumatic stress disorder (PTSD).

Using the capacity created in mental health services, Manx Care will give consideration to expansion of the Crisis Response Home Treatment Team (CRHTT) to separate the functions of rapid assessment and home treatment.

The active CAMHS caseload will be expected to not breach a total of 1400 during the Service Year 2025-26, reducing to 1200 during 2026-27.

In future years, Manx Care will continue to deliver on any remaining responsibilities with the ASC strategy action plan and will participate in an annual ASC awareness campaign every April from 2025 onwards. There will be assurance that any new or revised service, process or communication takes into account the needs of the autistic community, providing at least 3 written examples by March 2025. This should include (but is not limited to):

- i. Written and verbal communication needs.
- ii. Physical environment of the service.

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- iii. Support to make informed choices.
- iv. Supported preparation for hospital attendances and procedures.

### **b. Foster carers**

#### **2024-25 Objectives**

Manx Care will continue to build and support the foster carer network through recruitment and retention activity and supportive processes, increasing the total number of fostering households by 4 by the end of the 2024-25 Service Year, with a plan to continue to increase and maintain this in subsequent years, including a focus on promoting kinship (friends and family) arrangements.

#### **Evidence**

- Plan for increasing and retaining foster carers shared with the Department by 30 September 2024.
- Number of foster carers in place as of 01 April 2024 and 31 March 2025, and the number recruited in the 2024-25 Service Year, provided to the Department.

#### **2025 and beyond**

By March 2026, the system will be able to demonstrate that no child is placed in residential care where a home setting is the identified optimal plan.

### **c. Oral health in children**

#### **2024-25 Objectives**

Manx Care will continue to support Public Health in delivering the actions associated with the Social Affairs Policy Review Committee (SAPRC) report into oral health in children, particularly through improved access to dentists, the Smile of Mann programme and epidemiology surveys. Manx Care will continue to support the Department in understanding whether any policy change to dentistry for both adults and children is required in respect of access, whilst continuing to understand how demand can be managed in the immediate short term and for the future.

#### **Evidence**

- Implementation reporting for the Social Affairs Policy Review Committee (SAPRC) report into oral health in children (led by Public Health).
- Integrated Performance Report - Dental waiting list information regularly available.
- Contract management performance reporting in line with section 3.3 of this Mandate.

#### **2025 and beyond**

By the end of the 2025-26 Service Year, Manx Care will contract dentists through unified terms. Performance will be managed and reviewed against geographical need for units

of dental activity, in order to stabilise the waiting list for NHS provision.

**d. Health visiting and school nursing**

**2024-25 Objectives**

Manx Care will continue to develop the local offering of the 0-19 programme through the health visiting and school nursing teams, commencing with exploration and recommendations for:

- i. An infant feeding team with contact offered to every family before 4 months of age (including 'starting solids').
- ii. Special education needs and disability (SEND) health visitor role.
- iii. Training offering for health visitors around domestic abuse, in line with local domestic abuse legislation and consideration of a health visiting role specifically skilled in this area.

**Evidence**

- Recommendations and implementation options for the development of the 0-19 programme, shared with the Mandate Development Meetings by 30 September 2024.
- Action Plan associated with Domestic Abuse legislation regularly reviewed by a Manx Care Board sub-committee.

**2025 and beyond**

Following the work undertaken in the 2024-25 Service Year, Manx Care will implement the recommendations for developing the local offering of the 0-19 programme.

Manx Care will explore and make recommendations for a 'family hub' in each of the 4 geographies of the Island (which may be linked with the established wellbeing partnerships and hubs), to provide timely support and information for families, particularly during the first 1001 days of life. This should also include an option for a weight management clinic for the full age range.

**e. Equitable access to services**

**2024-25 Objectives**

Manx Care are asked to support the Department in planning for a health and care equality assessment, commencing with those associated with gender and women's health, through provision of subject matter experts and relevant data. Manx Care will share with the Department the results of Manx Care's public consultation on services for women and jointly work to understand the drivers for change, focussing particularly on feasibility of an early pregnancy service, services for menopause and reproductive disorders.

Working with the Department, Manx Care will produce a costed and prioritised plan to widen independent advocacy services across all areas and then commence work to commission in priority order, based on assessment of risk and patient impact.



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Manx Care will also participate in a multi-agency Carers Strategy working group to oversee implementation of the strategy, particularly:

- i. Commence design of a carer's pathway through an integrated model covering (but not limited to) carer's assessments, training, wellbeing and mental health, and signposting – aligning to wider factors such as financial support and employment.

### **Evidence**

- Results of Manx Care's public consultation on services for women shared through the Mandate Development Meetings.
- Costed plan to extend independent advocacy services provided to the Department by 31 August 2024 through the Mandate Development Meetings.
- Carers Strategy implementation reporting including numbers of carers assessments being completed.
- Carers pathway design agreed through the Carers Strategy working group by 31 March 2025.

### **2025 and Beyond**

By the end of the 2025-26 Service Year, implementation of the plan to widen independent advocacy services will be complete.

The remit of the Carers Strategy working group will be expanded to incorporate end of life care providers, introducing formal Carers elements of the palliative care pathway. Manx Care will participate in designing training for health and care professionals in the identification of carers and skills to work together as partners in care.

The system will continue to support commissioned services in refreshing the state of caring data and report every two years through provision of relevant data and Service User feedback.

**2.7 Priority 3 - Safe, appropriate and consistent care**

**2.7.1 Long term vision**

- Health and care services represent best possible value for money and are sustainable for the future with an ability to be flexible in times of crisis or changing demand, such as population growth, without compromising Service User safety or quality of services.
- Agreed acceptable waiting times across all services and specialties are publicly available, regularly reviewed and performance reported against.
- People receiving any life-changing diagnosis (and their carers / families where appropriate) understand the networks of support available to them and the ways to contact their health and care providers.
- Practitioners know the range of drugs and treatments available to them to prescribe without having to navigate lengthy administrative processes for funding and approval.
- Inspections and reviews are engaged with in a way that promotes openness and learning.
- Processes and systems are in place which mean that key areas for improvement are identified and actioned internally, or through peer review, before being reported through inspection or review mechanisms.
- Strong frameworks are in place to ensure that recommendations and associated actions are actively managed and reviewed with an ability to be flexible where emerging risks change the need or priority.
- Service Users experience of accessing care is understood and this is used to drive service delivery changes for the future. Friends and family testing is routinely used to understand both individual needs and identify improvements for cohorts of people.

**2.7.2 Manx Care objectives**

**a. Financial envelope**

**2024-25 Objective**

Manx Care will deliver within the financial envelope set for 2024-25. If this becomes at risk, Manx Care will share details with the Department without delay through the Department's finance business partner. It is expected that Manx Care will propose and agree clear mitigations for discussion through the Board-to-Board governance arrangements.

**Evidence**

- Provision of regular management accounts (shared monthly with the Department through the Department's Finance Business Partner)
- Financial assurance brought through a Manx Care Board or sub-committee agenda on a monthly basis.

## Mandate to Manx Care 2024

- Risk register and Board Assurance Framework regularly reviewed by the Manx Care Board.

### 2025 and beyond

Whilst continuing to deliver services within the financial envelope provided, Manx Care will be driving efficiencies and seek to make longer term financial plans, exploring all opportunities to increase productivity and efficiency.

## b. Understanding demand

### 2024-25 Objective

Using the Demand and Capacity (D&C) work already undertaken in the acute setting, Manx Care will identify and support meaningful quality improvements and efficiencies, providing a report to the October 2024 Mandate Development Meeting, evidencing how this has been achieved and details of future plans. Following this, demand and capacity assessment into services and systems outside of secondary care will be explored.

Priority will be given to data provision and quality in mental health, primary care, social care and social work, resulting in complete and accurate agreed datasets, to be agreed and documented via the Performance Technical Group meetings.

The Department will continue to work with Manx Care to agree appropriate metrics for all remaining elective activity. These will be jointly agreed through the Performance Technical Group by 30 September 2024.

Manx Care will continue to report to the Department on the status of the specialities covered by the restoration and recovery phase 2 projects and understand how best practice learned during those has been taken forward.

Manx Care will consistently\* meet the following Key Performance targets for cancer services:

- i. The 28-day faster diagnosis standard (FDS).
- ii. The 62-day referral to treatment standard (noting the reliance on tertiary providers for some elements of some pathways).
- iii. A 31-day decision to treat to treatment standard.

Manx Care will consistently\* meet emergency department targets. Where targets are to be set based on performance data for the 2023-24 Service Year, they will be documented in writing at the first joint Performance Technical Group meeting of the 2024-25 Service Year).

\*In at least 10 out of 12 calendar months

### Evidence

- D&C report regarding acute services presented to the October 2024 Mandate Development Meeting.

## **Mandate to Manx Care 2024**

- Milestone plan for expanding D&C assessments presented to the March 2025 Mandate Development Meeting.
- Notes of Performance Technical Group meetings detailing the development and agreement of datasets for mental health, primary care, social care and social work metrics.
- Notes of Performance Technical Group meetings detailing development and agreement of elective performance targets by 30 September 2024 and associated forecasting by 31 December 2024.
- Integrated Performance Report – all elective average waiting times available by the end of 2025-26.
- Restoration and recovery phase 2 reporting provided to the Department.
- Integrated Performance Report – cancer services and emergency department performance.
- 2023-24 emergency department data provided in writing to the first Performance Technical Group meeting of the 2024 Service Year.
- Restoration and recovery maintenance reporting for general surgery, ophthalmology and orthopaedics provided to the Department through the Mandate Development Meetings on a quarterly basis.

### **2025 and beyond**

During the subsequent Service Year, Manx Care will continue D&C work for services and systems outside of secondary care.

Manx Care will begin to gather data from tertiary providers to support benchmarking of local services in areas such as virtual consultation.

The system should be able to respond to requests for data for the PHOF in a complete way and all remaining performance milestone targets will be agreed for services outside of the acute and elective settings.

Targets will be maintained - 75% of people who have been urgently referred for suspected cancer, have breast symptoms, or have been picked up through cancer screening, having had cancer ruled out or received a diagnosis within 28 days, whilst working towards and achieving a target of 80% by the end of the Service Year.

## **c. Life changing diagnosis**

### **2024-25 Objective**

Following the planning undertaken by way of the Mandate for 2023-24, Manx Care will review the existing mechanisms to provide ongoing practical and emotional support to those receiving a life changing diagnosis to establish whether they are fit for purpose and whether any expansion, change or rationalisation is recommended, commencing with terminal cancer diagnoses and vision loss.

Recommendations for change are to be with the Department by 30 September 2024, through the Mandate Development Meetings.

**Evidence**

- Terminal cancer and vision loss support review and recommendations shared with the Department through the Mandate Development Meetings by 30 September 2024.
- Integrated Performance Report – number of referrals to Eye Clinic Liaison Officer (ECLO).

**2025 and Beyond**

Expanding on the 2024-25 objective, Manx Care will review the existing mechanisms to provide ongoing practical and emotional support to those receiving a life changing diagnosis, for all remaining life changing diagnoses, prioritising heart disease and dementia.

Where improvements have already been made, these should be monitored, using Service User feedback to understand the impact that has been made.

**d. NICE Technology Appraisals**

**2024-25 Objective**

Following the planning undertaken in 2022-23 and 2023-24, Manx Care will commence implementation of NICE Technology Appraisals (NICE TAs), commencing with those which have an associated financial efficiency or represent a cost-neutral option. There should be no unreasonable delay in implementing any which have already been assessed by Manx Care and are not prohibited by resource constraints.

**Evidence**

- Costed implementation plan and proposed timeline for NICE TAs agreed through a Manx Care Board sub-committee agenda and submitted to the Department by 31 July 2024.
- Provision of regular management accounts (shared monthly with the Department through the financial governance mechanisms), reflecting savings achieved through the introduction of NICE TAs.

**2025 and Beyond**

- In 2025, Manx Care will continue progress against the timeline for the implementation of NICE TAs.

**2.8 Priority 4 - Planning for future population needs**

**2.8.1 Long term vision**

- Care is provided in the home, or as close to home, for as long as possible under the principles of the 'home first' approach.
- Where care at home cannot be provided, or it is not appropriate, options for residential care are accessible to all who need them, aligned with local funding and benefits models. Those who are wholly reliant on benefits to fund their care are assured of a safe and comfortable environment.
- Data about current service utilisation and population information is effectively used to support predictions about future demand and service data enables the system to identify how services will contribute to improved outcomes for people.
- Health and care services can support the Island's aspirations to grow its population through the Economic Strategy.
- Needs assessments are converted into opportunities for action which are driven forward in a multi-agency way.
- A 'step up, step down' model of intermediate care is in place, embedded through a frailty index led in Primary Care.
- Patients are regularly and consistently consulted on their preferences about where and how to receive care.

**2.8.2 Manx Care Objectives**

**a. Home first**

**2024-25 Objectives**

Manx Care will develop a milestone plan for delivery of Manx Care activities in support of the 'home first' model and to support the working more generally around housing, through the work of the Housing and Communities Board. The plan should be driven by social care and broken down into implementation phases, with the aim of reducing pressure on residential beds and unnecessary hospital admissions. This will include (but is not limited to):

- i. Linking equipment planning to discharge planning in line with work on asset management, so that equipment required at home is available on the first day of discharge.
- ii. Linking with intermediate care to maximise therapeutic input to the discharge process.
- iii. Local implementation of a 'discharge to assess' model for those aged over 65.

**Evidence**

- Home First milestone plan provided to the Mandate Development Meetings by 30

## **Mandate to Manx Care 2024**

September 2024 and then regular updates against progress brought through a Manx Care Board sub-committee.

### **b. Planning for an ageing population**

#### **2024-25 Objectives**

During 2024-25, Manx Care will continue to support the Department and Public Health in assessing the needs of the elderly population and future demand to ensure that residential, nursing, domiciliary and dementia provision is available and utilised as efficiently as possible – particularly through the collection and sharing of accurate and regular utilisation and capacity data.

Following the pilot of the intermediate care project, Manx Care are asked to explore the expanded use of virtual wards for the elderly population in order to increase provision without the need for large scale capital projects and provide the Department with a costed proposal.

#### **Evidence**

- Social Care capacity and utilisation data provided to the Department no less than quarterly via the Performance Technical Group meeting.
- Timeline of data provision for Public Health requested data, covering both the PHOF and Joint Strategic Needs Assessments (JSNAs), agreed through the Performance Technical Group by 31 May 2024.
- Costed proposal for the expansion of virtual wards to be provided to the Mandate Development Meetings by 31 December 2024.

#### **2025 and beyond**

Continue progression of virtual wards, with a longer-term plan to extend to those under 65.

### **c. COVID review**

#### **2024-25 Objective**

Manx Care will participate in the wider Government work to implement the accepted recommendations of the Isle of Man Independent COVID review, including a costed plan for any actions specific to Manx Care provided to the Department by 31 May 2024, in order to be included in the July sitting of Tynwald.

#### **Evidence**

- COVID review action and milestone plan shared with the Department through the Mandate Development Meetings by 31 May 2024.

**2.9 Priority 5 – Governance, compliance and accountability**

**2.9.1 Long term vision**

- Data and intelligence which are accurate and timely, in order to drive change and promote system response.
- The system is supported by a safe, strong, inclusive and diverse, resilient workforce, with minimal vacancies and churn. Recruitment and retention are addressed to minimise the impact on Service Users.
- Skills of the workforce are maximised with clear career progression pathways and enhanced opportunities to recruit and retain staff.
- Strongly governed relationships with third party providers, through actively managed contracts which promote strong governance, high quality services and continuous improvement. A commissioning dataset which supports meaningful analysis of secondary and tertiary activity.
- Information is stored and shared safely, appropriately and in a timely way with ongoing analysis of barriers to sharing information and the steps or tools required to overcome this.
- Assets are meticulously managed and maintained in order to support the best possible experience for patients and Service Users, with planning for the future so that our estate is able to support the aspirations of this Mandate and Our Island Plan. Physical spaces provide a pleasant atmosphere for staff and promote dynamic and collaborative working.

**2.9.2 Manx Care objectives**

**a. Contracts**

**2024-25 Objectives**

Building on the progress made in previous services years, Manx Care will continue the process of reviewing and updating all contracts in line with the requirements set out in section 3.3.2 of this Mandate. Where barriers to this work are identified, these will be shared with the Department at the earliest opportunity.

Manx Care will be able to evidence by the end of the Service Year that a consistent contract management framework is in place and covers both primary and secondary care.

**Evidence**

- Quarterly contract reporting and timeline updates in line with section 3.3.2 of this Mandate, via the Mandate Development Meetings.

**2025 and beyond**

Where any contracts remain non-compliant with Mandate or statutory requirements, demonstrate to the Department via a milestone plan and associated action plan, that



these will be complete by 31 December 2025. Manx Care will be able demonstrate that contracts are actively managed to drive high quality services and promote efficiency.

**b. Data Security and Information Governance**

**2024-25 Objectives**

By the end of the Service Year, Manx Care will be able to demonstrate having achieved standards met in a majority of months (at least 7 of 12) against the Data Security and Protection Toolkit ('DSPT'), level 3.

Manx Care should promote ongoing analysis of barriers to sharing information and the steps or tools required to overcome these, escalating to the Information Governance Assurance Board (IGAB) where these are affecting service development or delivery. This will be done through ongoing assessment of the external review of progress against recommendations from the KPMG review undertaken in 2022.

**Evidence**

- Annual DSPT submission evidencing standards met in at least 7 out of 12 months against the DSPT, level 3 with a copy provided to the Department through the Mandate Development Meetings.
- Minutes of the IGAB demonstrate clear lines of escalation.
- Progress update against the KPMG recommendations brought through a Manx Care Board or sub-committee no less than quarterly.

**2025 and beyond**

Manx Care will continue to achieve 'standards met' in a majority of months (at least 7 of 12) against the DSPT, level 3, whilst working towards meeting the standards required for level 1.

**c. Estate review**

**2024-25 Objectives**

Undertake a full review of occupancy and utilisation of the estate and define the mechanisms to keep this updated on a regular basis.

Support the Department's strategic plan for the health and social care estate and provide expertise in clinical delivery requirements.

Manx Care will continue to work with the Department to agree a priority order for condition surveys to be requested to be undertaken by the Department of Infrastructure. This will be agreed through the Capital Assurance Review Group.

Manx Care will continue to support the Department with the implementation of the Health and Social Care Estates Strategy, making recommendations as to the best use of all the assets available (included in the Licence and Agency Agreements between the Department and Manx Care).

**Evidence**

- Occupancy and utilisation review via the Capital Assurance Review Group by 31 August 2024.
- An agreed 5-year plan for priority capital projects and management of the health and social care estate and assets, for each chapter of the Health and Social Care Estates Strategy as they are completed, via the estates strategy working group.

**2025 and beyond**

Manx Care will develop a policy for space utilisation and allocation ensuring that use of the estate is maximised and used appropriately.

**d. Manx Care Record**

**2024-25 Objectives**

Momentum will be maintained against the agreed delivery plan associated with the Manx Care Record, seeking feedback from each group of users at regular intervals to assess success against the expected outcomes within the strategic business case (such as benefits to patients, efficiencies realised, improved patient experience). This information should be used to assess future opportunities for more integrated digital platforms.

Whilst procurement and implementation of the Manx Care Record is progressed, Manx Care will seek to understand the risks and timelines associated with continued use of existing systems, ensuring they are safe, fit for purpose and provide continuity.

**Evidence**

- Detailed implementation plan associated with the digital remediation business case (if approved), shared through the Mandate Development Meetings on a quarterly basis.
- Detailed project plan for the Manx Care Record as an agreed standing agenda item of the Transformation Oversight Group.
- Risks and timelines associated with the progression of the Manx Care Record, brought through a Manx Care Board sub-committee.

**2025 and beyond**

The Department acknowledges that the Manx Care Record project delivery will take a number of years to achieve and so this objective will remain in subsequent years. In parallel, Manx Care should continue to assess future opportunities for more integrated digital platforms.

**e. Workforce – support and growth**

**2024-25 Objectives**

Manx Care will continue with progress against their People, Culture and Engagement strategy 2023-2026 which aims to not only support and develop existing staff but also to

recruit and retain new ones.

The Department asks for particular focus and progress in the following areas:

- i. Following completion of initial integrated workforce reviews, Manx Care will provide the Department with a milestone plan for this work to be carried out for all areas of Manx Care, including career pathways, skills audit and workforce planning.
- ii. Development and implementation of a workforce Equality, Diversity and Inclusion (EDI) charter and strategy will be a priority, covering all levels of the organisation and with board level accountability.
- iii. During the Service Year, Manx Care will launch their Recruitment and Retention strategy (developed by the transformation Workforce and Culture Team – but to be implemented by Manx Care). Manx Care's implementation plan will include succession planning in order to reduce spend on agency staff and drive a stable workforce, therefore enabling consistency of care.

### **Evidence**

- Priority plan for undertaking workforce reviews received by the Manx Care People Committee by 30 April 2024 and subsequent updates no less than quarterly.
- Results of staff surveys brought through the People Committee and associated action plans developed and agreed.
- Quarterly workforce reporting including prevalence of discrimination, fairness at work, harassment or bullying cases, and number of vacancies filled internally routinely brought through a Manx Care Board sub-committee.
- Workforce EDI charter and strategy, as well as in year implementation progress, brought through a Manx Care Board sub-committee.
- Progress updates against the recruitment and retention detailed plan routinely brought through a Manx Care Board sub-committee.
- Progress updates against the People, Culture and Engagement strategy 2023-2026 routinely brought through a Manx Care Board sub-committee.
- Integrated Performance Report – vacancy rates, staff turnover and % spend on agency staff are included and accurate.

### **2025 and beyond**

Continued progression against the milestone plan for undertaking integrated workforce reviews of all areas of Manx Care, including career pathways, skills audit and workforce planning.

Manx Care should be using available data to understand whether any staff face barriers based on protected characteristics, including pay gaps and treatment such as bullying, harassment, discrimination and violence. If this is the case, the board should have a strict associated action plan with clear lines of accountability.

Implementation of opportunities highlighted in the Recruitment and Retention Strategy and subsequent implementation plans will require ongoing work with staff, colleagues and outside agencies. This will include collaboration with DESC colleagues to redesign the work experience offering for health and social care, making proactive secondary school and college visits to offer career insight.

**f. Quality assurance**

**2024-25 Objectives**

During 2024-25, Manx Care will support the Quality, Safety and Engagement Team of the Department in agreeing the processes and mechanisms by which matters of a clinical, safety and patient engagement nature are shared, assessed and monitored.

**Evidence**

- Quality Assurance Framework is operational before the end of the Service Year with a date for review scheduled.

**Overall measures of success for 2024-25 and beyond**

- (2025-26) Improvement on performance during the 2024-25 Service Year, in the average waiting time for a GP appointment and the average waiting time from routine GP referral to first outpatient appointment in secondary care (targets to be documented in writing at the first Performance Technical Group meeting of the 2025-26 Service Year).
- Upward trend in ambulance calls handled by a clinical navigator leading to an 11% reduction in unnecessary ambulance call outs by the end of 2025-26.
- Downward trend in the proportion of unheralded attendances versus predicted attendances at Noble's Hospital emergency department (target to be agreed at the first Performance Technical Group meeting of the Service Year).
- Data is available to understand the numbers of patients referred into, and accepted by, the AATU service, by the end of the Service Year.
- Reduction in average length of stay in secondary care (towards the agreed 21-day target) through proactive pathways, enabling early discharge planning and activation to promote efficient patient flow, so that by 31 March 2025, the total number of patients with a length of stay in Noble's Hospital greater than 21 days has not breached 100 in any given month.
- By 31 March 2026, the total number of patients with a length of stay in Noble's Hospital greater than 21 days has not breached 80 in any given month.
- Percentage of staff who have undertaken mandatory training regarding substance misuse, brought to the Substance Misuse Steering Group, which demonstrates a gradual increase to 100% by the end of the Service Year.
- Following the review of clinical pathways for all major mental health conditions, the creation of capacity will result in a reduction in waiting times for adult mental health services, to be forecast during 2024-25 and realised during 2025-26.

## Mandate to Manx Care 2024

- All fostering assessments completed within 9 months of the time of application.
- Overall improvement (downward trend) in mental health outpatient waiting times and total waitlist volume.
- Reduction (by a percentage to be confirmed in the 2025 Mandate to Manx Care) in total numbers of people waiting for an assessment for autism spectrum conditions and the average time taken to complete those assessments, from a baseline defined in writing, reported through the ASC steering group.
- Financial balance achieved - need for supplementary vote minimised.
- By 31 December 2024, Manx Care will have provided a forecast of when all agreed waiting times can be achieved and regularly reported through the IPR. Where milestones are in doubt, Manx Care will provide early identification to the Performance Technical Group meeting
- Performance during 2025-26 demonstrates that agreed performance targets are being met in a majority of months and that a wait of more than 52 weeks has been eliminated.
- 75% (of people who have been urgently referred for suspected cancer, have breast symptoms, or have been picked up through cancer screening), have cancer ruled out or receive a diagnosis within 28 days.
- By March 2026, 85% of patients who receive a cancer diagnosis after an urgent suspected cancer referral, referral for breast cancer symptoms, or via cancer screening should start treatment within 62 days of that initial referral, with an interim target of 70% by March 2025.
- 96% of patients, regardless of how they came to be diagnosed with cancer, should start their treatment within a month of deciding to treat their cancer, with a priority in breast and colorectal pathways.
- By 2025-26, zero tolerance on 12-hour wait in emergency care, excepting patient choice (that is, no patient during the Service Year is recorded as waiting over the specified time).
- Reduction in delayed discharges from Noble's Hospital.
- Downward trend in readmission rates.
- Overall vacancy level across Manx Care of  $\leq 15\%$  during 2024-25.
- Target of  $\leq 10\%$  for staff turnover rate consistently\* met during 2024-25.
- Percentage of total staffing costs spent on agency / bank staff to be consistently\* equal to or less than 5% during 2024-25.
- PULSE surveys achieve at least a 50% completion rate and an overall positive response to work undertaken under integrated workforce reviews.
- Increase in the number of vacancies (other than entry level) filled internally following improvement in career pathways and workforce planning.
- By the end of the Service Year, a contract management framework is in place covering primary and secondary care.

## Mandate to Manx Care 2024

- Proposal for ADHD diagnosis pathway presented to the Department by 30 September 2024, first through the Policy and Strategic Commissioning Forum

\*In at least 10 of 12 calendar months

### 3 The Mandated Services

#### 3.1 Mandated Services

3.1.1 Manx Care will be responsible for delivering health and social care services for Isle of Man residents (that should continue to become increasingly integrated over time), as contained within, but not limited to, those set out in Schedule 1.

3.1.2 Private healthcare may be delivered by Manx Care on terms agreed with the Department under Section 18 of the Act. The arrangements of the agreement process are detailed in the Department's Mandate Framework but are based on joint agreement prior to commencement of any commercial opportunity. During 2024-25, it is anticipated that the volume and range of private services available will gradually increase, in support of cost improvement initiatives.

#### 3.2 Mandated functions

3.2.1 The Partners acknowledge that the inclusion of functions of the Department in the Mandated Services, is limited to the extent that such functions are required in order for Manx Care:

3.2.1.1 to comply with any regulation, order, direction or code of practice issued under the Act; and / or

3.2.1.2 to comply with any order, direction or code of practice issued by an appropriately authorised person.

3.2.2 Manx Care will ensure and be able to demonstrate where asked by the Department, that all relevant policy, regulatory and legislative provisions are being met. Where any potential non-compliance has been identified by either Partner, Manx Care must demonstrate that remedial action has been taken to achieve compliance.

3.2.3 Manx Care shall comply with any new policies published by the Department during the Service Year, agreeing any service review, public engagement and ongoing information requests with the Department as part of the policy implementation.

#### 3.3 Service delivery and commissioning

3.3.1 Manx Care has autonomy in *how* it delivers the Mandated Services, which fall into one of two categories:

3.3.1.1 directly delivered Manx Care services; or

3.3.1.2 commissioned from providers external to Manx Care, either on and / or off Island, and / or via joint ventures or partnership arrangements.

3.3.2 Manx Care shall ensure that all services, whether directly provided or commissioned:

3.3.2.1 are delivered in line with all financial regulations set out by The Treasury.

3.3.2.2 are given consideration as to the whether it is appropriate to deliver the services locally. 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.

3.3.2.3 (for services being commissioned) shall have a written contract in place with the commissioned service provider, which must include a detailed description of the services to be provided, explicit key performance and quality indicators as defined by Manx Care, and which should be in line with the overall objectives of the Mandate. Contracts must include any requirement for the provider to register itself under any relevant legislation or regulation.

3.3.3 Manx Care shall report to the Department at least quarterly on the status of their contracts and ability to comply with the requirements at 3.3.2 above, including details of the number of contracts terminated each month with an indication of the reason why, and the number currently failing to comply with the contract in place.

3.3.4 During the Service Year, the Department and Manx Care will continue to retain grant-based payments whilst a formal funding mechanism for the third sector is developed.

### **3.4 Working with the public service**

3.4.1 The Partners acknowledge their responsibility to work with all Government Departments in accordance with the agreed Our Island Plan.

3.4.2 Manx Care will continue to work in partnership with the Health and Care Transformation Programme Team of the Department to develop and deliver on the relevant recommendations within Sir Jonathan Michael's report which was accepted by Tynwald.

3.4.3 When health and care transformation business cases have been approved by the relevant board for funding and implementation, Manx Care will be required to deliver the changes according to the timescales in the approved business cases and ensure the drawdown of agreed transformation funds in line with the agreed budget profiles and financial regulations. Progress will be regularly reported on as per the agreed Department-led implementation monitoring process. Any significant variance (or potential significant variance) to the approved business case should be notified in line with the agreed implementation monitoring process as soon as possible to the Department (for implementation delivery) and also to the Transformation Programme Management Office (PMO) for budget implications.

3.4.4 The currently agreed metrics used to support success of transformation business cases is detailed at Appendix 2 below.

3.4.5 The approved care pathway business cases already transferred to Manx Care for implementation and delivery as per 3.3.2 are (at the time of writing):

- i. Eye Care
- ii. UEIC – Hear and Treat
- iii. UEIC – See, Treat and Leave
- iv. UEIC – Intermediate Care

- v. UEIC – Ambulatory Assessment Treatment Unit – (formerly named Same Day Emergency Care)

3.4.6 The care pathways expected to be transferred to Manx Care for delivery and implementation in this Service Year will be done so with the provision of an approved business case and agreed recurrent and non-recurrent funding. Following joint prioritisation, those agreed to be taken forward in the first tranche are as follows (but not exhaustive):

- i. Urgent and Emergency Integrated Care
- ii. Respiratory
- iii. Cardiology
- iv. Diabetes
- v. Children and young people with continuing care needs
- vi. Paediatric cancer
- vii. Upper GI cancer
- viii. Lower GI cancer
- ix. Skin cancer
- x. Urology cancer

## **4 Service Levels and quality standards**

### **4.1 Background**

- 4.1.1 Service Levels will be continually reviewed but those identified are the minimum required and are detailed in Schedule 1, together with any supporting Service Specifications agreed between all relevant Partners.
- 4.1.2 Service Levels will be aligned and commissioned to the identified need of current and future Service Users, where it is known.
- 4.1.3 The principle is that Service Users are fully engaged in, and at the heart of, all aspects of planning and delivery of health and social care services.

### **Mandate Framework**

- 4.1.4 The Mandate Framework sets out agreed metrics and projected Service Levels, quality standards, and the methodologies for performance measurement and reporting. This will be the mechanism used during the Service Year to assess performance.
- 4.1.5 The Department will agree a schedule of dip sampling (subject to appropriate information sharing arrangements) to validate data provided and assure methodologies used to collect, without duplicating the collection of data undertaken by Manx Care.



## **5 Support for wider Government initiatives**

- 5.1 In protecting the Island's resources more widely, the Department and Manx Care will work in allegiance to support the statutory Climate Change Plan 2022-2027.
- 5.2 Where any Government Department requires input from Manx Care when writing or implementing strategy (or any similar activity where assistance from Manx Care is required), Manx Care will ensure that they provide access to the necessary subject matter experts as requested as well as any data that may be required.
- 5.3 Where Public Health Isle of Man (or any Government Department) requires input from Manx Care when conducting needs assessments (or any similar activity where assistance from Manx Care is required), Manx Care will ensure that they provide access to the necessary subject matter experts as requested as well as any data that may be required according to agreed timescales and priority order defined through the technical working group. Manx Care will then work collaboratively with all parties in order for Public Health to identify priority areas for improvement.

## **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:

6.1.1.1 The Treasury:

- Internal Audit Services
- Finance Shared Services
- Finance Advisory

6.1.1.2 Cabinet Office

6.1.1.3 Office of Human Resources:

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

6.1.1.4 Health, Safety and Welfare Services

6.1.1.5 Government Technology Services:

- Digital Services & Infrastructure

6.1.1.6 Corporate Communications:

- Corporate Communications Services

6.1.1.7 Business Change:

- Business Change Services

6.1.1.8 Department of Infrastructure:

- Estates Services
- Transport Services

6.1.1.9 Attorney General's Chambers:

- Legal Services
- Procurement Services

6.1.2 During 2024-25, it is likely that the Non-Emergency Patient Transfer Service (NEPTS) will transfer from the Department of Infrastructure (DoI) to Manx Care, accompanied by the associated budget. If this is confirmed, Manx Care will work together with the Department and DoI colleagues to facilitate this, reviewing the service during 2025-26.

6.1.3 Manx Care will have in place Shared Service agreements to govern the relationship between Manx Care and each Shared Service provider, which will include reasonable key performance indicators.

6.1.4 Manx Care and the Shared Service provider may agree updates or amendments of a Shared Service agreement, which should be agreed by the Manx Care Board and reviewed no less than annually.

## **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, 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 4 - Service Levels and quality standards), Manx Care must immediately notify the Department.

6.2.1.1 Such notification by Manx Care should set out:

6.2.1.2 the nature of the failure of the Shared Service

6.2.1.3 how it is impacting on Manx Care's ability to provide the service(s)

6.2.1.4 where applicable, how it is impacting on Manx Care's delivery against performance metric(s), Service Level(s) and / or quality standard(s)

6.2.1.5 a plan to rectify the failing of the Shared Service provider

6.2.1.6 considerations for the Department on how it might provide support to Manx Care

6.2.2 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.

6.2.3 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.

- 6.2.4 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.
- 6.2.5 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, including necessary funding, will require Council of Ministers approval, which the Department will work with Manx Care to obtain, as appropriate.

## **7 Information governance**

- 7.1 Manx Care must ensure that that the processing of Personal Data and Special Categories of personal data adheres to the obligations as prescribed within the Data Protection Legislation and all relevant Isle of Man legislation, regulations, directions orders and codes.
- 7.2 Manx Care must report monthly to the Department, through the Mandate Framework, personal data breaches which have occurred during the preceding month, including:
- 7.2.1 Date and nature of incidents (anonymised)
  - 7.2.2 Numbers of Data Subjects affected
  - 7.2.3 Method of informing Data Subjects of the breach
  - 7.2.4 Lessons learned and applied
- 7.3 Manx Care must also include the aggregated information regarding data breaches in its Annual Report.
- 7.4 Manx Care is obligated to exercise its duties regarding Facilitation of Rights and Rights of Access under Article 12 of the applied General Data Protection Regulations (GDPR). As such, Manx Care will report to the Department monthly, through the Mandate Framework, how it has exercised these duties, including:
- Total numbers of right of access requests per care group
  - Total number disclosed within the statutory prescribed deadline
  - Total number not disclosed without undue delay and the reason
- 7.5 Manx Care must also include the aggregated information regarding Right of Access in its Annual Report.
- 7.6 Manx Care must inform the Department within 5 Working Days where any sanction or penalty is enforced by the Office of the Information Commissioner, via the Department's Senior Information Risk Officer. Such notification will include actions required to be taken, and / or implemented by Manx Care to ensure compliance to the issues raised within the warning, reprimand or enforcement notice to ensure compliance to the Data Protection Legislation.

## **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:

- the Department representative and Manx Care representative shall attempt in good faith to resolve the Dispute.
- 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:

- the material particulars of the Dispute; and
- 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:

- first by Partner negotiations (in accordance with 8.4);
- 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.*

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 either of the following situations occur then either Partner may serve a written notice (an Escalation Notice) to invoke the Escalation Procedure in accordance with 8.5:

- 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.

#### **8.5 Escalation procedure**

8.5.1 If an Escalation Notice is served, the Dispute is referred to the Board-to-Board meeting for determination.

8.5.2 Where the Board-to-Board is unable to settle the Dispute, or where one or other Partner disagrees with a determination, 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 The following pieces of Manx Legislation 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:

- The National Health Service (Charges for Drugs & Appliances) Regulations 2004
- 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
- The Adult Social Care Services (Charges) Regulations 2020, amended by the Adult Social Care Services (Charges) (Amendment) Regulations 2021
- The National Health Service (Optical Payments) Regulations 2004, amended by the National Health Service (Optical Payments) (Amendment) Regulations 2004
- The National Health Service (Overseas Visitors) Regulations 2011, amended by the National

Health Service (Overseas Visitors) (Amendment) Regulations 2020

- The Courts, Tribunals and Local Authority Procedures, and Miscellaneous Provisions Act 2020

9.2 Exemptions to charges may be made where there is a Reciprocal Health Arrangement in place with a specific jurisdiction.

## **10 Inspections**

### **10.1 Schedule of inspections for the Service Year**

10.1.1 Inspections of services provided directly or commissioned by Manx Care, will be undertaken in accordance with Section 7 of the Manx Care Act.

10.1.2 For inspections by a provider external to the Department, the Department will draw up a schedule of commissioned inspections specifying the service, services or specific service matter in which either a baseline assessment or inspection will be undertaken. This information will be shared with Manx Care during the Service Year, updated as and when required. Manx Care will receive notification of either an assessment or inspection in advance of the event (unless it is purposefully unannounced).

10.1.3 Any Mandated Service that will be inspected by an external regulator or inspector, appointed by the Department, will be subject to a contractual Service Level agreement (SLA) between the Department and the regulator. Mandated Services that are registered, inspected and monitored by the Registration and Inspection Team will continue to be regulated by the Regulation of Care Act 2013 (ROCA), or any legislation which amends or supersedes it.

10.1.4 Upon completion of an external inspection, the factual accuracy process and finalisation of the report, the Department will share the report with the Manx Care Board for quality assurance, governance and due diligence. Within 28 days of confirmed receipt of the report, Manx Care must share with the Department a high-level action plan headlining the areas that require immediate action. Furthermore, the action plan will cover each of the recommendations and a summary response to the report, to be published at the discretion of the Department on their website.

10.1.5 Manx Care are asked to maintain an amalgamated action plan covering recommendations made by all inspections, updated and brought through a Manx Care Board sub-committee, no less than quarterly.

## **11 Complaints**

### **11.1 Manx Care complaints procedure**

11.1.1 Manx Care must have in place and follow appropriate arrangements for dealing with concerns and complaints and a complaints procedure that, as a minimum, meets the requirements of the NHS Complaints Regulations 2022, any other applicable act or regulations.

11.1.2 Manx Care's complaints arrangements and procedure must include appropriate reporting arrangements to inform the Department about the operation of the complaints arrangements and procedure; for example, the number of complaints received, their

subject matter, how and when they are resolved and what learning has taken place.

- 11.1.3 Manx Care must publicise its complaints arrangements and procedures and take reasonable steps to inform the public of those arrangements, including the name and contact details of their complaints manager.
- 11.1.4 At the request of the Department, Manx Care shall provide its current complaints procedure and reasonable evidence of its operation to the Department.
- 11.1.5 The Department and Manx Care shall work together in good faith to agree any reasonable changes to Manx Care's complaints arrangements and procedure identified by the Department or the Health and Social Care Ombudsman Body from time to time (provided always that such changes comply with the requirements of the Act, any other applicable act and applicable regulations).
- 11.1.6 Manx Care must ensure that on receiving a report from the Health and Social Care Ombudsman Body under regulation 24(5) of the NHS Complaints Regulations 2022, that they comply with the process set out in the regulation. Manx Care must provide the Department with regular (no less than quarterly) updates on progress against implementing recommendations made in a report and any other actions, through the Mandate Development Meetings.
- 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. This should be initially verbal (to the Chief Officer or on call Executive where it is outside working hours), followed up in writing.
- 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 Manx Care must ensure that the providers of externally commissioned services and organisations providing services on its behalf operate complaints arrangements and procedures that meet the requirements of the Act, any other applicable act and applicable regulations.
- 11.2.2 Manx Care must ensure that it receives appropriate reporting from providers of externally commissioned services and organisations providing services on its behalf so that it can comply with its reporting requirements under the Act, any other applicable act and applicable regulations.

## **12 Failure to comply with all or any of the terms**

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

## Schedule 1 – Mandated Services directory

### 1 Service directory - introduction

1.1 This directory sets out (but is not limited to) the services to be delivered by Manx Care under the Mandate from the Department of Health and Social Care (the 'Department') for the Service Year 2024-25, in line with the expectations of the Manx Care Act 2021 (the 'Act') and the Mandate to Manx Care (the 'Mandate') effective 1 April 2024.

1.2 Where a Service Specification is agreed, it is linked below and should be used as the primary commissioning document, with the table being used only as a point of reference. There is a significant programme of work underway to ensure that all services have a detailed specification.

1.3 During the Service Year, the Department will work with Manx Care to evolve the list of services in this Schedule to ensure all services are accurately captured and jointly prioritise where a relevant policy or strategy is required.

1.3.1 All Services must be provided in accordance with the following principles to deliver consistently high quality and safe support and / or care that: -

- Delivers the outcomes indicated for each service within Our Island Plan, the Act and the Mandate, as well as any strategic and policy documents published by the Department;
- Delivers the right support and / or care in the right place at the right time;
- Supports using effective signposting to universal services where appropriate;
- Delivers support and / or care services that are efficient and represent good value for money; and
- Ensures that practice is consistent with relevant legislation, registration and respective codes of practice.

1.4 Each Service will make available to patients / Service Users, carers and any other interested person, information detailing:

- An overview of services;
- A summary of the treatments offered by the services;
- Eligibility for treatment;
- Service locations and operating times;
- Service contact details;
- How patients / Service Users can provide feedback regarding their experience; and
- Other sources of related information.

This information should be provided in plain English and Manx Care should ensure that:

- All reasonable adjustments are made to provide information to those with specific communication needs in line with the Equality Act 2017; and
- All frontline staff are trained to be able to make these adjustments when in contact with patients / Service Users.

1.5 All services should be delivered from premises which are safe, appropriate and maintained in good order, whether they are directly provided or commissioned through a third party. Where this is not considered to be achievable, Manx Care should notify the Department of any associated risk.



## 2. Corporate, administration, quality and safety services

<u>Service area</u>	<u>Description</u>	<u>Services</u>	<u>Established or in development</u>
Advice and Liaison Service	<i>Offer general signposting, guidance and support. Provide assistance to people wishing to provide feedback, both positive and negative, and seek to resolve issues informally directly with services.</i>	<ul style="list-style-type: none"> <li>• Information and advice by telephone and e-mail</li> <li>• Signposting</li> <li>• Resolve queries about care or treatment</li> <li>• Accept feedback</li> <li>• Complaints guidance</li> </ul>	Established (MCALS)

## 3. General medicine, urgent care and ambulance

<u>Service area</u>	<u>Description</u>	<u>Services</u>	<u>Established or in development</u>
Acute Medical Unit (AMU)	<i>Consultant-led inpatient unit for acute adult medical assessment.</i>	<ul style="list-style-type: none"> <li>• Short term inpatient facility to facilitate onward referral or discharge for all patients over the age of 16</li> <li>• Accept referrals from emergency department, GP, MIU and outpatient clinics</li> <li>• Consultant triage within 12 hours of admission</li> <li>• Optional follow up Consultant clinic following discharge from AMU</li> </ul>	Established ('Ward 1' at time of writing)
Air Ambulance Service (Fixed wing)	<i>Provision of transport off-Island for patients who cannot travel by scheduled means such as scheduled flight or boat, accompanied by Healthcare Staff.</i>		Established

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<p>Ambulatory Assessment and Treatment Unit</p>	<p><i>The service will see, diagnose, treat and discharge (on the same day) adult patients who are classed as 'Ambulatory'. These patients can be safely and effectively managed using the AATU approach and would have otherwise been admitted to hospital as the default option.</i></p>	<p><i>Service Specification under development</i></p>	<p>In development (UEIC)</p>
<p>Emergency Doctor Service</p>	<p><i>Emergency Doctor Service which operates at time when General Practices are closed, using face to face or digital/telephone consultation where appropriate.</i></p>	<ul style="list-style-type: none"> <li>• Medical services to patients who have an urgent medical need outside of standard GP hours and which cannot wait until a GP surgery reopens, including onward referral or prescription</li> <li>• Support Manx Care and private services in the out of hours setting, both within the hospital structure and in the community (including but not limited to care homes, care agencies, Hospice, prison, MIU, ward doctors, ED, district nurses, ambulance crews, pharmacists)</li> <li>• Signposting and patient education to more appropriate services when applicable</li> </ul>	<p>Established (MEDS)</p>
<p>Hear and Treat Service</p>	<p><i>Provision of a 'Clinical Navigator', who is a Registered Healthcare Professional based within the Emergency Services Joint Control Room (ESJCR), enabling the consideration of alternative, clinically safe and appropriate responses such as self-care advice, onward referral or signposting to other urgent or non-urgent care services may be offered.</i></p>	<p><i>Service Specification under development</i></p>	<p>In development (UEIC)</p>
<p>Helicopter Emergency Medical Service</p>	<p><i>Transfer seriously injured or unwell patients by helicopter from the Isle of Man directly to the UK for emergency</i></p>		<p>Trial extended to March 2024</p>

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	<i>medical treatment, providing treatment whilst in transit.</i>		
Road Ambulance	<i>Respond to clinically appropriate emergency calls received via the Emergency Services Joint Control Room (ESJCR) across the Island, assessing, treating and caring for patients at the scene and transporting to hospital where appropriate.</i>	<ul style="list-style-type: none"> <li>• Pre-hospital care and ambulatory transport for the whole population for serious and life-threatening accident and illness</li> </ul>	Established
Non-urgent Patient Transfer Service	<i>Provision of transport for patients who require stretcher transfer between hospital sites, discharges to care facilities and, where necessary, transfer bed-bound patients from their places of residence to hospital for outpatient appointments.</i>		Established
Non-Emergency Patient Transport (NEPTS)	<i>Provision of bookable transport for patients who, because of a medical or clinical condition, are unable to make their own way to and from an NHS medical appointment or home after being discharged from NHS-funded treatment.</i>		<i>To be developed pending transfer from Department of Infrastructure</i>
See, Treat and Leave Service	<i>Provision of a solo-crewed Rapid Response Vehicle which is dispatched to appropriate patients (instead of all patients receiving a dual crewed ambulance).</i>	<ul style="list-style-type: none"> <li>• Clinical assessment carried out by a Specialist Practitioner at the patient's location</li> <li>• Appropriate immediate treatment such as pre-hospital IV fluids and antibiotics, wound closure, mobile diagnostic ultrasound and 'point of care' blood testing</li> <li>• Discharge or onward referral where appropriate</li> </ul>	
Anti-Coagulation	<i>Outpatient services for all aspects of anticoagulant therapy and covering</i>	<ul style="list-style-type: none"> <li>• Accept referrals from inpatient and outpatient clinics and Primary Care</li> </ul>	Established

	<i>all geographical areas of the Island.</i>	<p>practitioners</p> <ul style="list-style-type: none"> <li>Care and administration of blood-thinning drugs for the whole population</li> </ul>	
Cardiac Services	<i>Full range of general cardiac investigation, treatment and rehabilitation, provided through both outpatient and inpatient services.</i>	<ul style="list-style-type: none"> <li>Inpatient and outpatient general cardiology services and non-invasive investigation</li> <li>Electrocardiogram (ECG)</li> <li>BP Holter monitoring</li> <li>Treadmill test</li> <li>Tilt test</li> <li>Transthoracic and Transoesophageal echocardiography</li> <li>Stress echocardiography</li> <li>Myocardial Perfusion Scan</li> <li>Cardiac Rehabilitation</li> </ul>	Established
Coronary Care Unit	<i>Inpatient unit for patients with cardiac-related conditions and requiring high dependency care.</i>	<ul style="list-style-type: none"> <li>All inpatient care relating to cardiac conditions in adults over the age of 16</li> <li>Provision of advice and support for inpatients in other wards who have cardiac needs but are admitted for another reason</li> </ul>	Established
Emergency Department	<i>24-hour service for those who live on the Island or are covered by a Reciprocal Healthcare Arrangement and have suffered a serious accident or injury, using a triage system and prioritised by clinical need.</i>	<i>Service Specification under development in parallel with UEIC implementation</i>	Established
Fracture/Plaster Clinic	<i>Provision of services for the application and removal of various types of casts, splints and braces.</i>	<ul style="list-style-type: none"> <li>Accepts referrals from emergency department or MIU and outpatient clinics</li> <li>Working hours telephone advice and support for patients who have received a cast in the clinic</li> </ul>	Established
Gastroenterology	<i>Diagnosis, treatment and management of all patients with digestive disease.</i>	<ul style="list-style-type: none"> <li>Services for the diagnosis, treatment and management of conditions of the oesophagus, stomach, intestines, liver, pancreas and</li> </ul>	Established

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		gallbladder	
ME/CFS and Long COVID Service (Adults 18 years and over)	<i>Provision of a holistic care plan to support individuals to either fully recover if treated earlier in the pathway, or to ensure they are 'living well with' their condition.</i>	<ul style="list-style-type: none"> <li>• Integrated multidisciplinary service</li> <li>• Early diagnosis and appropriate referral to specialist service or symptomatic service</li> <li>• Peer support through facilitated workshops</li> </ul>	Established
Minor Injuries Unit (MIU) – North	<i>Unit to serve patients during defined hours, primarily for those in the locality suffering minor injury or illness which cannot be treated in General Practice.</i>	<ul style="list-style-type: none"> <li>• Walk-in service during open hours</li> <li>• Onward referral and transport to main hospital where illness or injury is considered to be serious</li> </ul>	Established
Neurology	<i>Diagnosis, treatment, support and advice for patients with a wide range of neurological conditions.</i>	<ul style="list-style-type: none"> <li>• Assessment, support and advice for people living with: <ul style="list-style-type: none"> <li>– Multiple Sclerosis</li> <li>– Motor Neurone Disease</li> <li>– Muscular Dystrophy</li> <li>– Huntington's Disease</li> </ul> </li> <li>• Parkinson's Disease Nurse Specialist</li> </ul>	Established
Renal and Nephrology	<i>Outpatient clinic for diagnosis, treatment and management of renal conditions. Inpatient or day facility for adults requiring dialysis and other related treatments. Dialysis for visitors to the Island may be agreed in advance and a charge may be incurred in that case.</i>	<ul style="list-style-type: none"> <li>• Haemodialysis</li> <li>• Peritoneal dialysis</li> <li>• Hepatitis B vaccination programme</li> <li>• Pre- and post-transplant care</li> <li>• Nephrology Clinic</li> </ul>	Established
Respiratory Medicine	<i>A multidisciplinary team offering assessment, diagnosis and treatment of diseases of the respiratory system</i>	<ul style="list-style-type: none"> <li>• Covering (but not limited to) lung cancer, chronic respiratory diseases such as asthma and chronic obstructive pulmonary disorder, and acute respiratory problems such as respiratory failure</li> </ul>	Established
Ear, Nose and Throat	<i>Provision of outpatient-based</i>		Established

	<i>assessment and treatment of the ear, nose and throat, including hearing problems (known as Audiology). In addition, our ENT service offers surgical treatments for ear, nose or throat problems.</i>		
Rheumatology and Osteoporosis	<i>Diagnosis and outpatient treatment of all rheumatological conditions.</i>	<ul style="list-style-type: none"> <li>• Early Arthritis Clinic</li> <li>• Biologic Clinics</li> <li>• Annual Review clinics</li> <li>• Osteoporosis Service</li> <li>• Inpatient Rheumatology Referral service</li> </ul>	Established
Urology Services	<i>Covering diseases of the urinary and genital tracts in adults and children of both sexes, kidney conditions, bladder conditions and prostate problems.</i>	<ul style="list-style-type: none"> <li>• Kidney conditions</li> <li>• Bladder conditions</li> <li>• Prostate problems</li> <li>• Male infertility</li> <li>• Male urogenital problems</li> <li>• Children’s urological problems</li> </ul>	Established
Stroke Services	<i>Inpatient and outpatient services for those who have suffered a stroke or Transient Ischaemic Attack from diagnosis to treatment and ongoing advice and support.</i>	<ul style="list-style-type: none"> <li>• Hyper acute, acute, rehabilitation and follow up services                             <ul style="list-style-type: none"> <li>• TIA (Transient ischemic attack) Rapid Access Clinic</li> </ul> </li> <li>• Stroke Review Clinic</li> <li>• Medical Outpatient Review</li> <li>• Spasticity Clinic</li> </ul>	Established
Palliative and end of life care	<i>Meet the needs of high-quality palliative and end of life care planned to meet needs on an individual case by case basis.</i>		Established

#### 4. Integrated cancer and diagnostic services

<u>Service area</u>	<u>Description</u>	<u>Services</u>	<u>Established or in development</u>
Cancer Support	<i>Full Range of cancer support services following lifecycle from initial diagnostic assessment to treatment and support for those in remission.</i>	<ul style="list-style-type: none"> <li>• Cancer Multi-Disciplinary Team meetings and patient tracking services</li> <li>• Timely cancer information support at all stages of the patient's journey</li> <li>• Care for Oncology and Haemato-oncology patients who require systemic anticancer therapies (SACT) and support medicines</li> <li>• Specialist care (NHS) through an appropriate tertiary centre when Manx Care does not provide this service</li> </ul>	Established
Mortuary	<i>Services for the deceased, including relative support service. Provision of a physical facility to support Coroner's post-mortem examinations.</i>	<i>To be developed</i>	Established
Pathology	<i>Includes hospital blood transfusion, Isle of Man transfusion service, clinical chemistry, haematology, histopathology, immunoserology, microbiology, mortuary and pathology IT services. The pathology office provides reports to support clinical diagnosis requested through referring Clinicians and General Practice.</i>	<ul style="list-style-type: none"> <li>• Blood Transfusion Service</li> <li>• Chemical Pathology</li> <li>• Haematology</li> <li>• Immunoserology</li> <li>• Microbiology</li> <li>• Histology</li> <li>• Cytology</li> <li>• Mortuary services / relative support services</li> <li>• Blood donor services</li> </ul>	Established
Pharmacy Service (Hospital Based, Acute)	<i>Covering clinical (ward based), aseptic and oral dispensing, procurement and supply, oncology support, antimicrobial support.</i>	<i>To be developed during the service year</i>	Established
Cancer Screening Services Delivery	<i>Breast, bowel, and cervical screening programmes with quality</i>	<i>To be developed during the service year</i>	Established

	<i>standards defined by Public Health Isle of Man and managed through the Screening Board.</i>		
Radiology	<i>Provision of a range of imaging options to diagnose a wide variety of medical conditions and provide interpretation and reporting of imaging investigations, including (but not limited to) CT, MRI, ultrasound and Interventional Radiology, as referred by clinicians in secondary care.</i>	<ul style="list-style-type: none"> <li>• General X-Ray (XR)</li> <li>• Fluoroscopy</li> <li>• Interventional Radiology</li> <li>• Computed Tomography (CT) scans</li> <li>• Magnetic Resonance Imaging (MRI) scans</li> <li>• Ultrasound (US) scans</li> <li>• Nuclear Medicine</li> <li>• Symptomatic Breast Imaging</li> <li>• Breast Screening</li> <li>• Bone Densitometry (DEXA) Scans</li> <li>• Radiology for Children</li> </ul>	Established

## 5. Integrated mental health services

<u>Service area</u>	<u>Description</u>	<u>Services</u>	<u>Established or in development</u>
Community Wellbeing Service	<i>A multi-disciplinary step 2 service providing a range of evidenced based psychological interventions for individuals aged 16 and over experiencing mild to moderate common mental health problems such as anxiety, depression and trauma.</i>	<i>To be developed</i>	Established
Child and Adolescent Mental Health Services	<i>Island-wide mental health assessment and treatment for Service Users under the age of 18,</i>	<i>To be developed</i>	Established – Continued evolution as part of Wellbeing and Mental Health Strategy



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	<i>and their families.</i>		and Thrive model
Community Mental Health Service for Adults	<i>A step 3 multi-disciplinary service offering evidenced based assessment and treatment to adults aged 18 to 65 who are experiencing moderate to severe mental health difficulties.</i>	<i>To be developed</i>	Established
Community Wellbeing Services and Psychological Therapies Service	<i>A multi-disciplinary step 2 service providing a range of evidenced based psychological interventions for individuals aged 16 and over experiencing mild to moderate common mental health problems such as anxiety, depression and trauma.</i>	<i>To be developed</i>	Established
Rapid Assessment Service	<i>Provision of urgent assessment 24 hours a day, 365 days per year, to ensure that individuals of all ages presenting with acute mental health difficulties are afforded the most effective treatment pathway or service to meet their needs.</i>	<ul style="list-style-type: none"> <li>• Assessment for individuals presenting in mental health crisis 24 hours a day, 365 days per year</li> <li>• Act as the gatekeeper for inpatient admission</li> <li>• Inpatients assessment to facilitate early discharge</li> <li>• Defined screening and triage processes that employ a multi-disciplinary approach</li> <li>• Ensure that individuals concerned with the criminal justice system, and presenting with acute mental health difficulties, are afforded assessed in a timely manner and that the courts are afforded accurate and evidence-based information to inform process and sentencing</li> </ul>	Established
Acute Inpatient Service	<i>Provision of acute admission 24 hours a day, 365 days per year in respect of individuals experiencing a mental health disorder where</i>	<ul style="list-style-type: none"> <li>• Acute admissions 24/7/365 for mental health disorders</li> <li>• Assessment and treatment of adults aged 18 and over</li> </ul>	Established

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	<i>assessment and or treatment cannot be safely afforded within a community setting.</i>	<ul style="list-style-type: none"> <li>• Assessment and treatment of dementia</li> <li>• Referral to the MHS Complex Needs Panel where appropriate</li> <li>• Services to children’s ward where a patient under the age of 18 requires brief psychiatric inpatient admission</li> </ul>	
Drug and Alcohol Team	<i>Full range of assessment, treatment and support service for people of all ages who present with substance misuse.</i>	<ul style="list-style-type: none"> <li>• Specialist assessment, treatment and support services to people presenting with alcohol and / or drug dependency</li> <li>• Dedicated provision for young people (under 18 years of age)</li> </ul>	Established
Crisis Response Home Treatment Team	<i>Intervention for those with urgent and acute mental health needs, as well as those being discharged from an inpatient setting.</i>	<ul style="list-style-type: none"> <li>• 24/7/365 crisis response service for adults</li> <li>• Offers home treatment as an alternative to hospital admission</li> <li>• Out of hours support</li> <li>• Support to people being discharged from the Inpatient Ward to enable recovery to continue at home</li> </ul>	Established
Older Persons Mental Health Service (over 65 years of age)	<i>Community-oriented support service for older people with mental health needs of functional or organic illness. Memory Service for diagnosis and treatment of memory disorders in older people.</i>	<ul style="list-style-type: none"> <li>• Services to people over the age of 65 with mental health needs</li> <li>• Services for people of any age with memory worries</li> <li>• Support for patients with conditions such as: <ul style="list-style-type: none"> <li>• Anxiety</li> <li>• Bipolar disorder</li> <li>• Dementia</li> <li>• Depression</li> <li>• Schizophrenia</li> </ul> </li> </ul>	Established
Recovery College	<i>Range of learning experiences for those with an open mental health referral to promote self-care and techniques to promote recovery from</i>	<i>To be developed</i>	In Development

	<i>mental health challenges.</i>		
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## 6. Integrated primary and community care

<u>Service area</u>	<u>Description</u>	<u>Services</u>	<u>Established or in development</u>
General Practitioner Services	<i>General Practice and Practice Nursing for all Island Residents.</i>	<i>To be developed</i>	Established – Review of model under Transformation Programme
General Dental Services	<i>Provision of general dental services to all Island Residents and a single orthodontic service for patients under 18 who qualify.</i>	<i>To be developed</i>	Established – Review of model under Transformation Programme
Community Dental Services	<i>Provision of specialised dental services to patients in specific categories who require special care and / or domiciliary services which are unavailable by general dental practitioners.</i>	<ul style="list-style-type: none"> <li>• Special Care Dentistry for patients referred by General Dental Practitioners requiring specialist care e.g. children or adults with complex disabilities or phobic patients</li> <li>• Acute Dentistry for patients who are not registered with a General Dental Practice</li> </ul>	Established – Review of model under Transformation Programme
Orthodontic Services	<i>Provision of orthodontic provision for both Primary Care and Consultant Services.</i>	<i>To be developed</i>	Established – Review of model under Transformation Programme
General Ophthalmic Services	<i>Provision of sight tests for the purpose of provision of corrective lenses, services in relation to minor eye conditions.</i>	<i>To be developed</i>	Established – Review of model under Transformation Programme
Community Pharmacy Services	<i>Provision of services within the community such as dispensing medicines, disposal of unwanted medicines, support for self-care, signposting, influenza vaccination</i>	<i>To be developed</i>	Established – Review of model under Transformation Programme

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	<i>services and out of hours provision.</i>		
General Practice Pharmacy Service	<i>Provide support and advice to GP surgeries regarding prescribing, local prescribing policies and guidance on evidence-based practice.</i>	<i>To be developed</i>	Established
Care Home Pharmacy Service	<i>Provide Department care homes with advice on prescribing, local prescribing policies and evidence-based practice as well as clinical medication reviews.</i>	<i>To be developed</i>	Established
Learning Disability Pharmacy Service	<i>Supporting learning disability units in terms of clinical and medicine related advice and undertaking clinical medication reviews.</i>	<i>To be developed</i>	Established
Community Mental Health Pharmacy Service	<i>Supporting community mental health services with clinical advice on prescribing, local prescribing policies and evidence-based practice as well as clinical medication reviews.</i>	<i>To be developed</i>	Established
Community Nursing Services for Adults	<i>Provision of services within the home for housebound patients, working within Integrated Care systems to ensure a multidisciplinary approach to delivery of care within the community setting.</i>	<ul style="list-style-type: none"> <li>• Services for housebound patients aged 16 and above</li> <li>• Community Parkinson's Specialist Nurse</li> <li>• Tissue Viability Nurse</li> <li>• Specialist Health Visitor for Vulnerable Adults</li> <li>• Continence Advice</li> </ul>	Established
Prison Healthcare	<i>Provision of a level of health and Public Health services for Prisoners comparable with the health care services in the community and encouraging healthy lifestyle choices.</i>	<i>To be developed</i>	Established

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Diabetes & Endocrine Service	<i>Provision of all services to co-ordinate and provide services to support those living with all types of Diabetes, including specialist advice for pregnant women.</i>	<ul style="list-style-type: none"> <li>• Medical Diabetes Clinics</li> <li>• Retinal photography</li> <li>• Specialist endocrinology clinics</li> <li>• Antenatal/obstetric clinics</li> <li>• Young Persons Clinic and transfer from paediatric services</li> <li>• Continuous Glucose Monitoring (CGM) Clinic</li> <li>• Diabetes Foot Ulcer Clinic</li> </ul>	Established
Community Adult Therapy Service	<i>Provision of both physiotherapy and occupational therapy services in the community to help patients to identify difficulties in their everyday life to try and find practical ways in which they can become more independent in their activities.</i>	<i>To be developed</i>	Established
Children's Therapy Service	<i>Provision of physio, occupational and speech and language therapy services to children in a variety of settings.</i>	<u>Paediatric Speech and Language Therapy Team</u> <ul style="list-style-type: none"> <li>• Services from birth to 18 years</li> <li>• Pre-school and school children assessment, review and therapy</li> <li>• Services for:-             <ul style="list-style-type: none"> <li>– Speech Development</li> <li>– Language Comprehension and Expression</li> <li>– Learning Difficulties</li> <li>– Voice Disorders</li> <li>– Stammering</li> <li>– Swallowing</li> <li>– Social Communication</li> </ul> </li> </ul>	Established
Acute Therapy Service	<i>A hospital-to-discharge service delivering physio and occupational therapy to all patients identified as needing therapy, including weekend on-call provision.</i>	<i>To be developed</i>	Established

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Outpatient Physiotherapy Service	<i>Provision of a range of physiotherapy services.</i>	<i>To be developed</i>	Established – First Contact Practitioner Pilot due for continued development
Adult and Language Service	<i>Speech and language services provided from within the hospital setting and the community including adult learning disabilities.</i>	<ul style="list-style-type: none"> <li>• Assessment, diagnosis, management and advice to those who present developmental, acquired or progressive disorders of communication, including speech, language, fluency and / or voice; and disorders of eating, drinking, feeding and swallowing</li> </ul>	Established
Audiology Service	<i>Provide services for both children and adults and include hearing diagnostic testing &amp; counselling for hearing impaired individuals, provision of digital hearing aids, balance testing and Tinnitus Counselling.</i>	<ul style="list-style-type: none"> <li>• Audiology clinic</li> <li>• Adult Hearing Aid Service</li> <li>• Children’s Audiology</li> </ul>	Established
Dietetics Service	<i>Provide assessment, diagnosis and treatment of diet and nutrition problems at an individual and Public Health level.</i>	<ul style="list-style-type: none"> <li>• Paediatric Dietetic Clinic</li> <li>• Accept referrals from all healthcare professionals and self-referral for adults experiencing clinically significant unexplained weight loss</li> </ul>	Established
Podiatry Service	<i>Provide assessment, diagnosis and treatment of disease and conditions affecting the foot and lower limb. Treatments are focused on relieving symptoms, improving function, disease prevention and maintaining independence and wellbeing.</i>	<ul style="list-style-type: none"> <li>• Screening and treatment of at-risk patients</li> <li>• Chronic and acute ulcer management</li> <li>• Nail surgery</li> <li>• Removal of corns, and other soft tissue lesions</li> <li>• Health promotion, education and advice</li> <li>• Maintenance care for chronic and irreversible foot problems</li> </ul>	Established
Mental Health Occupational Therapy Service	<i>Occupational therapy services provided from within the Mental Health Care Group to support older people to maintain / regain their skills and everyday activities and remain independent for as long as</i>	<i>To be developed</i>	Established

	<i>possible.</i>		
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## 7. Medical services for women, children and families

<u>Service area</u>	<u>Description</u>	<u>Services</u>	<u>Established or in development</u>
Health Visiting and school nursing	<i>Focused on delivering a public health focused service to children and young people aged from birth to 19 years (if in full time education), forming part of a wider process of ensuring children's health and safety is optimised through integration and collaboration of other services and departments and wider strategies.</i>	Health Visiting <ul style="list-style-type: none"> <li>• Antenatal reviews</li> <li>• New baby checks</li> <li>• 6-8 week</li> <li>• 3-4 month</li> <li>• 7-9 month</li> <li>• 2-2.5 years</li> <li>• 3.5-4 years</li> </ul> School Nursing <ul style="list-style-type: none"> <li>• Specialist Public Health Practitioners</li> <li>• Registered Nurses</li> <li>• Community Nursery Nurses</li> </ul>	Established
Maternity services	<i>Services that specialise in the treatment and care of women and babies during a maternity episode.</i>	<ul style="list-style-type: none"> <li>• Antenatal services</li> <li>• Postnatal services</li> <li>• Postnatal care</li> <li>• Intrapartum care</li> <li>• Maternity theatre</li> <li>• Community midwifery service antenatal and postnatal</li> </ul>	Established
Postnatal services	<i>Post birth care on maternity ward-physical and emotional wellbeing of mother and infant.</i>	<ul style="list-style-type: none"> <li>• Post birth care</li> <li>• Infant feeding support</li> <li>• Newborn screening-who / bloodspot day 5</li> <li>• Parent education-baby care / reducing risk SIDS.</li> <li>• Care and monitoring of high-risk babies / extra</li> </ul>	Established

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		<p>needs- jaundice / low birth weight / iv antibiotics</p> <ul style="list-style-type: none"> <li>• Referral to perinatal mental health services as required</li> <li>• Advice on contraception</li> <li>• Community postnatal services</li> </ul>	
Paediatric services	<i>Provide care in line with best practice standards for ill and injured children.</i>	<i>To be developed</i>	Established
Cystic fibrosis	<i>Provide safe and efficient care, with good outcomes, for children with Cystic Fibrosis.</i>	<i>To be developed</i>	Established
Long term conditions services	<i>Safe and Effective Care for children with any long-term condition.</i>	<i>To be developed</i>	Established
Children's ward and outpatients	<i>Offer assessment, investigation, diagnosis and treatment of children and young people aged from birth to 16 years with a variety of conditions.</i>	<ul style="list-style-type: none"> <li>• Inpatient Paediatric Services 0-16 years</li> <li>• Consultant paediatrician present or readily available in the hospital 24x7 on an on call basis.</li> <li>• Specialist paediatricians, possibly located off-Island, available 24x7 for immediate remote advice for acute problems for all specialties, and for all paediatricians</li> <li>• Appropriate ward and bed provision</li> <li>• Outpatient paediatric services provided on a referral basis normally by General Practice</li> </ul>	Established
Children's Community Nursing	<i>Provides support to children, young people and their families, which responds to local needs and prevents hospital admission, facilitates early discharge and care for children with acute, chronic, complex and palliative / end of life care.</i>	<i>To be developed</i>	Established



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Paediatric Oncology	<i>Provide care for children with a cancer diagnosis (both leukaemia and solid tumours) providing advice, support and practical assistance both during and after treatment.</i>	<i>To be developed</i>	Established
Neonatal services	<i>A comprehensive, integrated service providing a safe and therapeutic environment for the treatment of premature and sick new-born babies.</i>	<ul style="list-style-type: none"> <li>• Care for babies born prematurely and those born at term who require specialist care</li> <li>• Intensive care service</li> </ul>	Established
Gynaecology services	<i>Provide both inpatient and outpatient care to women of all ages across the Isle of Man for gynaecological procedures, treatments and advice.</i>	<ul style="list-style-type: none"> <li>• General Gynaecology</li> <li>• Hysteroscopy</li> <li>• Colposcopy</li> <li>• Post-Menopausal Bleeding</li> <li>• Urogynaecology</li> <li>• Urodynamics</li> <li>• Percutaneous Tibial Nerve Stimulation</li> <li>• Procedures Clinic</li> <li>• Gynaecology Oncology</li> <li>• Fertility Services</li> <li>• Early Pregnancy Assessment</li> </ul>	Established
Abortion services	<i>Provide medical and surgical abortions on Island and commission a specialist provider to provide specialist medical abortions off Island, or for those not wishing to access local services.</i>	<i>To be developed</i>	Established
Sexual Health Services including Family Planning	<i>Provide confidential contraceptive and sexual health services, referrals to the Genito-Urinary clinic, prescribe various forms of contraception and support to reduce the risk of unplanned pregnancy.</i>	<a href="#"><u>Service Specification - Integrated Sexual Health Services</u></a>	Established – for further development in this Service Year to include details of services available under the gender incongruence pathway

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Safeguarding children	<i>Provide advice regarding safeguarding children practices at a strategic and operational level and support to all health care workers across the organisation including hospital, community and mental health services.</i>	<i>To be developed</i>	Established
Infant feeding team	<i>Offers support to any woman who is pregnant or has a child and is focused on increasing the uptake and continuation of breastfeeding across the Island's population of babies and infants as part of the wider public health agenda around healthy weights and growth in children.</i>	<i>To be developed</i>	Established – for development under this Mandate
School Immunisation team	<i>The delivery of immunisations across Community settings within schools to specific age groups to deliver the Public Health Programme.</i>	<i>To be developed</i>	Established
Genito-Urinary Medicine	<i>Provide confidential screening and treatment of sexually transmitted infections.</i>	<ul style="list-style-type: none"> <li>• Testing, advice and support, treatment and onward care for all sexually transmitted infections</li> <li>• Pregnancy testing</li> <li>• Emergency contraception</li> <li>• PEPSE (post exposure prophylaxis following sexual exposure) for HIV</li> </ul>	Established

## 8. Social care services for adults

<u>Service area</u>	<u>Description</u>	<u>Services</u>	<u>Established or in development</u>
Residential care for Older Adults	<i>Must be accessible to older adults from 65 years onwards whose assessed needs cannot be met within their own homes.</i>	<i>To be developed</i>	Established
Residential care for Adults with an identified Learning Disability	<i>Support for service users to be as independent as they can be, developing skills and confidence, and meeting the needs of adults with learning disabilities and complex needs.</i>	<i>To be developed</i>	
Residential Care for Older Adults with Dementia	<i>Offer care and support in a safe and stimulating environment for those with dementia, where their assessed needs are such that they cannot be supported to remain in their own home.</i>	<ul style="list-style-type: none"> <li>• Residential dementia care homes 365 days per year for those aged 65 and over (unless in exceptional circumstances) who have a diagnosis of dementia</li> <li>• Short term respite</li> <li>• Step up / step down care</li> <li>• Good Neighbour Scheme</li> </ul>	Established
Community Support Service (domiciliary care)	<i>Provide varying levels of support for Service Users who are unable to live at home independently, but who do not require residential or nursing care.</i>	<ul style="list-style-type: none"> <li>• Medication prompting or administration</li> <li>• Support with personal hygiene, washing, dressing</li> <li>• Supporting mobility, transferring, use of hoists and various aids</li> <li>• Aiding continence needs</li> <li>• Supporting those with Dementia, Parkinson's and various other conditions</li> <li>• Food preparation including specialist dietary needs</li> </ul>	Established
Reablement Service	<i>Support Service Users who have been assessed as having care</i>	<ul style="list-style-type: none"> <li>• Focused intensive interventions to support</li> </ul>	Established

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	<i>needs, focussing on maximising their level of independence by learning, or relearning, the skills necessary for daily living in their home environment.</i>	people to learn or relearn skills in order to enable them to stay at or return to home	
Day Services for Older Adults and Adults with a Learning Disability	<i>Person centred care and support to allow Service Users to reach their full potential by promoting positive risk taking and the development of self-confidence, social skills and independence.</i>	<ul style="list-style-type: none"> <li>• Available to adults aged 18 and over with a confirmed learning disability</li> </ul>	Established
Respite Care for Older Adults and Adults with a Learning Disability	<i>Provide carers with a break from their caring responsibilities and Service Users with an enjoyable and enriching experience.</i>	<ul style="list-style-type: none"> <li>• Regular respite provision</li> <li>• Emergency accommodation for Service Users experiencing a significant breakdown in their usual carer support</li> </ul>	Established
Learning Disability Supported Living	<i>Provide varying levels of support focused on daily living skills to enable Service Users to live independently in their own property in the community with an emphasis on supporting with, rather than doing for.</i>	<ul style="list-style-type: none"> <li>• Support packages to enable adults with a learning disability to live independently in their own homes</li> </ul>	Established
Learning Disability Supported Employment	<i>Support Service Users to access and retain employment.</i>	<i>To be developed</i>	Established

## 9. Social care and social work services for children and their families

<u>Service area</u>	<u>Description</u>	<u>Services</u>	<u>Established or in development</u>
Child Safeguarding and Protection Services	<i>Children &amp; Families Social Work Service through Care Management</i>	<i>To be developed</i>	Established

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	<i>teams; Family support service for children and families identified as having Complex Needs or who are in Need of Protection; and Safeguarding &amp; Quality Assurance service (SQA).</i>		
Looked After Children and Care Leavers (LAC / CL)	<i>Service for all children looked after and leaving care, and those who care for them, to include Fostering Services; Residential Care including Secure Accommodation and Therapeutic services to support improved emotional wellbeing.</i>	<ul style="list-style-type: none"> <li>• Children’s Homes</li> <li>• Semi-independent Children’s Homes for Care Leavers</li> <li>• Secure Accommodation</li> <li>• Assessment and recruitment of foster carers</li> <li>• Therapeutic Emotional Wellbeing Services</li> <li>• Educational Support Service</li> <li>• Integrated Leaving Care Team</li> </ul>	Established
Children with Disabilities (Learning & Physical) and Complex Health Needs	<i>Work Service (CWDSWS), Residential Respite Service (RRS), Day Opportunities Service (DOS), and to ensure appropriate (to needs and circumstances), equitable access to Services for those assessed as eligible.</i>	<i>To be developed</i>	Established
Adoption & Special Guardianship Services (A&SGS)	<i>Family Finding and Co-ordination Service, Family Support Service.</i>	<i>To be developed during this service year</i>	Established
Young people in the Criminal Justice System	<i>Support decision making and smooth running of the Juvenile Court as Court Officer in juvenile justice matters, provide safe secure and non-secure accommodation for those remanded or sentenced by the Court, and aim to reduce recidivism.</i>	<i>To be developed</i>	Established
Early Help and Support Service	<i>Jointly funded (with Department for Education) Service which works with</i>	<i>To be developed</i>	Established

	<i>families through early help provided in the school setting, aiming to prevent urgent referrals to social work services where possible.</i>		
Initial Response	<i>Reporting and assessment for all concerns raised about the safety or wellbeing of a child received either through a partner Agency or a member of the public.</i>	<i>To be developed</i>	Established
Resource Centres	<i>Day care and respite for children with disabilities.</i>	<i>To be developed</i>	

## 10. Social work services for adults

<u>Service area</u>	<u>Description</u>	<u>Services</u>	<u>Established or in development</u>
Adult Generic Services	<i>A comprehensive social work service to adults with substantial physical disability, illness and high levels of complexity in the community.</i>	<i>To be developed</i>	Established
Adult Services Access Team	<i>Triage of need for social work services to an eligible person who appears to be in need of social care services and decides accordingly if that person is in need.</i>	<i>To be developed</i>	Established
Community Older Persons Team	<i>Provide assessments for carers who provide, or intend to provide, another person with a substantial amount of care on a regular basis and; the person for whom they provide care is a person for whom Manx Care may provide or secure the provision of</i>	<i>To be developed</i>	Established

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	<i>social care services in the community.</i>		
Hospital Social Work Team	<i>Provide older adults with substantial care and support needs who are in hospital and need the support of a social worker to plan their transfer of care.</i>	<i>To be developed</i>	Established
Learning Disabilities	<i>Social work service to individuals over the age of 18 (and those in transition to adult services) who have a formal diagnosed learning disability which significantly impacts upon being able to live their life independently.</i>	<i>To be developed</i>	Established
Safeguarding	<i>Multi-disciplinary response to vulnerable adults as defined in the Safeguarding Adults Act 2018 who appear to be in need of care and protection.</i>	<i>To be developed</i>	Established
Wellbeing Partnerships	<i>Single point of referral to provide co-ordinated support in local communities, bringing together both statutory services and third sector support where appropriate.</i>	<i>To be developed</i>	Incremental development

## 11. Surgery, theatres, critical care and anaesthetics

<u>Service area</u>	<u>Description</u>	<u>Services</u>	<u>Established or in development</u>
Outpatient Services	<i>Provide surgical and medical outpatient clinics, Day Assessment Treatment Unit (DATU) and blood clinic.</i>	<i>To be developed</i>	Established
Theatres	<i>Deliver a wide range of general surgery, responding to a range of surgical emergencies and performing a range of elective and non-elective operations.</i>	<i>To be developed</i>	Established
Inpatient Services	<i>A Critical Care Unit to operate 24x7 throughout the year to treat patients who have a serious illness or injury.</i>	<i>To be developed</i>	Established
Anaesthetic Service	<i>Provide planned elective general anaesthetic services and emergency anaesthetic services for Noble's Hospital.</i>	<i>To be developed</i>	Established
Critical Care	<i>Provide an Intensive Care Unit (ICU), High Dependency Unit (HDU) and pain clinic.</i>	<ul style="list-style-type: none"> <li>• Intensive care</li> <li>• High dependency care</li> <li>• Non-invasive ventilation</li> <li>• Isolation facilities</li> <li>• Pre-operative resuscitation</li> <li>• Post-operative care</li> <li>• Stabilisation of patients prior to emergency transfer to off-Island specialist facilities</li> </ul>	Established
Trauma and orthopaedics	<i>Treatment of injuries and conditions of the musculoskeletal system including bones, joints, ligaments,</i>	<i>To be developed</i>	Established



	<i>tendons, muscles and nerves.</i>		
Surgical Specialties	<i>Covering Ear, Nose and Throat, Audiology, Breast, Urology, Ophthalmology, Oral Surgery and Skin Service (Plastics/Dermatology)</i>	<p>Skin Service</p> <ul style="list-style-type: none"> <li>• Dermatology clinics and minor surgery</li> <li>• Plastic Surgery Clinics</li> <li>• Skin cancer surgery and reconstruction</li> <li>• Plastic Surgery Dressing Clinic</li> <li>• Isle of Man Burns Service</li> <li>• Specialist Nurse led Dermatology Clinics – for dermatological drug monitoring</li> <li>• Specialist Nurse led Skin Cancer Monitoring Clinics</li> <li>• Local Skin Multi-Disciplinary Team</li> <li>• Reconstructive Services (for cancers and trauma) to support other specialties</li> <li>• Phototherapy</li> </ul> <p>Oral Surgery</p> <ul style="list-style-type: none"> <li>• Dento-Alveolar Surgery</li> <li>• Oro-Facial Infection</li> <li>• Oral Medicine</li> <li>• Oral and Maxillofacial Pathology</li> <li>• Jaw problems</li> <li>• Obstructive Sleep Apnoea Devices</li> <li>• Oral Implants</li> <li>• Oral and Maxillofacial Trauma and Emergencies</li> <li>• Oral and Facial Soft Tissue corrective Surgery</li> <li>• Oral Cancer</li> </ul>	Established

## 12. Miscellaneous and joint services

<u>Service area</u>	<u>Description</u>	<u>Services</u>	<u>Established or in development</u>
Multi Agency Safeguarding Hub (MASH)  (contribution rather than sole responsibility)	<i>The Isle of Man Multi Agency Safeguarding Hub (MASH) brings together agencies from services that have contact with children and adults at risk to make the best possible use of their combined knowledge to keep them safe from harm.</i>	<ul style="list-style-type: none"> <li>• ‘First point of contact’ for Children’s Social Care enabling members of the public and professionals to raise concerns about the welfare of children</li> <li>• Out of hours service where there are immediate concerns about the welfare of a child</li> <li>• Domestic Abuse Screening</li> <li>• Response to child criminal or sexual exploitation concerns</li> <li>• Provision of relevant information for Court Welfare purposes</li> <li>• Child safety assessment following release of Prisoners</li> </ul>	
Sexual Assault Referral Centre  (contribution rather than sole responsibility)	<i>A 24/7 multi-agency Sexual Assault Referral Centre providing a “one stop” location for services such as forensic examination, medical care, supported statement taking and access to support workers.</i>	<b>Isle of Man Sexual Assault Referral Centre Service Specification March 2021</b> is not a public document but will be provided to Manx Care with this Mandate	Established – Physical Location under construction
Vaccination and Immunisation Programmes	<i>Delivery of approved vaccination and booster programmes (including COVID-19) in line with JCVI guidance and under the direction and assurance of Public Health Isle of Man.</i>	<i>To be developed</i>	Established – under refinement

## Appendix 1 – At a glance

Key	Related 2024-25 objective	2025 and beyond objective	Evidence
<b>Fully integrated health and care systems</b>			
<b>C</b>	<b>1a. Cost of care</b> Activity Based Costing	<ul style="list-style-type: none"> <li>- Determining the true cost of health and care activity</li> <li>- Plan to re-proportion spend in key areas</li> </ul>	<ul style="list-style-type: none"> <li>- Service Line Reporting (SLR) platform implementation plan</li> <li>- SLR reporting</li> <li>- Activity Based Costing analysis</li> <li>- Management accounts</li> </ul>
<b>C</b> <b>N</b>	<b>1b. Urgent care provision</b> Delivery of Transformation projects Out of hours provision	<ul style="list-style-type: none"> <li>- Periodic reviews of urgent care capacity, efficacy and impact</li> <li>- Triage model</li> <li>- Urgent care advice line</li> </ul>	<ul style="list-style-type: none"> <li>- Project status reporting for Urgent and Emergency Integrated Care (UEIC) projects</li> <li>- Care pathway project plans</li> <li>- Out of hours provision document</li> </ul>
<b>C</b> <b>C</b>	<b>1c. Primary Care at Scale (PCAS)</b> Delivery of the PCAS project Medication reviews		<ul style="list-style-type: none"> <li>- Primary Care reporting</li> <li>- Pharmacy pilot review</li> <li>- GP model options appraisal paper</li> <li>- Integrated Performance Report - average wait time for a GP appointment, broken down by practice</li> <li>- Hubs operational</li> <li>- Options appraisal for community pharmacy</li> <li>- Progress against electronic prescription implementation</li> <li>- Medication reviews reporting</li> <li>- First contact practitioners pilot review</li> <li>- Documented frailty pathway</li> </ul>
<b>Early intervention, prevention and childhood experience</b>			
	<b>2a. Multi-agency strategies</b> Suicide Prevention Strategy actions	<ul style="list-style-type: none"> <li>- Trauma-informed strategy for post-traumatic stress disorder</li> </ul>	<ul style="list-style-type: none"> <li>- Updates provided by strategy steering groups for the following strategies:</li> </ul>

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<b>G</b>	Substance Misuse Strategy actions	- Expanded Crisis Response Home Treatment Team	<ul style="list-style-type: none"> <li>• Suicide Prevention</li> <li>• Substance Misuse</li> <li>• Wellbeing and Mental Health</li> <li>• Childcare Strategy</li> </ul>
<b>G</b>	Wellbeing and Mental Health Strategy actions	- Reduction of CAMHS caseload	
<b>G</b>	Clinical pathway reviews for major mental health conditions	- Continued progress with ASC strategy actions	- Integrated Performance Report – timeline to include drug death indicator data
<b>N</b>	Offender healthcare	- Participation in an annual ASC awareness campaign	- Milestone plan for reviewing clinical pathways for all major mental health conditions
<b>N</b>	Adult ADHD diagnosis pathway	- Consider ASC community needs in new / revised communications / service / process	- Integrated Performance Report - number of children accessing community-based support and / or psychological therapy and utilisation data available
<b>N</b>	Autism Spectrum Condition (ASC) Strategy actions		- Offender healthcare action plan regularly reviewed
<b>G</b>	Support for Childcare Strategy		- Scoping document for an adult ADHD diagnosis pathway
<b>G</b>			- ASC reasonable adjustment campaign
			- Integrated Performance Report – ASC data
			- Action plan updated through the ASC Strategy steering groups
<b>N</b>	<b>2b. Foster carers</b>	- Sufficient foster care provision	- Plan to increase the number of foster carers
			- Number of foster carers in place and the number recruited
	<b>2c. Oral health in children actions</b>	- Unified dental contracts	- Social Affairs Policy Review Committee (SAPRC) oral health in children implementation reporting
<b>G</b>	SAPRC Oral health in children		- Integrated Performance Report – dental waiting list
			- Contract management reporting
	<b>2d. Health visiting and school nursing</b>	- Implement recommendations	- Recommendations and implementation options for developing the 0-19 programme
<b>C</b>	0-19 programme – continued development	- Explore ‘family hubs’	- Action plan associated with Domestic Abuse legislation
	<b>2e. Equitable access to services</b>	- Carers working group – extended remit	- Results of Manx Care’s public consultation on services for women
<b>N</b>	Support for a health and care equality assessment	- Design training for the identification of carers	- Costed plan to extend independent advocacy services
<b>C</b>	Independent advocacy service	- Support Crossroads with the state of caring data and report	- Carers Strategy implementation reporting
			- Carers pathway

<b>P</b>	Carer's pathway design		
<b>Safe, appropriate and consistent care</b>			
<b>C</b>	<b>3a. Financial envelope</b>	- Sustainable services	- Regular management accounts - Financial assurance - Risk register and Board Assurance Framework
<b>C</b>	<b>3b. Understanding demand</b>	- D&C expanded – findings used to support quality improvements and workforce modelling	- D&C reporting and plan - Milestone plan for extending D&C
<b>C</b>	Demand and Capacity (D&C)	- Data gathered from tertiary providers to support benchmarking	- Development of data sets for mental health, primary care, social care and social work
<b>C</b>	Data provision	- Respond to data requests from Public Health in a complete way	- Agreed performance targets
<b>C</b>	Performance targets	- Targets for all remaining services agreed	- Integrated Performance Report – all elective average waiting times
		- Consistently meet 28-day diagnosis cancer target whilst working towards an increased target	- Restoration and recovery phase 2 reporting - Integrated Performance Report – cancer and emergency department reporting - 2023-24 emergency department data - Restoration and recovery maintenance reporting
<b>C</b>	<b>3c. Life changing diagnosis</b>	- Expansion of reviews - Appraisal of changes already made	- Recommendations for change - Integrated Performance Report – number of referrals to Eye Clinic Liaison Officer (ECLO)
<b>C</b>	<b>3d. NICE Technology Appraisals</b>	- Continue progress against implementation plan	- Implementation timeline - Management accounts
<b>Planning for future population needs</b>			
<b>N</b>	<b>4a. Home first</b>		- Milestone plan
	<b>4b. Planning for an ageing population</b>	- Progression of virtual wards	- Social Care capacity and utilisation data - Timeline for production of required Public Health data - Costed proposal for virtual wards expansion
<b>C</b>	Provision of data for and support of the Public Health joint strategic needs assessments		
<b>N</b>	Virtual wards		

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<b>N</b>	<b>4c. COVID review</b>		- Action and milestone plan based on review findings
<b>Governance, compliance and accountability</b>			
<b>C</b>	<b>5a. Contracts</b>	- Completion of remaining contract reviews	- Quarterly reporting
<b>C</b>	<b>5b. Data Security and Information Governance</b>	- Continue to achieve DSPT level 3 and work towards level 1	- Annual DSPT submission - Minutes of IGAB meetings - Progress update against KPMG recommendations
<b>C</b>	<b>5c. Estate review</b>	- Policy for space utilisation and allocation	- Estate occupancy and utilisation review results - 5-year capital projects priority plan per chapter of the Health and Social Care Estates Strategy
<b>C</b>	<b>5d. Manx Care Record</b>	- Continued delivery - Opportunities for integrated digital platforms	- Detailed implementation plan – digital remediation business case - Detailed project plan – Manx Care Record - Associated risks and timelines
<b>C</b>	<b>5e. Workforce – support and growth</b>	- Continuation of workforce reviews - Barriers facing staff – action plans to address - Implementation of recruitment and retention plan opportunities - Redesign work experience offering	- Priority plan for integrated workforce reviews - Staff survey results - Workforce reporting - EDI Charter - Progress updates against the recruitment and retention detailed plan - Progress updates against Manx Care’s People, Culture and Engagement Strategy 2023-2026 - Integrated Performance Report - vacancy rates, staff turnover, % spend on agency staff
<b>P</b>	<b>5f. Quality assurance</b>		- Framework in operation (Department dependency)

**Key (applies to the 2024-25 objective / outputs only)**

- C** Continued work from previous year(s), detailed in 2023-24 Mandate or already in train
- P** Planning for future
- N** New work to be undertaken
- G** Support of multi-agency cross Government strategies

## Appendix 2 – Performance metrics and key targets

The Department will continue to review all Manx Care Key Performance Indicators and targets reported through the Integrated Performance Report, in order to assess performance against this Mandate and system performance more widely. These discussions will continue monthly with mandated metrics for 2024-25 detailed below. Where a target is stated as, 'To be set based on data for 2023-24' or 'To be set based on data at 31/03/2024', the target will be agreed at or prior to the first Performance Technical Group Meeting of the Service Year. Performance during the Service Year will then be used to determine future targets.

Metric Name	Target (monthly unless stated otherwise)	Mandate 21-22	Mandate 22-23	Mandate 23-24	Mandate 24-25	Our Island Plan
<b>Care Quality</b>						
Number of Serious Incidents declared	<= 36 annually					
Number of Never Events	0					
<i>Measuring the number of Serious Incidents and Never Events ensures that sufficient processes and safeguards are in place within health and social care services.</i>						
Number of inpatient falls with harm (per 1000 bed days)	< 2					
<i>Measuring the number of inpatient falls with harm ensures that sufficient patient monitoring, staffing, safety, and/or preventative measures are in place in inpatient settings.</i>						
Number of medication errors with harm	<= 25 annually			Objective 2	Priority 1	
<i>Medication errors with harm are monitored to ensure that they are reviewed, and learning used to prevent future events.</i>						
Number of MSRA acquired infections	0					
<i>MSRA infections are measured for the purpose of monitoring infection control.</i>						
<b>Elective Care</b>						
Number of patients (inpatient only) with a length of stay = 0 days	<i>Metric to be developed during 2024-25</i>		Objective 5	Objective 2	Priority 1	Yes

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<b>Number of patients (inpatient only) with a length of stay &gt; 7 days ('stranded')</b>	<i>Metric to be developed during 2024-25</i>		Objective 5	Objective 2	Priority 1	Yes
<b>Number of patients (inpatient only) with a length of stay &gt; 21 days ('super-stranded')</b>	<i>Metric to be developed during 2024-25</i>		Objective 5	Objective 2	Priority 1	Yes
<i>Delayed discharge impacts the ability of services to run effectively and so length of stay is monitored to ensure that patient flow through the hospital is being managed.</i>						
<b>Number of patients (day patient only) with a length of stay &gt; 0 days</b>	<i>To be set based on data for 2023-24</i>				Priority 1	
<i>Day case patients should not routinely require an overnight stay in hospital. Monitoring this metric allows for any trend to the contrary to be noted and reasons why investigated.</i>						
<b>Number of patients waiting for first consultant-led hospital appointment</b>	<i>To be set based on data at 31/03/2024</i>			Objective 2	Priority 3	Yes
<b>Number of patients waiting for day case procedures</b>	<i>To be set based on data at 31/03/2024</i>				Priority 3	Yes
<b>Number of patients waiting for inpatient procedures</b>	<i>To be set based on data at 31/03/2024</i>				Priority 3	Yes
<i>The above 3 metrics are a count of awaited appointments and do not take into account patients who may be awaiting multiple appointments.</i>						
<b>Number of unique patients waiting for first hospital appointment</b>	<i>Metric to be developed during 2024-25</i>			Objective 2	Priority 3	Yes
<i>The above metric counts the number of unique patients who are awaiting a first hospital appointment.</i>						
<b>Number of patients waiting more than 52 weeks for first consultant-led outpatient appointment</b>	<i>To be set based on data at 31/03/2024</i>			Objective 2	Priority 3	Yes
<b>Percentage of urgent GP referrals seen for first appointment within 6 weeks</b>	<i>To be set based on data for 2023-24</i>	5.2.3		Objective 2	Priority 3	Yes
<b>Percentage of routine GP referrals seen for first appointment within 17 weeks</b>	<i>To be set based on data for 2023-24</i>				Priority 3	Yes
<i>The above 3 metrics track elective care waiting times.</i>						



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<b>Number of theatre cancellations on the day, shown as a total for the month: Hospital clinical</b>	<i>Activity to be monitored</i>		Objective 7			
<b>Number of theatre cancellations on the day, shown as a total for the month: Hospital non-clinical</b>	<i>Activity to be monitored</i>		Objective 7			
<b>Number of theatre cancellations on the day, shown as a total for the month: Patient related</b>	<i>Activity to be monitored</i>		Objective 7			
<i>Theatre cancellations on the day cannot be avoided where there is a clinical reason (e.g. patient not medically fit). The aim of these measures is to ensure that cancellations are kept to a minimum in order to maximise the slots available, thereby reducing waiting lists.</i>						
<b>Theatre utilisation – percentage of planned sessions delivered</b>	<b>&gt;= 85%</b>		Objective 7			
<i>Theatre utilisation is the percentage of the total surgical volume successfully admitted and operated on. The target set below 100% allows for patient choice and unavoidable cancellations such as the patient being too unwell to attend. The aim of this measure is to avoid unnecessarily empty theatre slots and drive sustainable surgical waiting lists.</i>						
<b>Hospital (planned care) did not attend rate: Total</b>	<b>&lt;= 7.6%</b> <i>(long-term target &lt;= 5%)</i>		Objective 7			
<b>Hospital (planned care) did not attend rate: Consultant-led</b>	<b>&lt;= 7.6%</b> <i>(long-term target &lt;= 5%)</i>		Objective 7			
<b>Hospital (planned care) did not attend rate: Nurse</b>	<b>&lt;= 7.6%</b> <i>(long-term target &lt;= 5%)</i>		Objective 7			
<b>Hospital (planned care) did not attend rate: Allied health</b>	<b>&lt;= 7.6%</b> <i>(long-term target &lt;= 5%)</i>		Objective 7			
<i>The above 4 metrics capture the number of hospital appointments which were not utilised due to patients not attending. The aim is to minimise this number in order to ensure that all appointments are used and reduce waiting times. Monitoring by service area allows for targeted actions in the necessary areas and for the impact of those to be evident.</i>						
<b>Number of discharges: Pre-10:00</b>	<i>Activity to be monitored</i>		Objective 3	Objective 2	Priority 4	Yes
<b>Number of discharges: Pre-16:00</b>	<i>Activity to be monitored</i>		Objective 3	Objective 2	Priority 4	Yes

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<b>Number of discharges: Weekend</b>	<i>Activity to be monitored</i>		Objective 3	Objective 2	Priority 4	Yes
<i>Discharge times are monitored to ensure that patients are discharged appropriately, safely and with the correct level of support in place (i.e. not in the middle of the night when pharmacy or home support services would not be available).</i>						
<b>Delayed transfers of care</b>	<i>Activity to be monitored</i>		Objective 3	Objective 2	Priority 4	Yes
<i>The above metric identifies patients who meet the necessary criteria for discharge or transfer (either to home or a supported care facility) but are still occupying a bed. This impacts the number of beds available for other patients and can therefore have an adverse effect on waiting times.</i>						
<b>Emergency Care Services</b>						
<b>Ambulance Category 1 average response time</b>	<= 7 minutes	5.2.1	Objective 5	Objective 2	Priority 1	Yes
<b>Ambulance Category 1 average response time at 90th percentile</b>	<= 15 minutes	5.2.1	Objective 5	Objective 2	Priority 1	Yes
<b>Ambulance Category 2 average response time</b>	<= 18 minutes				Priority 1	Yes
<b>Ambulance Category 2 average response time at 90<sup>th</sup> percentile</b>	<= 40 minutes				Priority 1	Yes
<b>Ambulance average time from stroke call to hospital arrival</b>	<i>Metric to be developed during 2024-25</i>		Objective 5	Objective 2	Priority 1	Yes
<b>Number of ambulance turnaround times from arrival to clear that exceed 30 minutes</b>	<i>Metric to be developed during 2024-25</i>				Priority 1	
<b>Percentage of ambulance turnaround times from arrival to clear that exceed 30 minutes</b>	<i>Metric to be developed during 2024-25</i>				Priority 1	
<b>Number of ambulance turnaround times from arrival to clear that exceed 60 minutes</b>	<i>To be set based on data for 2023-24</i>				Priority 1	
<b>Percentage of ambulance turnaround times from arrival to clear that exceed 60 minutes</b>	<i>To be set based on data for 2023-24</i>				Priority 1	

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<i>The aim of the above 4 metrics is to ensure that ambulances are cleared quickly to enable them to be ready to respond to their next call, thereby helping to reduce ambulance response times.</i>						
<b>ED admission rate (Nobles and Ramsey)</b>	Below rate for England		Objective 5		Priority 1	
<b>ED complexity by triage categories:</b> 1 – Immediate resuscitation 2 – Very urgent/emergency 3 – Urgent 4 – Standard 5 – Non-urgent	<i>Metric to be developed during 2024-25</i>					
<b>Number of persons choosing to leave ED without being seen</b>	<i>Metric to be developed during 2024-25</i>					
<i>The number of patients attending ED and leaving without treatment may indicate inappropriate attendance or excessive wait times. The development and introduction of additional signposting and low-level services would aim to reduce the number of non-urgent attendances by diverting them in the first instance to the most appropriate place and as a result or reduced attendance, will improve overall wait times.</i>						
<b>Average number of minutes between arrival and triage (Nobles)</b>	<= 15 minutes		Objective 5	Objective 2	Priority 1	Yes
<b>Wait time to see first doctor in ED – arrival to clinical assessment (Nobles)</b>	<= 60 minutes		Objective 5	Objective 2	Priority 1	Yes
<b>Time to admit, discharge or transfer patients after arrival at ED (Nobles and Ramsey)</b>	>= 76% within 4 hours <i>(long-term target &gt;= 95%)</i>	5.2.2	Objective 5	Objective 2	Priority 1	
<b>Number of patients spending more than 12 hours in ED (Nobles)</b>	<i>To be set based on data for 2023-24</i>		Objective 5	Objective 2	Priority 1	
<i>The above 4 metrics are designed to examine how promptly the ED is delivering services.</i>						
<b>Emergency readmissions within 7 days of discharge from hospital</b>	<i>Activity to be monitored</i>		Objective 5		Priority 4	
<b>Emergency readmissions within 30 days of discharge</b>	<i>Activity to be</i>		Objective 5		Priority 4	Yes

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from hospital	monitored					
<i>Readmission rates are monitored as they can provide an indication of the effectiveness of hospital discharge processes.</i>						
<b>MEDS callback within 2 hours</b>	<i>Metric to be developed during 2024-25</i>					
<b>MEDS did not attend rate</b>	< 5%		Objective 7			
<b>Cancer and Diagnostics Services</b>						
<b>Maximum 28 days from referral for suspected cancer to date of diagnosis</b>	75%	5.2.4	Objective 7	Objective 2	Priority 3	Yes
<i>The above metric is monitored with the aim of reducing the time between referral to the service, and confirmation of either a cancer or non-cancer diagnosis.</i>						
<b>Maximum 62 days from referral for suspected cancer to first treatment</b>	70%	5.2.4	Objective 7	Objective 2	Priority 3	Yes
<b>Maximum 31 days from decision to treat to first definitive treatment</b>	96%		Objective 7	Objective 2	Priority 3	Yes
<i>The above 2 metrics examine whether patients who receive a cancer diagnosis access treatment promptly.</i>						
<b>Percentage of patients receiving a diagnosis at stages 1 and 2 (earlier detection of cancer)</b>	<i>Metric to be developed during 2024-25 (long-term target &gt;= 75% quarterly)</i>				Priority 3	
<b>Percentage of patients waiting 6 weeks or more for a diagnostics test</b>	<i>To be set based on data for 2023-24 (long-term target &lt;= 1%)</i>			Objective 2	Priority 3	Yes
<b>Social Care</b>						
<b>Percentage of re-referrals in total referrals: Adult Social Care</b>	< 15%		Objective 2			Yes

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<b>Percentage of re-referrals in total referrals: Children and Families</b>	< 20%		Objective 2			Yes
<i>The above 2 metrics compare the number of re-referrals to the total number of referrals in a month, providing an indication of the degree to which service users may have been discharged too early.</i>						
<b>Adult community care assessment (not learning disabilities) completed within 4 weeks</b>	>= 80%	5.4.1				
<b>Learning disabilities assessment completed within 6 weeks</b>	<i>To be set based on data for 2023-24</i>	5.4.1				
<b>Copy of adult community care assessment received by patient or carer</b>	100%	5.4.1				
<i>The above 3 metrics track how promptly adult community care assessments are being carried out and aim to ensure that patients/carers always receive copies of assessments completed.</i>						
<b>Percentage of residential beds occupied</b>	>= 85%	5.4.2				
<b>Percentage of respite beds occupied</b>	>= 90%	5.4.2				
<b>Percentage of service users with a person-centred plan (PCP) in place</b>	>= 95%	5.4.2				
<b>Percentage of complex needs reviews held on time</b>	>= 85%	5.4.3				
<b>Percentage of initial child protection conferences held on time</b>	>= 90%	5.4.3				
<b>Percentage of child protection review conferences held on time</b>	>= 90%	5.4.3				
<b>Percentage of looked after children reviews held on time</b>	>= 90%	5.4.3				
<i>The above metrics examine how promptly conferences and reviews are being held by Children and Families.</i>						

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<b>Percentage of children (of age) participating in, or contributing to, their child protection review</b>	>= 90%	5.4.3				
<b>Percentage of children (of age) participating in, or contributing to, their looked after child review</b>	>= 90%	5.4.3				
<b>Percentage of children (of age) participating in, or contributing to, their complex review</b>	>= 79%	5.4.3				
<i>Monitoring levels of child participation in reviews aims to ensure that children are being listened to and given opportunities to influence decisions about their lives.</i>						
<b>Integrated Community Care</b> (Metrics relating to the Island's wellbeing partnerships will be developed during the Service Year)						
<b>Community Nursing Service response target met: Urgent/non-routine (24 hours)</b>	100%	5.4.4		Objective 3		
<b>Community Nursing Service response target met: Routine (7 days)</b>	100%	5.4.4		Objective 3		
<b>Community Adult Therapy Services waiting times: Priority 1</b>	100% in 10 working days	5.4.4		Objective 2		
<b>Community Adult Therapy Services waiting times: Priority 2</b>	100% in 30 working days	5.4.4		Objective 2		
<b>Community Adult Therapy Services waiting times: Priority 3</b>	100% in 60 working days	5.4.4		Objective 2		
<b>Primary Care</b>						
<b>Average wait time (in days) to next GP appointment, by practice</b>	<i>Metric to be developed during 2024-25</i>	Objective 7	Objective 7	Objective 3	Priority 1	Yes
<b>Number of clinical appointments delivered by practice (per 1,000 population)</b>	<i>Metric to be developed during 2024-25</i>				Priority 1	

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<i>Early intervention and access to a GP appointment reduces strain on areas such as the out-of-hours medical service and ED. Monitoring the above metrics aims to drive improvement in this area.</i>						
<b>GP did not attend rate</b>	< 5%		Objective 7		Priority 1	
<i>Ensuring that every available GP slot is used will drive improvement in the average wait time for an appointment.</i>						
<b>Percentage of dental contractors on target to meet units of dental activity</b>	>= 30% Mid-Year >= 96% Year-End				Priority 1	
<i>Dental contracts contain an agreed number of units of dental activity that each contracted entity must provide. The above metric allows an overview of robust management of those contracts.</i>						
<b>Number of patients on dental waiting list</b>	<i>To be set based on data at 31/03/2024</i>				Priority 2	Yes
<b>Number of patients allocated to NHS dental practices</b>	<i>To be set based on data for 2023-24</i>				Priority 2	
<b>Number of unique patients seen at NHS dental practices</b>	<i>Metric to be developed during 2024-25</i>				Priority 2	
<b>Average wait time for a dentist appointment, by practice</b>	<i>Metric to be developed during 2024-25</i>	Objective 7	Objective 7	Objective 3	Priority 2	Yes
<b>Mental Health Services</b>						
<b>Percentage of patients requiring Mental Health liaison services within the ED, seen within 1 hour</b>	>= 75%	5.3.1	Objective 5			Yes
<b>Percentage of patients admitted to physical health wards requiring a Mental Health assessment, seen within 24 hours</b>	>= 75%	5.3.1				Yes
<b>Percentage of patients with a first episode of psychosis treated with a NICE recommended care package within 2 weeks of referral</b>	>= 75%	5.3.1				Yes

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<b>Percentage of patients with Severe Mental Illness (SMI) who received a full physical health check in Primary Care every 12 months</b>	100%	5.3.1				Yes
<i>The above metrics examine how promptly patients access mental health services.</i>						
<b>Percentage of patients under adult mental illness specialities on a Care Programme Approach, followed up in 3 days of being discharged from psychiatric inpatient care</b>	>= 90%	5.3.1				Yes
<b>Total Mental Health current caseload</b>	4500–5500	Objective 4	Objective 3		Priority 2	
<b>CAMHS caseload</b>	<i>Metric to be developed during 2024-25</i>	Objective 4	Objective 3		Priority 2	
<b>Mental Health did not attend rate</b>	<i>To be set based on data for 2023-24</i>		Objective 7			
<b>Percentage of re-referrals within 6 months</b>	<i>To be set based on data for 2023-24</i>	Objective 4	Objective 3			
<b>Leadership and Governance</b>						
<b>Number of data breaches</b>	<i>To be set based on data for 2023-24</i>		Section 7	Section 7	Section 7	
<b>Number of enforcement notices from the ICO</b>	0		Section 7	Section 7	Section 7	
<b>Number of SAR, AHR and FOIs not completed within their target</b>	0		Section 7	Section 7	Section 7	
<b>Number of complaints received</b>	<i>Activity to be monitored</i>		Section 11	Section 11	Section 11	
<b>Percentage of complaints acknowledged within 5 days</b>	>= 98%		Section 11	Section 11	Section 11	
<b>Percentage of complaints written response in 20 days</b>	>= 98%		Section 11	Section 11	Section 11	



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Percentage of complaints exceeding 6 months	0		Section 11	Section 11	Section 11	
Number of complaints referred to Manx Care from the Health and Social Care Ombudsman Body	<i>Activity to be monitored</i>		Section 11	Section 11	Section 11	
<b>People</b>						
Percentage of hours lost to staff sickness absence, by care group	<= 4%	Objective 11	Objective 9	Objective 1	Priority 5	
Staff turnover rate, by care group	<= 10%		Objective 9	Objective 1	Priority 5	
Staff vacancy rate	<= 15%		Objective 9	Objective 1	Priority 5	
Completion of mandatory training (%)	>= 90%	Objective 11	Objective 9	Objective 1	Priority 2	
<b>Finance</b>						
Progress towards cost improvement target (percentage)	2%	Objective 6	Section 4	Section 4	Section 2	
Performance against budget (£)	£0 variance	Objective 6	Section 4	Section 4	Section 2	
Agency staff costs (as a percentage of total staff costs), by care group	<= 5% annually	Objective 6	Section 4	Section 4	Priority 5	

### Transformation monitoring

The Department and Manx Care are working on data provision and targets to assess performance against Transformation business cases. These discussions will continue monthly with the current selection of metrics, and their associated pathway business case, for 2024-25 detailed below. Appropriate targets for the below will be established as work progresses and the services start or evolve.

Metric Name	Hear and Treat	See and Treat	Ambulatory Assessment Treatment Unit (AATU)	Intermediate Care	Eye Care
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<b>Number of 999 ambulance calls (per category) dealt with by Clinical Navigator</b>	✓				
<b>Percentage of 999 ambulance calls (per category) dealt with by Clinical Navigator</b>	✓				
<b>Outcome of Clinical Navigator intervention: Downgraded/upgraded call</b>	✓				
<b>Outcome of Clinical Navigator intervention: Hospital/Primary Care/self-care etc.</b>	✓				
<b>Outcome of Clinical Navigator intervention: Transport mode</b>	✓				
<b>Outcome of Clinical Navigator intervention: Clinical presentation</b>	✓				
<b>Number of double crew ambulances dispatched</b>	✓				
<b>Conveyance to ED rates</b>	✓	✓			
<b>Ambulance performance/response times (all categories 1 to 5)</b>	✓				
<b>Number of ED attendances: Referred to a pathway</b>			✓	✓	
<b>Number of ED attendances: Referred from a pathway</b>			✓	✓	
<b>Number of ED admissions</b>			✓		
<b>ED admission rate</b>			✓		
<b>Number of 12-hour ED trolley waits</b>			✓		
<b>Number of ED patients discharged on the same day</b>			✓		
<b>Number of 0-day (less than 24 hours) and short stay (less than 48 hours) admissions</b>			✓		

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Number of referrals into AATU (and source)			✓		
Number of patients accepted into AATU (and source)			✓		
Number of patients referred from ED more than 2 hours after arrival			✓		
Outcome of AATU care: Home			✓		
Outcome of AATU care: Home with support (intermediate care etc.)			✓		
Outcome of AATU care: Hospital admission (stay of 1 night or more)			✓		
Number of AATU patients returning for appointments and waiting time for that appointment			✓		
Numbers of referrals				✓	
Referral source				✓	
Number of patients accepted onto service at each level				✓	
Sunderland score for acuity at beginning and end of service intervention				✓	
Discharge destination/outcome from service				✓	
Number of treatment sessions, time spent clinically and discipline of input				✓	
Number of days in service				✓	
Number of patients transferred to hospital by IOMAS (Category 4 and 5)				✓	
Number of primary eye examinations					✓

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<b>Percentage of the population examined (primary eye examinations)</b>					✓
<b>Number and percentage of supplementary eye examinations (by reason)</b>					✓
<b>Outcome of supplementary eye examinations</b>					✓
<b>Percentage of individuals cared for within the community (no onward referral to HES)</b>					✓
<b>Referrals to the community (by referrer)</b>					✓
<b>Referral rate to the HES per practice and condition</b>					✓
<b>Characteristics of the patient examined</b>					✓
<b>Percentage of community optometrists providing PEEs/SEEs/MECs</b>					✓
<b>Waiting time for first appointment</b>					✓
<b>Waiting time for procedure</b>					✓
<b>Number of referrals to eye care liaison officer (ECLO)</b>					✓
<b>Percentage of appropriate referrals from HES to third sector and community services</b>					✓

## Defined terms and abbreviations

For the purposes of this Mandate the following words and phrases when capitalised shall have the meanings given; as shall other forms thereof such as plurals or other tenses (mutatis mutandis).

<b>Term</b>	<b>Meaning</b>
AATU	Ambulatory Assessment and Treatment Unit
ABC	Activity Based Costing identifies activities in an organisation and assigns a cost to each
Act	Manx Care Act 2021
AHR	Access to Health Records
ASC	Autism Spectrum Conditions
Board Assurance Framework	Framework to evidence and meet obligations to promote comprehensive and integrated health and social care service, and to secure continuous improvements.
Board-to-Board	Meetings between the Department of Health and Social Care board members and Manx Care's board members
CAMHS	Child and Adolescent Mental Health Service
CFS	Chronic Fatigue Syndrome
Climate Change Plan	Details the Island's commitment to climate change <sup>1</sup>
CT	Computed tomography – combines a series of x-ray images taken from different angles around the body and uses computer processing to create cross-sectional images
Data Protection Legislation	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
Data Subjects	Refers to any individual person who can be identified, directly or indirectly, via an identifier such as name, an ID number etc
Department	The Department of Health and Social Care
Director of Public Health	The Director of Public Health appointed under Part 1 Section 1(1) of the Local Government Act 1985 <sup>2</sup>
Dispute	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	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	The process and procedures set out in Section 8

<sup>1</sup> <https://www.tynwald.org.im/business/opqp/sittings/20212026/2022-SD-0065.pdf>

<sup>2</sup> [https://legislation.gov.im/cms/images/LEGISLATION/PRINCIPAL/1985/1985-0024/LocalGovernmentAct1985\\_8.pdf](https://legislation.gov.im/cms/images/LEGISLATION/PRINCIPAL/1985/1985-0024/LocalGovernmentAct1985_8.pdf)

DSPT	NHS Data Security and Protection toolkit - an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian's 10 data security standards
ECLO	Eye Clinic Liaison Officer
ED	Emergency Department
Escalation Notice	A notice demanding an in-person meeting involving representatives of the Parties at a senior level of management (or if the Parties agree, of the appropriate strategic business unit or division within such entity) for the purpose of resolving a dispute, controversy or claim
Expedited Dispute Process	The expedited process for the resolution of Disputes set out in Section 8.3
FDS	Faster Diagnosis Standard - patients will receive a diagnosis or all-clear for cancer within 28 days of referral for diagnostic testing
FOI	Freedom of Information
GDPR	General Data Protection Regulation = a regulation in EU law on data protection and privacy in the European Union and the European Economic Area
Government / Government Departments	The Departments Boards and Offices which form the Isle of Man Government
GP	General Practice / Practitioner
Health and Care Transformation Programme	The programme to deliver the 26 recommendations from the Independent Health and Social Care Review <sup>3</sup>
Health and Social Care Ombudsman Body	A service for complaints that have not been resolved by Manx Care or a service provider who delivers health and social care services commissioned by Manx Care
HES	Hospital Eye Service
ICO	Information Commissioners Office – see below
Information Commissioner	The independent supervisory body for the Data Protection Act 2002 and the Unsolicited Communications Regulations 2005
IOMAS	Isle of Man Ambulance Service
IT	Information Technology - Encompasses all forms of technology used to create, store, exchange, and use information in its various forms
JCVI	Joint Committee on Vaccination and Immunisation
Key Performance Indicators	A type of performance measurement used to evaluate success
Mandate	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

<sup>3</sup> <https://www.gov.im/media/1365879/independent-health-and-social-care-review-final-report.pdf>

Mandated Service	A service that Manx Care is required to provide by the Mandate
ME	Myalgic encephalomyelitis – also called chronic fatigue syndrome or ME/CFS
Mandate Development Meeting(s)	Monthly meetings which form part of the Mandate Framework
Mandate Framework	A set of indicators agreed by the Department and Manx Care to monitor the health and social care outcomes of Service Users. Formerly called the Oversight Framework
Manx Care	The organisation providing health and care services as contemplated by the Manx Care Act
MCALS	Manx Care Advice and Liaison Service
MEDS	Manx Emergency Doctor Service
MRI	Magnetic Resonance Imaging – a type of scan that uses strong magnetic fields and radio waves to produce detailed images of the inside of the body
MRSA	Methicillin-Resistant Staphylococcus Aureus
NICE TA	NICE Technology Appraisals - recommendations on the use of new and existing medicines
Our Island Plan	The vision set out by the Isle of Man Government
Outcome	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
Party / Partner / Partners	Either the Department or Manx Care as the context dictates
Patient	An individual to whom, or in relation to whom, a health service or social care service is provided
Performance Technical Group (Meetings)	Meetings between the Department, Manx Care and Public Health regarding progress of any data provision, quality and validation work, and the planned creation, deletion or amendments to Key Performance Indicators
Personal Data	Has the meaning given to it in Article 4(1) of the ANNEX to the Data Protection (Application of GDPR) Order 2018 <sup>4</sup>
Personal Data Breach	A security incident that has affected the confidentiality, integrity or availability of personal data
PHOF	Public Health Outcomes Framework
Primary Care	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
Public Health	Public Health Isle of Man
Quality	Sets of values defined within the Key Performance Indicators

<sup>4</sup> [https://www.tynwald.org.im/links/tls/SD/2018/2018-SD-0143.pdf#search=%22Data%20Protection%20\(Application%20of%20GDPR\)%20Order%202018%22](https://www.tynwald.org.im/links/tls/SD/2018/2018-SD-0143.pdf#search=%22Data%20Protection%20(Application%20of%20GDPR)%20Order%202018%22)

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Indicators	
Reciprocal Health Arrangement	Agreements between countries that cover the cost of medically necessary care
Right of Access	An individual's right to access their personal data under GDPR
SAR	Subject Access Request
Service Level	A defined and agreed metric against which a service is measured by Manx Care and, where required, reported to the Department by Manx Care
Service User	An individual to whom, or in relation to whom, a health service or social care service is provided
Service Specifications	Written guidelines that clarify all of the requirements of the service to be delivered
Service Year	The period which ordinarily starts on the 01 April and ends on 31 March in each year that Mandated Services are provided
Shared Service	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.
SLA	Service Level Agreement - Contract specifying what services one organisation or department will provide to another organisation or department
Special Categories	Under GDPR, special categories of data include race, ethnicity, political views, religion, spiritual or philosophical beliefs, biometric data for ID purposes, health data, sex life data, sexual orientation and genetic data
Third Sector	Organisations which are neither private sector nor public sector
Transformation / Transformation Programme	See Health and Care Transformation Programme
UEIC	Urgent and Emergency Integrated Care – part of the Health and Care Transformation Project
Working Days	Monday to Friday, not including Bank or Public holidays



**Version Control**

<b>Version</b>	<b>Date</b>	<b>Author</b>	<b>Notes</b>
0.1	26/07/2023	Head of Mandate	Use 2023 template as first version, explain position regarding 'carried over' objectives, combine objectives from working draft
0.2	27/07/2023	Head of Mandate	Continue to draft strategic objectives
0.3	31/07/2023	Performance Analyst	KPI information (2.1.4) and new metrics table.
0.4	21/08/2023	Head of Mandate	Continue to develop strategic objectives
0.5	30/08/2023	Head of Mandate	Continue to develop strategic objectives following information received regarding women's health, fostering
0.6	06/09/2023	Head of Mandate	Insert detail around Carers strategy
0.7	06/09/2023	Mandate Performance Manager	Insertion of Table 1
0.8	15/09/2023	Head of Mandate	Informal feedback from Transformation colleagues
0.9	19/09/2023	Head of Mandate	Amend mental health objective
0.10	19/09/2023	Mandate Performance Manager	Revision of Table 1, amendment of workforce objective
0.11	21/09/2023	Mandate Performance Manager	Revision of Table 1
0.12	25/09/2023	Head of Mandate	Redraft objectives - outcome focussed
0.13	04/10/2023	Head of Mandate	Incorporate feedback from Manx Care and Transformation workshop
0.14	17/10/2023	Head of Mandate	Draft Funding Section
0.15	23/10/2023	Mandate Performance Manager	Section 4.4 updated
0.16	25/10/2023	Mandate Team	
0.17	08/12/2023	Mandate Performance Manager	Update of workforce objectives following feedback
0.18	21/12/2023	Head of Mandate	Update metrics following political feedback
0.19	05/01/2024	Head of Mandate	Update metrics table
0.20	17/01/2024	Head of Mandate	Refine wording of Priority 1 vision Amend layout of PCAS objective Foster Carers wording change Add 'compliance' to governance priority
0.21	19/01/2024	Mandate Performance Manager	Amendment of wording of 9.1.1 to allow reference to acts and regulations and additional act included Update to Schedule 1 Additions to Schedule 2
0.22	19/01/2024	Head of Mandate	Insert objective quality assurance Update vision safe and consistent care
0.23	19/01/2024	Mandate Performance Manager	Amendments to table at 2.5 in line with objective wording amendments
0.24	23/01/2024	Mandate Performance Manager	Wording changes for consistency ASC objective placement moved Amendment of wording in sections 2.2.1 and 2.2.2 Additions/amendments to Schedule 2
		Head of Mandate	Minor amendments following feedback
0.25	25/01/2024	Performance Analyst	Amendments to Appendix 1

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		Mandate Performance Manager	Minor amendments to formatting for consistency
0.26	26/01/2024	Mandate Performance Manager Performance Analyst	Addition of objective to Priority 2 for NICE TAs Minor amendments to Appendix 1
0.27	29/01/2024	Head of Mandate	Insertion of Ministers Foreword
0.28	30/01/2024	Performance Analyst Mandate Performance Manager	Minor amendments to Appendix 1 At a glance table moved to Appendix 1, Appendix 1 moved to Appendix 2 Measures of success for all priorities moved into one section at the end of Priority 5.
0.29	02/02/2024	Mandate Performance Manager	Minor amendments to wording for consistency. Additional evidence added to objectives.
0.30	05/02/2024	Head of Mandate Mandate Performance Manager	Definition of terms moved to above the Version control and additional entries added. At a glance table updated to include additional evidence.
0.31	06/02/2024	Performance Analyst	Amendments relevant to metrics.
0.32	07/02/2024	Mandate Performance Manager	Minor amendments following feedback from Strategy and Policy Manager, Policy and Strategy Development Office and Head of Strategic Commissioning. ADHD objective position moved in objective. At a glance table updated.
1.00	08/02/2024	Head of Mandate	Create final version, formatting amends
1.01	13/02/2024	Mandate Performance Manager	Correction of numbering error, small changes to objective names on at a glance table
1.02	20/02/2024	Head of Mandate	Final issue to register following budget debate