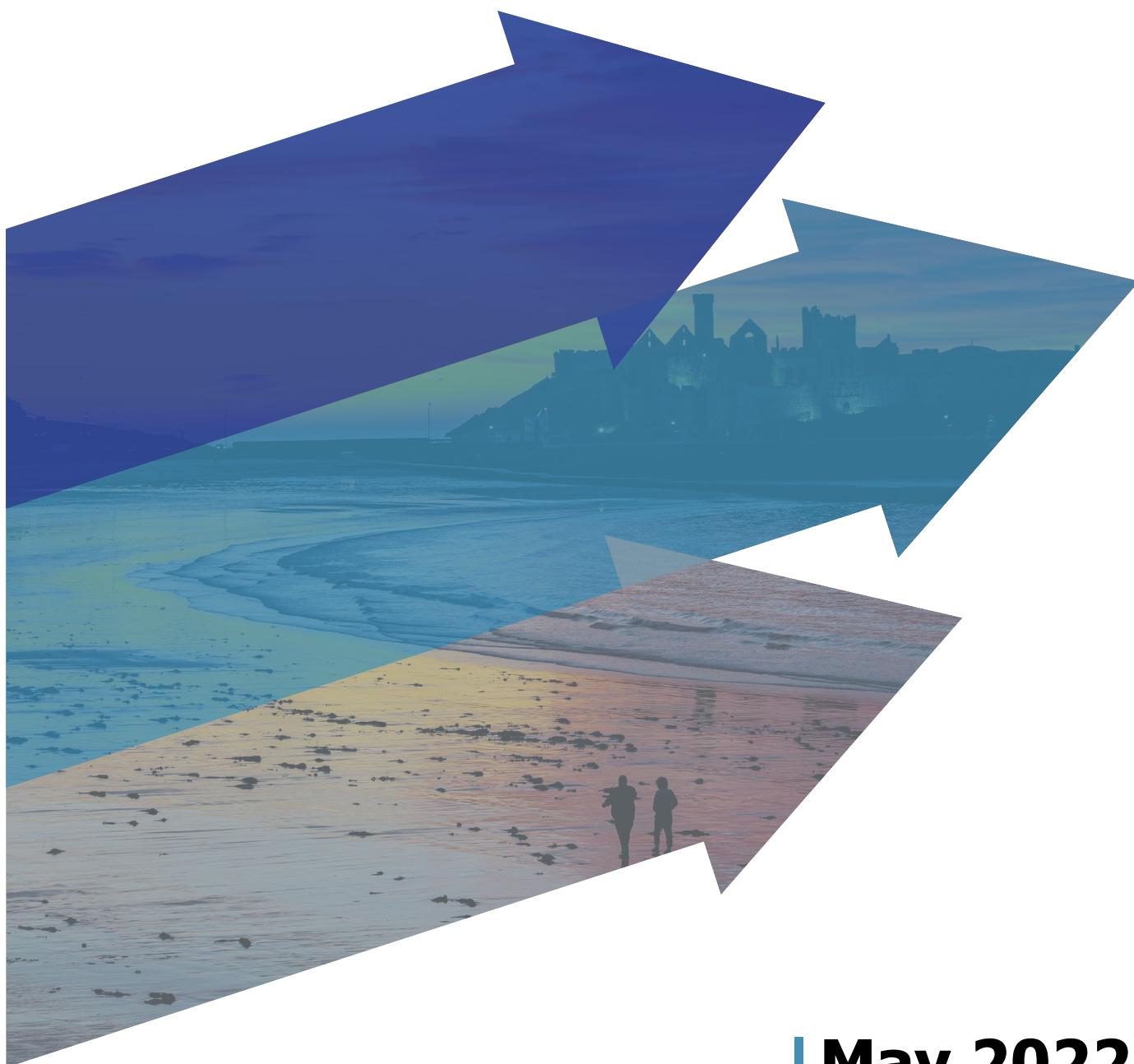


Health and Care Transformation Programme Annual Report 2021-2022



| **May 2022**



Isle of Man
Government

Reiltys Ellan Vannin

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Contents

Introduction by Hon Lawrie Hooper MHK, Minister for Health and Social Care	1
Foreword by Interim Chief Secretary.....	2
Comment by Sir Jonathan Michael, Independent Adviser.....	3
Summary.....	4
Annex 1 Programme and Project Overview – Objectives and Progress	11
Annex 2 Correlation between Sir Jonathan Michael’s Recommendations and the Programme and its Projects	27
Annex 3 Finances	33



Introduction by Hon Lawrie Hooper MHK, Minister for Health and Social Care

To The Hon Laurence David Skelly MLC, President of Tynwald, and the Hon Council and Keys in Tynwald assembled.

I am pleased to provide to Tynwald and the people of the Isle of Man the third annual report of the Health and Care Transformation Programme. This report outlines the progress made towards implementing the package of recommendations set out in Sir Jonathan Michael's Final Report, which were accepted in their entirety by Tynwald in 2019.

Having taken on the role of the Minister for Health and Social Care in October last year, I assumed the Chairmanship of the Health and Care Transformation Political Board during the course of its third year. By this time, the Transformation Programme had put in place the key strategic building blocks needed to enable the broader transformation of our health and care system, notably with the establishment of Manx Care on 1 April 2021.

The past year has seen the Programme continue to work with Manx Care and the redesigned DHSC to support the first year of this new delivery model, and at the same time, the Programme has been looking forward, increasing the focus on service delivery transformation.

Much of the work to date has been behind the scenes but the past year has seen the introduction of a number of changes which will, in time, more directly improve the lives and health and care outcomes of people of the Isle of Man. An example of this is the six-month trial of the Isle of Man's enhanced emergency air bridge that is now underway.

As the Programme progresses, we will start to see a greater impact on people's direct experiences with the health and care system on the Island. For me, we are now entering perhaps the most important part of transformation, as we start to see these improvements on the ground.

Although we all wish to keep fit and well, we are all potential service users of health and care services at some point, if not now, in the future, and so all have an interest in how these operate. I look forward to seeing further noticeable improvements in the care available to the people of the Island as the Programme enters its fourth year.

Listening to service users across health and care and continuing to put the people of the Isle of Man at the centre of everything we do was emphasised by Sir Jonathan in his Final Report and is critical to the successful delivery of the Transformation Programme. There has already been much change that the public has so actively and helpfully engaged with so far, and I would like to encourage this to continue as the Programme continues with its work.

With this, I would like to thank all those who have contributed to, and supported, the Programme to date; I hope that this support, together with further positive changes, will continue during the next year and beyond.

Very best wishes



Hon Lawrie Hooper MHK
Chair, Health and Care Transformation Political Board

Foreword by Interim Chief Secretary

Welcome to the annual report of our Health and Care Transformation Programme.

The Health and Care Transformation Programme, sitting within the Cabinet Office, has continued in its aim to deliver the full package of 26 recommendations set out in the independent health and social care review conducted by Sir Jonathan Michael in 2019, in order to achieve a financially and clinically sustainable, high quality health and care system for the Isle of Man. The two previous annual reports issued by the Programme have detailed the critical work carried out so far across all projects, but in particular, outlined how the Programme laid the foundations for the future, through the creation of Manx Care which went 'live' on 1 April 2021, responsible for the delivery of health and care services, and the establishment of a redesigned DHSC, responsible for policy, strategy, legislation and assurance of delivered services.

As noted, Sir Jonathan Michael set a package of 26 recommendations for us; each of which are important and the Programme will ensure with the entirety of its focus that all are satisfied. Subsequent to the important restructuring steps which have taken place, this year, the Programme has continued to progress against all projects and their associated recommendations, such as enabling a contract between the DHSC and Care Quality Commission (CQC) marking the start of the Island's first comprehensive and systematic external inspection regime for our health and care services, and partnering with Great North Air Ambulance Service (GNAAS) to deliver a Helicopter Emergency Medical Service (HEMS). The 'Undertake Needs Assessment' project has also created an agreed approach and new team to deliver the National Joint Strategic Needs Assessment programme and agreed topics for 2022/23 with the Isle of Man Government's Chief Officer Group (COG), representing all Departments in, as Sir Jonathan required, a full cross-Government approach.

To keep building on this work and continue to work towards the full delivery of all the recommendations of Sir Jonathan Michael's report, a continuous and focused drive on our clear aims and objectives will be needed. The transformation of our health and care services cannot be completed by the Programme working in a silo, and we intend to continue with the successful collaboration across a range of organisations, Government departments, stakeholders and the public, to ensure the Programme completes the challenging tasks set out in the recommendations. The goal of developing a high quality, efficient, sustainable, person-centred health and care services, to be provided as locally as appropriate, is at the very heart of Sir Jonathan Michael's report and we will continue to work together to achieve this collective aim.

I would like to take this opportunity to pay recognition to all of the staff and colleagues, partners, stakeholders and the public who have worked hard for and engaged with the Programme to date – I hope this continues in the future.

For now, I hope you find this report valuable.

Best wishes



Caldric Randall
Interim Chief Secretary

Comment by Sir Jonathan Michael, Independent Adviser

I am delighted to be able to comment on this third annual report of the Isle of Man's Health and Care Transformation Programme.

The 2019 decision by the Government and Tynwald to endorse my Final Report and accept the package of 26 recommendations was both brave and seminal. That decision committed the Government to a radical and fundamental transformation of the Island's health and care system. This Programme was never going to be easy or quick and would require the establishment of new organisations, new ways of working and a change in behaviour and culture across all services. Importantly, it also required a greater degree of collaborative working across and between Government departments, Manx Care and the private charitable and voluntary sectors; all of which were essential components of a complex system. This collaborative approach will be important as the Transformation Programme and its partners across the system continue to deliver all the inter-related recommendations in the Final Report.

I am delighted that progress continues to be made. The establishment of Manx Care and its subsequent bedding down as an arms-length delivery organisation has progressed well, although resolution to some of the real challenges faced will take time. The start of the emergency helicopter air bridge will offer game changing opportunities to improve the care and outcome for the sickest patients. The support of the Care Quality Commission will provide the public service users and service providers with reassurance as to where services are working well and guidance where improvement is needed. The successful delivery of high-quality health and care services is dependent on a skilled and dedicated workforce. Effective modelling, recruitment and retention of the workforce is essential for the Isle of Man to attract and retain the best staff. There is more to be done in this regard.

Last autumn I provided the new administration with a progress report on the Transformation Programme, in which I referenced the many areas where good progress was evident, but also identified those areas where more effort or a different approach was needed. I am pleased that some progress is being made with these difficult issues; however, both an effective Primary Care at Scale system and the Manx Care Record need more work in order to deliver the longer-term transformation, to which both are essential components. The successful delivery of the vision contained in my Final Report will continue to require time and proper resourcing, together with the continued engagement of the dedicated staff across all sectors of the services and the Transformation Programme itself. It will also require the continued support and commitment of Government and Tynwald.

I am, however, pleased to see the continued progress against my recommendations contained within this report.



Jonathan Michael
Independent Adviser to the Health and Care Transformation Programme and author of the Final Report of the Independent Review of the Isle of Man Health and Social Care System

Summary

Background:

The Health and Care Transformation Programme ("the Programme") has continued to implement the recommendations set out in Sir Jonathan Michael's Independent Review of the Isle of Man Health and Social Care System Final Report ("the Report")¹, which were accepted in full by Tynwald. The Cabinet Office, Treasury and DHSC were subsequently collectively mandated to complete the work necessary to implement the recommendations in full. In accordance with the Report, the Programme remains within the Cabinet Office and reports directly to the Chief Secretary.

The first year of the Programme was focused on setting up the appropriate governance for the Programme and establishing the respective individual projects, along with laying the foundations for the intended structural changes to the health and care system required in the second year.

The second year of the Programme saw the establishment of the Island's new health and care system, with Public Health based in the Cabinet Office from April 2020 (enabling its advice and guidance to reach across Government), Manx Care, the new public service organisation working at arm's length from the redesigned DHSC, the rest of Government and from Tynwald (responsible for the delivery of health and care services) following a period of shadow form, and the DHSC (responsible for policy, strategy, legislation and assurance) from April 2021. The separation of policy from the delivery of care brings a transformative shift in the structures around care. This restructure and work in other areas of the Programme paved the way for increased focus on service delivery in order to more directly improve the ways that the Island's health and care services are provided, which has been a focus for the Programme over the past year.

Details on the purpose of and progress made by each project since the last annual report, as well as key deliverables for the next 12 months, are included at Annex 1, with the correlation between Sir Jonathan's recommendations and the Programme and its projects included at Annex 2.

Whilst there remains significant work to do, which is often complex and necessarily phased, the section below identifies many areas of progress made by the projects in the past year. We believe that some very significant and valuable achievements have been made, which should be acknowledged.

Programme progress – June 2021 to April 2022:

The work of the External Quality Regulation project has taken a significant step towards delivering on a key recommendation of the Report². The project has enabled a formal agreement between England's Care Quality Commission (CQC) and the Island's DHSC to develop a system of independent inspections of Manx Care (delivered or contracted) services and to undertake baseline inspections of a broad range of health and care services. This will provide assurance to Government and the public about the standards and quality of those services, and highlight good practice and any areas that could be further improved. As this is the first time that this broad systemic approach to inspection of services has occurred on the Island, pilot inspections to enable testing, feedback and amendment have also been completed, with further pilots planned, ahead of

¹ Link to Sir Jonathan Michael's Final Report: <https://www.gov.im/media/1365879/independent-health-and-social-care-review-final-report.pdf>

² Recommendation 3 of Sir Jonathan Michael's Final Report – *Services provided directly or indirectly by Manx Care should be inspected regularly by independent, external quality regulators, with a report to the Manx Care Board and to the DHSC.*

the inspection of all services within CQC's contract within the 2022/23 financial year.

However, CQC are not qualified to inspect all the services delivered or commissioned by Manx Care and, as a result, to ensure comprehensive arrangements, other inspection providers are sought. As such, the project has explored options for these areas and agreed an approach in order to secure arrangements with suitable providers, so that inspections can be carried out across Manx Care by April 2023.

The establishment of the new Helicopter Emergency Medical Service (HEMS), achieved by the [Air Bridge](#) project tasked with delivering Recommendation 13³ represents a significant landmark achievement for the Island and its future delivery of health and care, particularly for those who have suffered significant trauma or serious illness. Further to Great North Air Ambulance Service (GNAAS) entering into contract with Manx Care to deliver services, a trial commenced in March 2022 for a period of six months. The HEMS will enable critically ill patients to benefit from flexible and reactive transfer times to trauma or other specialist centres in the North West of England, in addition to the expert skills and knowledge of the GNAAS specialist doctor and paramedic teams who are highly experienced in the delivery of pre-hospital trauma care. This will enable the most critically ill patients to receive the best care as soon as possible. Sir Jonathan noted in his recent Review Report⁴ that one of the long-standing challenges for the Island has been how best to care for those patients who need urgent specialist treatment that cannot or is not most appropriate to be provided on the Island. As such, the introduction of the HEMS is a significant advancement. During the trial, careful monitoring and consideration will be given to determine how successful the service is and to enable decisions to be made about its continuation and further opportunities to use this new service more widely within appropriate health service delivery.

Significant headway has also been made by the [Undertake Needs Assessment](#) project. This project is tasked with building an evidenced-based understanding of the current and future health and care needs on the Isle of Man, as part of a wider assessment of the needs of our population, to enable the health and care system to plan services that meet the needs of the people for the future. The team to lead the National Joint Strategic Needs Assessment programme is now fully resourced and has developed the detailed process to fulfil its purpose. The topics to be addressed will be prioritised based on what the Isle of Man needs, and the output of the reviews will inform policy and strategy decisions across Government. Led by Public Health, this process is undertaken with Chief Officers representing all parts of Government (acting as the Strategy Board), who have been charged with the responsibility for collaboration and, significantly, delivery of the assessments. Two important areas for examination have been determined (Ageing Well and Starting Well/Developing Well) for 2022/23 and agreed by the Strategy Board. These chapters, topping and tailing the life's course, were chosen due to the detrimental effects poor experience in either of these two critical aspects can have across the population, with the consequential impact across society.

Another critical topic has also been progressed by the Programme during the year through the [Nursing and Residential Care](#) workstream, to identify a range of potential options for a financially sustainable solution that is equitable and offers appropriate availability of care. This work strand is supported jointly by the Care Pathways and Service Delivery Transformation and New Funding Arrangements projects and considers both the service and funding models for nursing and residential care, and the important element of home care as a viable alternative option to manage demand on care homes, to ensure that the provision of this care is sustainable for the future. The team is looking at examples of successful practice to help improve models of care, enable

people to be independent for longer and make care more affordable in the long term, requiring a balance between affordability for the user/families and the tax payer. Building on previous work, the team is exploring funding options to ensure nursing and residential care is adequately funded, financially sustainable and satisfies future demand alongside any changes to service provision. The workstream intends to launch wide consultation and work closely with senior Government stakeholders, politicians, third sector and external specialists, to ensure this important topic is thoroughly and comprehensively progressed, ensuring a sound and sustainable approach for the Island and those who need such services in the future.

In addition to undertaking modelling for enhanced home care, nursing and residential care to inform options and potential solutions to this complex and wide-ranging need, progress has been made by the [New Funding Arrangements](#) project on other strands of works, all geared towards achieving a health and care system that plans for the future, is affordable, financially sustainable, and delivered to an agreed set of standards, contracts and mandate. The project has continued to progress work on the five year financial forecast for the system to inform the future health and care funding model. Work has also progressed on development of the dynamic funding model to aid the examination of potential service changes and future costs (increases and decreases) over the next five years. Covering the entirety of the health and care system, this model will help determine the financial baseline of health and care today and will be maintained and used going forwards to capture the impact of potential or agreed changes within service delivery.

The Programme's work around Information and Digital has been separated into three projects – [Data/Business Intelligence](#), [Information Governance](#) and the digital aspect, primarily the [Manx Care Record](#) – with the aim of improving management, reducing delays and increasing the ability to deliver the significant work required in this area. The creation of the Manx Care Record – envisaged to be an overarching and integrated digital care record that provides relevant staff across health and care with access to key data to facilitate the efficient delivery of care and enable the provision of higher quality services – has made some progress during the year. This was achieved through an independent and evidence led options appraisal and clear next steps in order to help guide the definition of detailed requirements (and therefore specification) and then, subject to approvals, proceed with a procurement and progression to contract award.

A step change has been made in the comprehensive delivery of clinical coding in secondary care. The procurement for a design for a new data warehouse to improve access to data and its availability has also commenced, and the completion of an initial core data set. Both of these are key components to the effective planning, running and management of services.

In relation to Information Governance, some progress has been made towards reaching the relevant recommendation⁵ through supporting the development of key documentation for DHSC, Public Health and Manx Care, as well as a comprehensive analysis and detailed recommendations report.

This recommendations report focuses on the current position and areas for action, in order to inform the approach to improvement and full compliance with all aspects of Information Governance across the health and care system. With this, and with the separation of the projects, the Programme has also undertaken the revisions of project plans and resource models to ensure suitable capacity to deliver each of the three projects together with advisory groups to help guide the development and delivery of each aspect.

The [Care Pathways and Service Delivery](#) project has made progress in the second half of the year, with significant work undertaken to deliver strategic business cases for Urgent and Emergency

³ Recommendation 13 of Sir Jonathan Michael's Final Report – *Manx Care should deliver an enhanced 24/7 emergency air bridge, allowing for patients to be stabilised locally and moved quickly and safely to contracted specialist centres.*

⁴ Link to Sir Jonathan Michael's Review Report: <https://www.tynwald.org.im/business/opqp/sittings/20212026/2021-GD-0087a.pdf>

⁵ Recommendation 21 of Sir Jonathan Michael's Final Report – *Ensure data sharing protocols and arrangements are reviewed, agreed and implemented in accordance with the Information Commissioner's regulations and guidance.*

Integrated Care (UEIC), Eye Care, Diabetic Retinopathy Screening (DRS), Abdominal Aortic Aneurism (AAA) screening and for a number of cancer tumour sites. These strategic business cases outline the proposed high level new or revised care pathway and service models for the Island and the indicative costs and benefits in order for more detailed work to be undertaken, if approved, to fully cost and plan the implementation for final approval. The project has also delivered a findings report on an initial surgery focused service sustainability review, to help inform the important and fundamental considerations of the most appropriate means of delivering services in the future.

This progress has followed a delay due to a lack of sufficient suitably qualified available resources working on the project (appointment of external consultants and the availability of key skills in the internal team both now resolved), the need to deliver more detailed analysis than originally expected and, to a lesser extent, the availability for the engagement of stakeholders across the system. However, whilst some of these pressures are outside the control of the project (e.g. COVID-19 related staff shortages and clinical emergencies), those aspects referenced in Sir Jonathan Michael's Review Report that can be influenced, have been addressed through senior practitioners working on the project, contract terms for external support and planning that takes into account clinical rotas etc. These are actively monitored to ensure continued progress.

The [Primary Care at Scale](#)⁶ project, which aims to implement a way of working that connects all elements of primary care to facilitate joint delivery, has progressed two key elements over the past year. Firstly, the future Model of Care (i.e. how service users will be supported differently in Primary Care) and secondly, the future Primary Care at Scale Operating Model (i.e. how the system will operate differently within and between Manx Care and Primary Care organisations) to deliver this new model of care. Although the full transformation of the Primary Care system will require several years to deliver, the team have been, and will continue to work towards, delivering immediate improvements for service users. There have been complications to delivery over the past year, such as with the planned prototypes (allowing Dermatology and Physiotherapy services to be provided within GP surgeries) which have, regrettably, been delayed due to the need to improve information governance standards of compliance mitigations. This has been prioritised within the Programme to be addressed with Manx Care and others.

The Primary Care at Scale project has also updated the baseline Primary Care at Scale Strategy⁷. This strategy provides a roadmap to delivery, including how Primary Care organisations will work collaboratively with Manx Care to provide integrated joined-up care for its service users. It will support the delivery of the overall Primary Care vision: to help people manage their health needs to live healthy, happy lives and deliver care at the right time, in the right place and in the most appropriate way.

In response to Sir Jonathan's Review Report, the Primary Care Network (PCN) (of GPs) has undertaken consideration of its governance plans and the project continues to work with the PCN, and other areas of Primary Care, to ensure that there is alignment within and between those organisations and Manx Care.

Following the successful delivery of the Manx Care Act 2021, the [Improve Legislative Framework](#) project continues to progress the modernisation of legislation required by the Report. The project has worked with DHSC to deliver and publicly consult⁸ on a number of sets of interim

Complaints Regulations to deliver reform in that area ahead of the National Health and Care Service ("Reform") Bill. The work on those Regulations identified a need for a bespoke Bill (Manx Care (Amendment) Bill 2022), which the project has developed with DHSC and the Attorney General's Chambers. The project has made progress on the policy development for several aspects of the Reform Bill during the year but this has been slower due to the requirements of the interim Complaints Regulations and resource limitations within the project and DHSC. Once the interim Complaints Regulations and Manx Care (Amendment) Bill are delivered, the project will focus on the Reform Bill as the crucial piece of modernising legislation. The project also supports projects across the Programme that discover missing legal enablers required to modernise and improve current service provision.

Following the [Governance and Accountability](#) project's delivery of the corporate governance and proposed clinical and care governance framework during the last year, activity during this year has focused on supporting Manx Care with their roadmap for Clinical and Care Governance, which they have made significant progress towards delivering against. The project and Manx Care are finalising the areas of support needed and ongoing reporting requirements in order to ensure the recommendation is delivered in full.

The [Workforce and Culture](#) project has made significant strides over the past 12 months, firstly embarking on an initial fact-finding phase, which was crucial to understand the current situation for Manx Care in terms of its structure, processes, people and culture. This has informed the project's approach to the priorities and engagement with Manx Care staff over the past year. A significant focus for the project has been relating to retention of staff through improving staff morale, satisfaction and motivation, with activities including, but not limited to, wellbeing initiatives, staff surveys and a review of the current appraisal system/process. Building on the work undertaken in the first year and equipped with the knowledge gained, workforce planning will be the focal point next year as the project seeks to ensure Manx Care has the right staffing levels for the future, as well as ensuring the service can recruit and retain high quality individuals.

Finally, the [Transformation Programme Management Office \(TPMO\)](#), with its focus on leading the cross cutting workstreams and the overarching governance and reporting of the Programme, has continued in its role as the central coordinator for the Programme. In addition, the Transformation Change Leadership Course, led by the Programme's Independent Clinical/Professional Adviser, commenced in October 2021. This represents the first education and training course for health, social and third sector professionals on the Isle of Man, with the specific aim of supporting the development of skills and competencies in transformational change leadership. Bespoke to the Isle of Man, this course is designed to equip cohorts of health and care professionals on the Island to be able to innovate, enable change, and help create new types of interdisciplinary collaboration for developing new ways of working and improve outcomes for patients and service users of services in the longer term and consist with the aims of the Programme. Thus far, the course is running successfully and several positive testimonials have been received. The current cohort of participants complete the course in June 2022. A review will be undertaken of the course and if ultimately considered successful, this could become an enduring programme with an approach of continuing development to enable an ever-increasing number of participants, in turn, benefiting service users in the medium and long-term.

Challenges:

There have been some challenges throughout the year, which have affected the progress of the Programme to varying degrees. The impact of COVID-19 has continued to be felt, limiting - with good reason - the availability of our access to stakeholders and those whose input we require to progress the transformation of services. In particular, other pressures on clinical and managerial staff have impacted the Care Pathways and Service Delivery Transformation project in particular.

⁶ Recommendation 15 of Sir Jonathan Michael's Final Report – *The Isle of Man should establish a model for delivering primary care at scale, since further and deeper collaboration within primary care is necessary to deliver current services and provide additional local services, lists the benefits of this approach*

⁷ Link to Primary Care at Scale Strategy (February 2022): <https://www.gov.im/media/1376415/primary-care-at-scale-detailed-strategy-feb-22.pdf> - this revised iteration of the detailed Strategy for Primary Care At Scale was approved by the Transformation Board in March

⁸ Link to Consultation report on Interim Complaints Regulations: <https://consult.gov.im/health-and-social-care/consultation-on-short-term-changes-by-regulation/>

The pandemic also placed extra burden on our colleagues in the DHSC, the Attorney General's Chambers and in particular Manx Care, limiting the extent to which they were able to provide input into transformational work. While these challenges remain, as a Programme are doing all we can to work in different ways to ensure we capture the critical input necessary to deliver, working with colleagues wherever possible and available.

The Programme also experienced unforeseen delays in securing a number of resources critical to the progression of the Programme, which effectively meant that a number of projects within the Programme were working without – or with reduced – much-needed expert input for around six months. Notwithstanding that, the most significant resource shortages have been addressed and the teams are working very hard to expedite work to ensure the impact of any lost time is greatly reduced where possible.

It is important to note that the Programme's work, and the rate at which it is able to progress, is also dependent, in a significant way, on collaborative working with partners across Government and other stakeholders. The Programme recognises that the impact of volume and pace of change across the health and care system is a risk that requires management throughout the lifespan of the Programme. However, the Programme will continue to work hard with our partners across Government and beyond to address this balance, working in different ways as required to optimise the ability for this critical input to be secured.

Next 12 Months:

The Programme's ultimate aim is to deliver the full package of 26 recommendations made by Sir Jonathan Michael in order to help achieve a high quality health and care service that is clinically and financially sustainable. All 26 recommendations are of equal importance and each are being progressed at the fastest pace possible within the inevitable constraints that exist. That being said, some of the recommendations have been – and continue to be – more challenging than others to address, in large part due to the deep-seated, complex nature of the issues under review. The Programme will continue to progress the longer-term work, particularly the transformation of the delivery of services within the health and care system. The Programme will also continue to work collaboratively with Manx Care and the DHSC towards the common aim of delivering true transformation of the health and care services on the Island.

Careful consideration has been given to the future of the projects currently sitting in the Programme, by the Programme, the project teams and their nominated representatives (senior officers in Manx Care, DHSC, Public Health and/or Treasury as appropriate for each project) towards the medium to long term position of those projects as most should be transferred to the appropriate Departments at an appropriate agreed point. The Programme, being transitory by its nature, will continue to monitor, agree and appropriately plan the relevant stage at which projects should be transferred and embedded by a permanent organisation or closed. As such, the makeup of the Programme is likely to look different in the next year.

Whilst much work has been completed to date across all projects despite the challenges faced by the Programme and those with which it works closely, there is clearly much more work to do to ensure Sir Jonathan's recommendations are addressed in their entirety, which remains the Programme's sole objective. Sir Jonathan's earlier-referenced Review Report provided a useful reminder for areas where the Programme should work differently or harder and, as a Programme, we are keen to push forward with even more determination in the next year as we move to implementation and making tangible changes across the health and care system.

A detailed view of the milestones for the Programme – the 'Plan-on-a-Page' (POAP)⁹ – is being

maintained on our website, and the current version is included in Annex 1. These milestones demonstrate the Programme's overall aims, however, it is important to recognise that it is likely that we will continue to uncover further challenges to overcome as detailed work is underway and new information comes to light, which may then impact both how, and by when, we ultimately deliver against each of the milestones, given the complex and wide ranging nature of this transformational work. The POAP also indicates the intended timing for the projects that are appropriate to close or transfer to their longer term responsible organisations, given that the Transformation Programme is temporary, with a very clear set of purposes. For the other projects, an appropriate closure or transfer date is not currently identifiable due to either the position of the project or having multiple longer term responsible organisations, and so the Programme will keep their closure/transfer under review.

Comprehensive transformation of health and care is a long term ambition and the ongoing continuous improvement of care and evolution of the health and care system will continue long past the duration of the Programme, whose focus is to deliver on the Report's recommendations and enable the health and care system to continue toward the vision.

The Programme will continue to provide an annual report to Tynwald to report on that progress.

⁹ Link to April/May Plan on a Page ('POAP'): <https://www.gov.im/media/1376356/plan-on-a-page-april-may-2022.pdf>

Annex 1 Programme and Project Overview – Objectives and Progress

This section provides a brief overview of each project, progress made since the last annual report (therefore, progress covering June 2021 to April 2022 inclusive) and a summary of the key deliverables for the next reporting period. Annual reports have been produced for the previous two years, identifying progress made by the projects over the respective years, available on our website¹⁰ and high level milestones for the longer term goals are outlined in the POAP on our website.

Since the previous annual report, which reported 10 projects, there are now 12 projects. This is due to the Information and Digital project separating into three projects with the aim of improving its management, reducing delays and increasing the ability to deliver the significant work required in this area. This split was agreed by the Transformation Board in October 2021¹¹, and resulted in the following three projects - Data/Business Intelligence, Manx Care Record and Information Governance, considered below. Furthermore, the work around Nursing and Residential care, though not a project in itself, is included below.

1. Programme and Project Overview

1.1 Improve Legislative Framework

Purpose:

The project will address the gaps in the law as needed to underpin a safe and responsible health and care service for the Isle of Man, as highlighted in the Report. This project will determine the need for new or amended legislation, and work with the relevant stakeholders to take forward its introduction into statute. With an incremental approach to developing the revised legislative framework, the project was split into three parts:

Part 1: The Manx Care Act 2021 came into force in its entirety on 1 April 2021, establishing Manx Care and implementing some of the high-level recommendations within the Report, including a duty of candour and a duty to share information. Additionally, secondary legislation was prepared and laid before/approved by Tynwald as required to enable the establishment of Manx Care.

Part 2: A framework National Health and Social Care Services (NHSCS Reform) Bill will be the main piece of legislation for the Island's national health and care service, consolidating the National Health Service Act 2001, National Health and Social Care Act 2016 and Social Services Act 2011 and updating a number of other pieces of legislation. The project will deliver this Bill and subsequent pieces of secondary legislation to create a modern framework that can be more readily kept up to date.

Complaints Regulations: In April 2021, the Department of Health and Social Care was required by Tynwald to review its Complaints Regulations. The Department was asked to include a clear procedure for handling complaints at the local resolution stage (where the service was provided) and at the independent review stage. The Transformation Programme is supporting the Department with these interim Complaints Regulations alongside Part 2 of the Project.

¹⁰ Health and Care Transformation Programme Annual Report 19-20 - <https://www.gov.im/media/1369727/health-and-care-transformation-annual-report-19-20.pdf>; and

Health and Care Transformation Programme Annual Report 20-21 - <https://www.gov.im/media/1373836/health-and-care-transformation-annual-report-20-21.pdf>

¹¹ Extract of Proceedings of the meeting of the Health and Care Transformation Board on Wednesday 6 October 2021 - <https://www.gov.im/media/1375056/extract-of-proceeding-hct-board-6-october-2021.pdf>

Part 3: The remaining legislative changes identified as gaps by the Report will be addressed separately, either after or alongside Parts 1 and 2, along with any other new areas identified as required through the wider work of the Programme not otherwise enabled prior to this phase.

Progress June 2021 to April 2022:

- Completed review of the Complaints Regulations
- Public consultation on Complaints Regulations undertaken¹²
- Eight sets of Complaints Regulations prepared and amended following public consultation
- Manx Care (Amendment) Bill drafted to provide vires required for the Complaints Regulations ahead of the NHSCS Reform Bill
- Ongoing development of the NHSCS Reform Bill

Aims May 2022 to April 2023:

- Deliver interim Manx Care (Amendment) Bill and Complaints Regulations
- Finalise revised timescales for NHSCS Reform Bill following impact of interim Complaints Regulations and identification of DHSC subject matter expert policy leads and project resources
- Continued development of the NHSCS Reform Bill
- Continue to review legislative requirements arising from other Transformation projects and undertake assessment of any legislative changes

1.2 New Funding Arrangements

Purpose:

The purpose of this project is to deliver a future funding model that supports increased demands, is linked to achievement of efficiency targets, enables future planning, offers value for money, and is affordable and financially sustainable. The development of the funding model for the Nursing and Residential Care work is also being delivered by this project in conjunction with the Care Pathways and Service Delivery Transformation project.

To deliver on the recommendations in the Report, the Project is split into the following five work strands:

1. System Wide Efficiencies
2. New Funding Formula
3. System Funding Model
4. Activity Based Costing
5. Management Information

Progress June 2021 to April 2022:

- Completed infrastructure changes in relation to training following establishment of Manx Care
- Development of models for the 2022/23 and beyond budget setting process for DHSC and Manx Care
- Finalisation of dynamic funding model to enable the monitoring and planning of services, costs and efficiencies
- Continuation of work on the five year financial forecast for the system with Treasury to inform future funding model
- Detailed modelling and analysis around the financial options for home, nursing and residential care, including high-level review of the incentives and disincentives within Social Care benefits system

¹² Link to Consultation report on Interim Complaints Regulations: <https://consult.gov.im/health-and-social-care/consultation-on-short-term-changes-by-regulation/>

- High level design of governance requirements for the proposed 3-5 year funding formula approach now drafted and ready for stakeholder review in the months ahead
- Progressed the initial benchmarking of current Manx Care productivity metrics report drafted for stakeholder review

Aims May 2022 to April 2023:

- High-level review of the incentives and disincentives within GP contracting
- Complete high-level business case for preferred funding formula
- Formal hand over of dynamic system model
- Summary report outlining proposed framework and roadmap for development of a long term systematic approach to activity-based costing for acute and non-acute settings
- Summary report outlining proposed framework for management information
- Further to the modelling and analysis completed, produce option recommendations around home, nursing and residential care
- Patient level costing reporting framework defined
- Interrogate financial aspects of service transformation to ensure full costings/savings and benefits defined, monitored and delivered (or otherwise)
- Proposed management information reporting framework
- Establish activity based costing to improve financial visibility

1.3 Care Pathways and Service Delivery Transformation

Purpose:

The purpose of this project is to deliver evidence based, integrated care pathways. For each pathway that we have been asked to review, we look at the current service, what change could be made to improve it (in line with international best practice but recognising the Manx context), what the costs and practical implications of the proposed changes will be for review and initial approval, before moving into more detailed design and implementation planning. It is inevitable that the introduction of such changes will not always be quick or at no cost, but it will help ensure that the services provided are both clinically and financially sustainable, in line with the manner intended in the Report. The project will also establish how and where services should or must be provided to best support patient safety and quality of care. This will be determined against defined standards through a service by service review. The aim is to ensure that the most appropriate (clinically, operationally and financially) health and care services are provided in the most appropriate setting and by the most appropriate person at the most appropriate time, in a sustainable way, in line with the manner intended in the Report.

Progress June 2021 to April 2022:

- Revised strategic business cases for new care pathways for Eye Care and UEIC supported by Transformation Board
- AAA and DRS Screening Business cases drafted in partnership with Public Health and Manx Care to support Prevention and Healthy Lifestyles - submitted to DHSC for consideration prior to Transformation Board
- Methodology for Service Sustainability Reviews (SSRs) designed, approved, and implemented for surgical services
- Supported the work around Nursing and Residential Care submitting initial service changes to inform options paper (together with financial options and modelling)
- Continuation of a pilot of a Minor Eye Conditions Service (with the Primary Care at Scale project), linked to Eye Care business case outcomes
- Business cases for three cancer tumour site specific care pathway (Skin, Upper and Lower GI) drafted and submitted for review prior to Transformation Board approval
- Commenced development of pathways, and subsequent business cases for further

- cancer tumour sites
- Business case for Children and Young People with Continuing Care Needs (CYPCCN) drafted and submitted for review prior to Transformation Board

Aims May 2022 to April 2023:

- Continuation of the work on Early Identification and Intervention (EII) (DRS and AAA are both screening business cases that form part of EII)
- CYPCCN Business Case approved for implementation
- Skin, Upper and Lower GI Cancer Tumour Site business cases approved for implementation
- Remaining nine Cancer Tumour Sites pathways to be proposed with business cases and implementation plans
- Enabling implementation of business cases by Manx Care, with Eye Care expected to be well advanced
- Continued work around SSRs, working closely with Manx Care as the findings of this work are studied and next steps considered/explored
- Develop implementation plans for further pathways (Diabetes, Cardiology, Stroke, next phase of UEIC) subject to Manx Care's prioritisation

1.4 Establish and Embed Governance and Accountability Framework

Purpose:

The purpose of this project is to create a clear and systematic governance and accountability framework, covering the DHSC, Manx Care and associated functions. The outstanding responsibility of this project, following the restructure of the health and care system, is to ensure a clinical and care governance framework is established in line with the Report, which in turn has responsibility to the Manx Care Board.

Progress June 2021 to April 2022:

- Continued working with Manx Care following finalisation of Manx Care's Governance roadmap, the delivery against which has made significant progress in recent months on a range of aspects¹³
- Progressed mandatory training elements of the roadmap through Workforce and Culture project
- Enabled appointment to some interim roles that are key for clinical and care governance

Aims for the next 12 months:

- Finalise approach (with Manx Care) and then enable and ensure the establishment and embedding of a clinical and care governance framework aligned with the Report
- It is anticipated that this project will transfer to Manx Care during the next 12 months, subject to confirmed availability of resources and supporting implementation plans

1.5 Undertake Needs Assessment

Purpose:

The objective of the Undertake Needs Assessment project is to look at the process for conducting a programme of health and care needs assessments which will review the current and future health and wellbeing needs of the local population, to inform and guide the planning, mandating and delivery of health, wellbeing and social care services.

Progress June 2021 to April 2022:

¹³ Link to Quality Governance Development Roadmap 10 Point Plan - Summary Status Report (dated 1 March 2022): <https://www.gov.im/media/1376052/board-papers-050422-public-compressed.pdf#page=18>

- Established team to lead the National Joint Strategic Needs Assessment programme
- Developed the detailed process and established an annual cycle for the National Joint Strategic Needs Assessment programme
- Held scoping workshops with expert stakeholders, and reviews with research and data analysts to determine the viability of suggested topics
- Established Chief Officers Group (COG) as the Strategy Board for the National Joint Strategic Needs Assessment programme and agreed Terms of Reference
- Prioritisation of chapters completed and agreed with COG, with chapters for progression in the next two years chosen
- National Joint Strategic Needs Assessment Programme launched

Aims May 2022 to April 2023:

- Complete preparation for full roll-out, including education, support and engagement across and outside of Government
- Deliver on the topics for 2022/23 as defined with COG:
 - o **Starting Well / Developing Well** - main focus on adverse childhood experiences with additional pieces of work on Breastfeeding, Childhood Healthy Weight, Smoking in Pregnancy, Infant Mortality, Unintentional Childhood Injuries
 - o **Ageing Well** – Staying Healthy for longer, Maintaining Independence, Being Part of a Community, Additional Challenges
- Continued collaboration with the Nursing and Residential Care workstream, as well as Primary Care at Scale's Population Health Management
- Project is to formally transfer over to Public Health as its long term owner (reporting back and continuing to work with the Transformation Programme)

1.6 Data/Business Intelligence

Purpose:

This project will develop the systematic and accurate capture of information in a core data set as part of the wider Business Intelligence team in Manx Care. This will hold all data held by Manx Care to aid efficiency, automation, reporting and, by extension, informed decision making. The project has started work with a new partner, bringing a strategic solution to clinical coding – where information collected about patients during hospital appointments, time on the wards and surgical procedures is translated into a widely recognised coding system.

The project is responsible for delivery of:

- Recommendation 23 (core data set) and 24 (systematic and accurate capture)
- Information Strategy
- New Clinical Coding regime (Transformation Programme funded) and ongoing clinical coding (Manx Care funded)

Other ongoing work includes establishing:

- Integrated Performance Report Metrics for Manx Care reporting internally and to DHSC against the Mandate
- Current Pathfinder Metrics, i.e. metrics to support cancer request
- CQC Metrics for external inspections

Progress June 2021 to April 2022:

- Delivered initial Manx Care core data set
- Published data dictionary for data set v1.0
- Planned approach to and content of core data set v2.0
- Procurement of Clinical coding (acute) delivery partner
- Commenced strategic delivery of coding and data improvement (clinical coding)

- Successfully delivered data sets for various aspects of the Transformation Programme
- Completed specification for procurement of Data Warehouse design and delivery

Aims May 2022 to April 2023:

- Address data requirements for aspects of the Transformation Programme, including the Care Pathways and Service Delivery Transformation and Needs Assessment projects, as well as CQC
- Approve recommended solution data warehouse and commence delivery
- Make available Health Outcome Framework (HOF) Reporting
- Establish the core data set (v2.0) and publish data dictionary
- Project is to formally transfer over to Manx Care as its long term owner (reporting back and continuing to work with the Transformation Programme)

1.7 Manx Care Record

Purpose:

This project aims to implement the Manx Care Record (MCR), an overarching digital care record that provides appropriate staff from all parts of health and care with access to key data from each relevant system used in the delivery of care. This will improve efficiency and enable the provision of higher quality services, and the vision embodied in Sir Jonathan's Report is not possible without timely and accurate clinical data; thus, it is imperative that a solution is found.

Progress June 2021 to April 2022:

- Completed high level aims for the Manx Care Record and published prior information notice to inform considerations
- Established the Manx Care Record Advisory Board to help inform and guide the work of the project
- Procured and delivered a detailed independent options appraisal following engagement and research, based on global experience and expertise

Aims May 2022 to April 2023:

- Develop outline business case, funding approach and output based specification for approval
- Undertake procurement (subject to approvals) to award contract
- Upon awarding of contract, the intention is for this project to formally transfer over to Manx Care as its long term owner (reporting back and continuing to work with the Transformation Programme)

1.8 Information Governance

Purpose:

This project aims to achieve data sharing protocols and arrangements (recommendation 21) through ensuring the ability to achieve GDPR compliance for Manx Care, the DHSC and the Public Health Directorate, and secure the foundations for a sustainable information governance framework.

Progress June 2021 to April 2022:

- Information Governance Advisory Board established
- Supported significant progress towards completion of GDPR activity in DHSC, Public Health and part of Manx Care
- Completed detailed findings report on information governance and data protection compliance in the health and care system including recommendations
- Prepared joint action plan with resources for delivery by the responsible organisations supported by the Project

Aims May 2022 to April 2023:

- Establish and approve information governance frameworks and compliance measures
- Approve and implement an information governance training plan
- Recruit to resource gaps (short and long term)
- Address the historic backlog of information governance work and compliance in a sustainable way
- Implement NHS Data Security and Protection Toolkit (DSPT)
- The timetable for formal transfer to Manx Care, the DHSC and Public Health (Cabinet Office) as its long term owners (reporting back and continuing to work with the Transformation Programme) will be reviewed and may occur, depending on progress

1.9 Primary Care at Scale**Purpose:**

This project aims to co-design and implement a new model for Primary Care on the Isle of Man. Core to this strategy is the establishment of a model that allows Primary Care services to be delivered collaboratively and at scale, providing a sustainable, high-quality, and user-centred service. The project will deliver the following outcomes across General Practice, dentistry, community optometry and community pharmacy:

- A Primary Care system that delivers more effectively to its service users by being responsive, flexible, affordable and sustainable with a standardised approach in the services it offers
- A key building block to delivering a wider integrated care model across the system
- The ability to deliver Primary Care services collaboratively and at scale
- Support the delivery of personalised care closer to home, delivering the right care, at the right time and in the right place
- Reducing unnecessary spend in high cost settings in the system through more services being provided in a Primary Care setting
- A more dynamic workforce to support the delivery of complex Primary Care services
- Organisational resilience, professional support, enhanced leadership and management for those working within the system

Progress June 2021 to April 2022:

- Approval to the baseline Primary Care at Scale strategy
- Finalisation of the detailed Primary Care at Scale Strategy which outlines two key elements -
 - o The future Model of Care, which describes how patients will be supported differently in Primary Care and the outcomes that we will achieve in doing so
 - o The future Primary Care at Scale Operating Model, which describes how the project will re-organise the system and work differently with Manx Care and Primary Care organisations to deliver this new model
- Development of critical path to delivery of Primary Care at Scale Vision (long term delivery plan), to outline how patients will be cared for differently in the future
- Continuation of a pilot of a Minor Eye Conditions Service (with Care Pathways and Service Delivery Transformation project)
- Continued development of key service improvements, including launching Dermatology in Primary Care and planning for wider rollout, and planning for First Contact Practitioners prototypes (subject to addressing Information Governance concerns)
- Development of an approach to Primary Care Development in terms of Leadership, Innovation and Resilience and support delivery as required for execution through the Transformation Change Leadership Course
- Enabled trial of GP Clinical Domain Leads (CDLs) who are responsible for

- effecting services at scale across all GP practices on the Island with a focus on pathway design/development, governance, education, training, consistency, equity and meeting of tactical and strategic targets
- Developed a proposed Population Health Management approach for Primary Care at Scale

Aims May 2022 to April 2023:

- Primary Care at Scale detailed Integrated Model of Care agreed and initiated
- Develop, with Manx Care, changes to Primary Care provision of services, enabling a shift from GP first to alternate, lower cost and more appropriate service provision (development of Primary Care Homes)
- Further development of new services across primary care including general practice, pharmacy, optometry and dentistry
- Population Health Management Strategy launched
- Long Term Delivery Plan for Primary Care at Scale agreed
- Detailed Target Operating Model and business case to implement this finalised

1.10 Implement External Quality Regulation**Purpose:**

This project aims to ensure that there is a consistent, independent and systematic approach to the inspection of all health and care services delivered or commissioned on the Island by Manx Care to an agreed set of standards. This project will enable the DHSC to meet its obligation under the Manx Care Act 2021 to ensure that all services delivered or commissioned by Manx Care are inspected at a minimum of every five years.

Progress June 2021 to April 2022:

- Service Level Agreement developed for agreement between DHSC and CQC for the inspection of the majority of services provided, directly or commissioned, by Manx Care
- Continued support to DHSC, working in conjunction with Manx Care and CQC, in coordination of inspections
- Phase 1 of CQC inspection programme: Initial validation and scoping exercise completed by CQC to develop understanding of the services provided on Island and to begin engagement with stakeholders on the inspection process¹⁴
- Phase 2 of CQC inspection programme: Inspection system design, set up and piloting complete for Adult Social Care and Primary Care Services in preparation for Adult Social Care inspections in April and Primary Care inspections in June
- Began Phase 3 of CQC inspection programme: The inspection phase, starting with Adult Social Care providers
- Identified and agreed approach to procurement of potential providers to inspect services provided, directly or commissioned, by Manx Care that are out of scope of the CQC inspections

Aims May 2022 to April 2023:

- Complete remaining aspects for Phase 2 of the CQC inspection programme – the inspection system design, set up and pilot prior to inspection phase for the hospital sector
- Complete CQC Phase 3, which will include Adult Social Care, Primary Care services (covering GPs, dental care, minor injuries and out of hours) and the hospital sector

¹⁴ In respect of CQC inspections, Phase 1 refers to Initial validation and scoping exercise - involved workshops to map the end to end methodology for delivering inspections across the Island and focused primarily on service-wide and location-level baseline assessments with a report and no ratings. Phase 2, meanwhile, refers to Discovery and self-assessment - assessment framework adapted in co-production with organisations to help them understand what intelligence is available, how they can hear about people's experiences of care, and how they can understand the quality of care being delivered by services, from services. Phase 3 is the inspection phase.

(covering Hospitals, Mental Health and Communities)

- Finalise the procurement of other inspectors, beyond CQC, to assess remaining services
- Following completion of all baseline assessments, support the DHSC to determine next steps in terms of its rolling programme of inspections of Manx Care and ongoing contractual arrangements with external independent inspectors
- Complete formal transfer to DHSC as the project's long term owner (reporting back to and continuing to work with the Transformation Programme) depending on progress

1.11 Workforce and Culture

Purpose:

This project aims to create a workforce capable of delivering the care required, which maximises the skills available and enables the recruitment and retention of high quality professionals achieved through a new workforce model and culture change. The vital workstreams progressed by the project are areas that in many cases are being explored for the first time, and as Sir Jonathan noted in his Report, the importance of developing policies that encourage staff retention and recruitment, including fair rewards and flexible arrangements, cannot be understated.

Attempts to enrich staff retention through improving staff morale, satisfaction and motivation will not only make Manx Care and the Isle of Man a more attractive place to work, but also, crucially, may help staff deliver a better quality, more consistent experience to patients and service users.

Progress June 2021 to April 2022:

- Five year plan approved setting out key milestones to reach suitable workforce models and improving organisational culture
- Launch of Manx Care Induction Programme
- Workforce model reviews commenced in several areas
- Undertaken Colleague Culture Reviews, having completed 'cultural temperature checks' on a number of divisions within Manx Care
- Analysed absence data to help inform strategies for improving absence rates
- Designed and facilitated a number of staff engagement activities with members of the executive team and the Board
- Supported the roll out of the Leadership Academy Programme
- Completed a review of the current offering of wellbeing options across Government and facilitating wellbeing focus groups, to improve and promote options
- Completed a review of the current appraisal system/process for clinical and non-clinical staff groups resulting in a proposal for approval prior to roll-out
- Completed a review and redesign of the current CARE values¹⁵ prior to launch
- Designed and implemented the 'CARE Award', a team award recognition scheme for Manx Care colleagues with a monthly winner chosen and celebrated
- Introduced a Change Coach programme for Manx Care staff to improve colleague engagement across the organisation, foster a positive workplace culture, promoting initiatives and influencing change.

Aims May 2022 to April 2023:

- Workforce planning will be the focus with the project team considering demand, current capacity and service delivery plans for each service in Manx Care
- Work to facilitate recruitment and retention has been brought forwards and will address equality, diversity and inclusion
- Drive culture change to ensure accountability, ownership and a shared vision of delivery standards and intent through individual care groups
- Continue to improve working environments, e.g. through improvements in communal

spaces

- Complete revised, fit for purpose workforce models for several areas, including Theatres and Midwifery
- Support the Office of Human Resources' work on a Recruitment Strategy for Manx Care including improving retention of staff and supporting staff who relocate to the Island
- Develop a programme for psychological safety in the workplace
- Support appropriate Executive Development training for Manx Care Senior Leaders
- Transfer to the Organisational Development and Design Unit (ODDU) within Cabinet Office as its long term owner (reporting back and continuing to work with the Transformation Programme)

1.12 Enhanced Emergency Air Bridge

Purpose:

This project aims to deliver additional highly specialised medical transfer services to treat and to move patients to specialist care centres.

Progress June 2021 to April 2022:

- Completion of a procurement exercise for a HEMS provider
- Finalised the agreement to partner with GNAAS to provide the HEMS for an initial period of six months and, if successful, up to five years
- Execution of a simulation HEMS intervention on the Island
- Ensured charity registration of GNAAS on the Island in order to operate
- HEMS Standard Operating Procedures and Action Cards drafted, reviewed and implemented for go live – all policies have been socialised and received input from all Isle of Man Emergency Services stakeholders and the North West Trauma Network (representing organisations that will receive transferred patients)
- Six month HEMS pilot live as of 14 March 2022
- Completed methodology to monitor HEMS during trial period to inform mid-point (June 2022) and end point (September 2022) reviews

Aims May 2022 to April 2023:

- Review trial and assess whether benefit realisation is achieved, and consider development and longer term use of service as appropriate
- Consideration of any wider use of HEMS
- Project is to formally transfer to Manx Care as its long term owner subject to completion of a number of key milestones

1.13 Nursing and Residential Care

Purpose:

As a stream of work sitting between the Care Pathways and Service Delivery Transformation project and the New Funding Arrangements project, this work considers the service and funding models for nursing and residential care to ensure that the provision of social care satisfies the Island's future requirements and is also financially sustainable. Challenges around the financial sustainability of the system, and the implications of funding decisions for families, has been a source of continued debate for a number of years, as well as being an importance societal consideration. This workstream intends to provide a key comprehensive appraisal of the situation, with a view to finding the best way forwards.

The work seeks to ensure that:

- the nursing and residential care service model is informed by international research to secure better care and keep people well at home for longer
- nursing and residential care is adequately funded, financially sustainable and can

¹⁵ CARE represents a set of values for DHSC and Manx Care: Committed, Appreciative, Respectful, Excellent

satisfy future demand

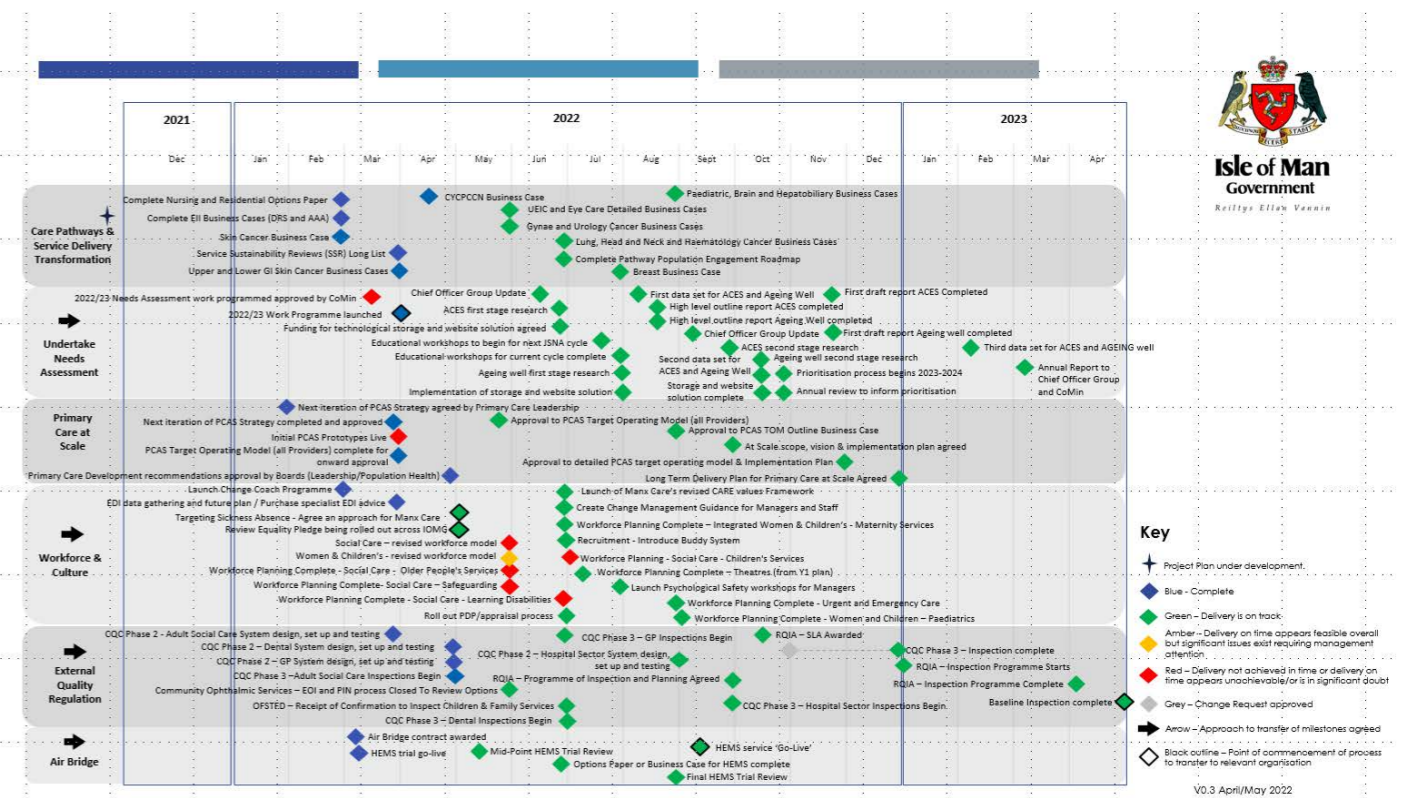
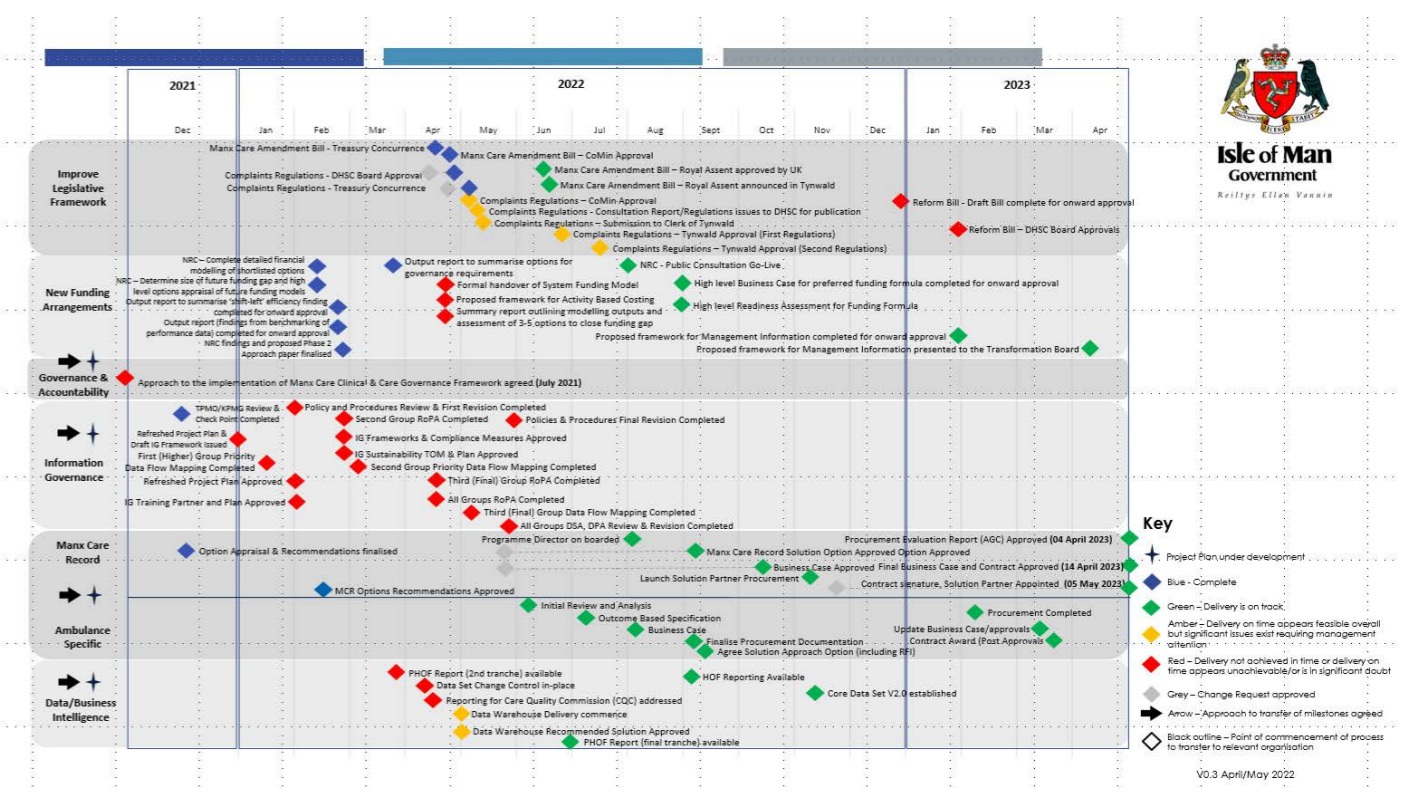
Progress June 2021 to April 2022:

- Baselined current cost of, and numbers in, nursing and residential care, including projections for funding requirements for the next 20 years
- Gained an understanding of the nursing and residential care market and completed best practice research
- Worked with stakeholders to understand the current system and fully identify issues and barriers being experienced by all
- Detailed modelling of six possible options for nursing and residential care: Modified Manx offer, threshold and cap, asset protection guarantee, free personal care provision (Scottish model), hypothecated tax (social insurance model), mixed (Jersey model) with high level pros and cons to each
- Identified a range of initiatives that would support keeping people well at home for longer
- Developed design principles to set the blueprint for proposed changes to the future operating model
- Comprehensive options paper for service and funding model prepared for approval of next steps

Aims May 2022 to April 2023:

- More detailed analysis of costs, benefits, options and feasibility of initiatives
- Further political and public consultation on the updated options prior to appropriate approvals (including Tynwald for funding models) for implementation

Figure 1: Plan on a Page (April/May)



2. Transformation Programme Management Office (TPMO)

2.1 Programme Management

The TPMO is responsible for the overall delivery (including quality and timeframes) of the Transformation Programme, ensuring the Programme as a whole delivers on the Review's 26 recommendations by overseeing the projects and managing the POAP document showing projects' key milestones in the short to medium term. Its focus is on leading the cross cutting workstreams (including communication and engagement, finances (Annex 3 provides a summary around the finances of the Programme), resources, digital and data) and the overarching governance and reporting of the programme as well as overseeing and enabling the individual project teams to deliver on their tasks. Throughout the year, TPMO has also continued to monitor any items or issues that were outstanding subsequent to the 'go live' of Manx Care and the transfer of Public Health from the DHSC to Cabinet Office.

2.2 Governance

The Programme governance model is outlined as identified in figure 2, and each aspect is explained in more detail below.

Figure 2: Programme governance model of the Transformation Programme



2.2.1. Transformation Political Board

The Transformation Political Board provides political oversight of the Council of Ministers for the implementation of the Programme. It ensures that the Chief Secretary is delivering the Programme and its membership is the Ministers for Health and Social Care, Treasury and Cabinet Office respectively. The Non-Executive Chair and Executive Officer of Manx Care continue to attend the Political Board. The Political Board is advised by the Chief Secretary and Sir Jonathan Michael as well as other officers¹⁶.

2.2.2. Transformation Board

The Transformation Board has the responsibility for oversight of the Programme. Its role is to support the Chief Secretary in leading the Programme by providing advice, assistance and making decisions as required on operational matters. The Board is also required to allocate/secure resources, monitor progress, develop and ensure collaborative working and moderate escalated project issues¹⁷.

2.2.3. Clinical/Professional Transformation Panel

The role of the Clinical/Professional Transformation Panel ("the Panel") is twofold:

- to provide assurance that the Programme is planning, designing and delivering in a manner that is suitable for the Isle of Man, particularly with a view towards high-quality, integrated and clinically sustainable services; and
- to act as champions for the Programme including: ensuring that clinical/professional engagement is carried out in the most effective way; supporting and fostering the culture and behaviours that ensure the Programme has strong engagement; ensuring that the Programme is appropriately clinically/professionally led and by providing subject matter input, ensuring suitable involvement and engagement.

The Panel is made up of 20 clinicians and professionals (including the Chair) who come from different areas of health and care on the Island, ensuring that the widest range of professional groups are represented.

The Panel provide feedback and input to the work of the Programme throughout its planning and delivery, including through working in collaboration with projects where there is a particular interest and skillset in activities undertaken, such as through inclusion in workshops and other events. This is to support in the development of the activity, as well as providing input and feedback to the Board papers prepared by the projects.

Given the passage of time since the Panel first became operational, further Expressions of Interest have been sought over the past year, to ensure continued, appropriate representation of the entire health and care system. Subsequently a new representative was introduced to the Panel to represent private care homes. Furthermore, given that, per the Terms of Reference¹⁸ for the Panel, members are to serve for a term of two years (and may be re-appointed for a second consecutive term of one year); decisions regarding future membership of the Panel will be considered imminently, again to ensure enduring representation across the system.

The Panel has also featured in the Programme's monthly newsletter (available to all staff and the public) and will continue to do so in the months ahead, in order to raise awareness of their roles and increase visibility of members, opening channels of communication with them (from service users or Manx Care staff, for example).

2.3 Reporting

The Programme produces a report each meeting for the two Boards, outlining the status of each project against agreed ratings, the status of any risks and issues, the POAP document showing projects' key milestones in the short to medium term, and finances. An enhanced version of this report is also provided to the Chief Secretary to advise on what has been delivered during the reporting period and a forward view of what is planned to take place over the following reporting

¹⁶ Further information, including Terms of Reference, for the Political Board is available here: Isle of Man Government - Transformation Political Board

¹⁷ Further information, including Terms of Reference, for the Board is available here: Isle of Man Government - Transformation Board

¹⁸ Further information, including Terms of Reference, for the Panel is available here: Isle of Man Government - Clinical/Professional Transformation Panel

period.

Recommendation 7 of the Report sets out that the Council of Ministers should receive a quarterly progress report on the Programme to understand the progress made and to identify any significant issues that require resolution. In addition, the recommendation stated that Tynwald should also receive an annual report on progress of the Programme. Reports have been submitted to the Council of Ministers each quarter (the contents of which are also provided to the DHSC (and onward to Manx Care), Treasury and Cabinet Office Boards for information), and the first two annual reports to Tynwald have been published¹⁹.

2.4 Communication

The TPMO continues to lead the communications workstream, working with each project, Corporate Communications and Manx Care, in particular, to ensure suitable communication and engagement plans and stakeholder management, including:

- Regular newsletter highlighting key progress updates and forthcoming deliverables from across the Programme (a public facing and staff version)
- Publicity posters
- Leaflets
- Programme FAQs
- Public drop-in sessions
- Professional Development Seminars led by Professor James Kingsland (Independent Clinical and Professional Adviser within the TPMO)²⁰ with presentations from internationally renowned speakers, directly related to the workstreams of the Transformation Programme
- Regular website updates
- Tynwald Member briefings

The Programme is currently finalising a revised approach to communications and engagement, following learnings from the past 12 months and feedback from across Government in order to improve and expand its avenues, ensuring we communicate in a way that best meets the needs of the public.

2.5 Engagement

The TPMO and individual projects have also continued to engage with key stakeholders across the Programme, both as general updates and as required for individual projects. The Programme has a particular focus to ensure the service user is involved in the decision making process while developing key items, such as the Primary Care at Scale Model of Care and Strategy, and the pathfinder reviews.

In addition to the Panel, the TPMO has built up a number of Champions from across Government and Private/Third sectors within the health and care setting since the Programme's inception. These Champions are people with a particular interest in the Programme, invited to be closely involved and informed through on-boarding, regular updates and individual sessions. The Champions provide us with valuable feedback and help promote the Programme of work with their peers.

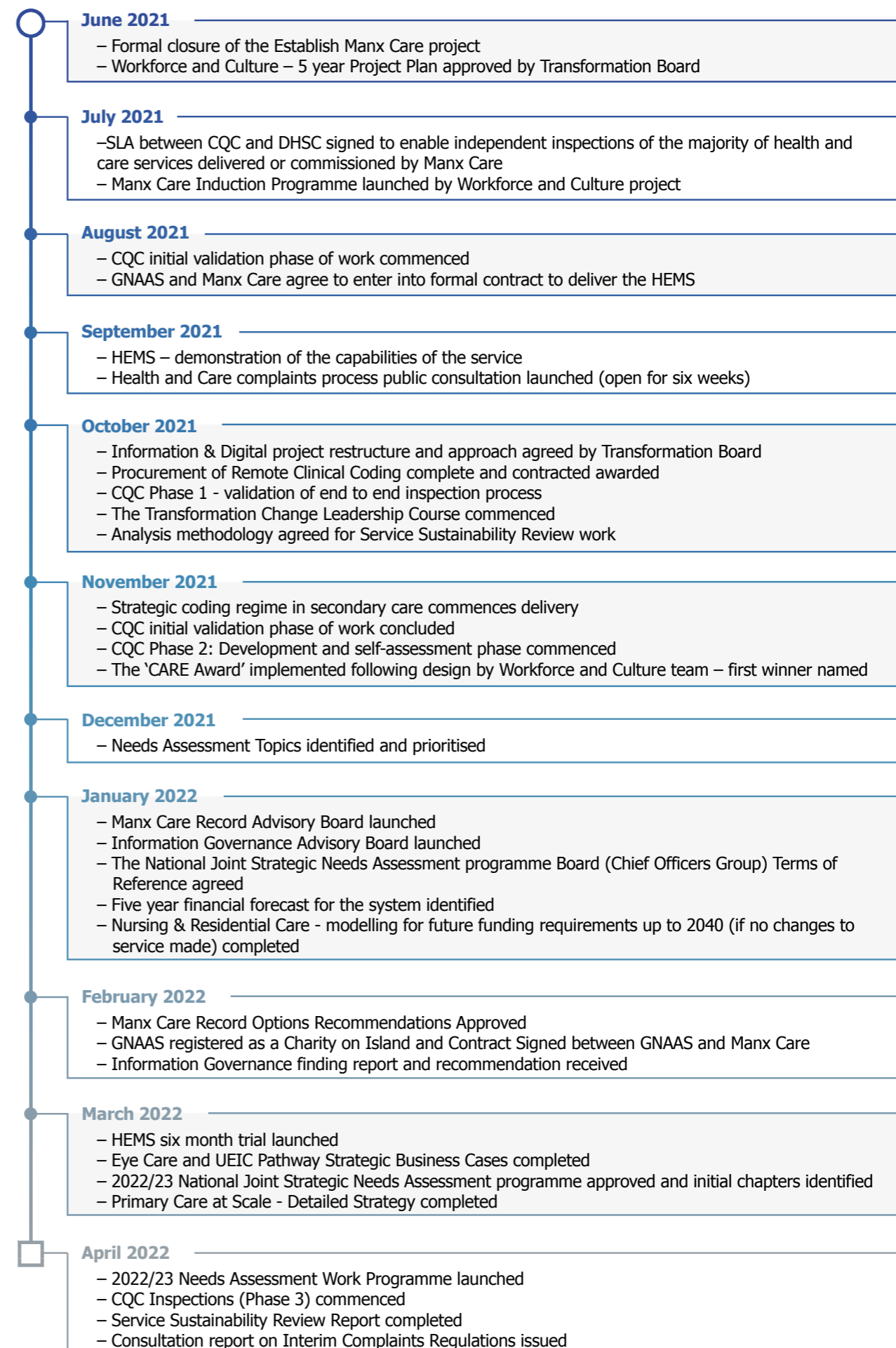
¹⁹ Annual Report 2020 link: <https://www.gov.im/media/1369727/health-and-care-transformation-annual-report-19-20.pdf>; and

Annual Report 2021 link: <https://www.gov.im/media/1373836/health-and-care-transformation-annual-report-20-21.pdf>

²⁰ These sessions aim to encourage engagement with the Programme and provide a deeper understanding of transformation themes. These professional development seminars feature international highly experienced speakers, including some Island-based professionals. The seminars are recorded and have been made available on the Programme's website: <https://www.gov.im/about-the-government/departments/cabinet-office/health-and-care-transformation/news-and-events/>

3. Timeline for Year Three of the Transformation Programme

Figure 3 below shows a timeline of the key activities of the Programme during year three



Annex 2 Correlation between Sir Jonathan Michael's Recommendations and the Programme and its Projects

The 26 recommendations from the Report will be delivered by the TPMO through one or more of the projects, with fourteen now completed (compared to last year's nine²¹). Each project is designed to fully or partially address one or more of the recommendations from the Report. The table below refers each project to the recommendation(s) from the Report, which they, in full or in part, seek to address.

Summary of progress against Final Report recommendations

Recommendation	Progress and Method of Delivery (project or TPMO)
Recommendation 1: The Council of Ministers should formally adopt the principle that patients and service users are fully engaged in, and at the centre of, all aspects of planning and delivery of health and social care services.	The Council of Ministers agreed to this recommendation as part of its response to the Report and has instructed the Programme to be run with this principle in mind – Complete
Recommendation 2: The setting of priorities and the development of policy in both health and social care should be separate from the delivery of services. A comprehensive governance and accountability framework should be established, aligned to agreed standards and underpinned, where necessary, by legislation. A single public sector organisation, perhaps to be known as "Manx Care", should be responsible for the delivery and/or commissioning from other providers of all required health and care services.	On 1 April 2021 the Manx Care Act 2021 came into force and the separation of the delivery of health and care and the setting of priorities was completed – Complete (with the exception of clinical and care governance framework which remains to be finalised and embedded - ongoing) Establish Manx Care and Governance and Accountability projects
Recommendation 3: Recommendation 3: Services provided directly or indirectly by Manx Care should be inspected regularly by independent, external quality regulators, with a report to the Manx Care Board and to the DHSC.	Ongoing CQC secured to undertake independent inspections for the majority of services. Another provider can inspect for Community Pharmacy and the future management of that is under consideration.

²¹ Subsequent to last year's annual report, the following recommendations are now complete/partially complete/ partially complete (ongoing): Recommendations 8, 10, 13, 19 and 23.

	It is expected that an identified provider will inspect Children, Learning Disability Adult Social Care and Day Services, with planning and the SLA to be completed during the summer months of this year and a programme of inspection beginning in January/ February 2023 and concluding by March 2023. Work to identify other suitably qualified organisations to, Community Ophthalmic and is ongoing. External Quality Regulation project
Recommendation 4: A publicly available Annual Report from Manx Care should be provided to the DHSC and subsequently presented to Tynwald, summarising the delivery of the health and care services on the Island.	Annual report required under legislation and under the Mandate and will be produced by Manx Care annually – Complete (ongoing) Improve Legislative Framework
Recommendation 5: A statutory duty of care (applicable to organisations and the individuals who deliver health or care services) should be agreed, implemented and maintained alongside the delivery of high value clinical governance, underpinned by legislation where necessary. The new statutory duty of care would include: A duty of confidentiality A duty to share information where appropriate to enable the delivery of safe optimal care; and A duty of candour – a responsibility to disclose where breaches of safety standards or harm to individuals have occurred	Legislative requirements delivered through Manx Care Act, including Duty of Candour which has been implemented and will need to continue to be maintained and the service assessed for compliance – Complete Improve Legislative Framework and Governance and Accountability projects
Recommendation 6: The Council of Ministers should mandate the DHSC, Treasury and the Cabinet Office to ensure implementation of the agreed Transformation Programme of health and care services as set out in this Report, led by the Chief Secretary.	The Council of Ministers issued a mandate to the Cabinet Office, DHSC and the Treasury to ensure implementation of the Report's package of recommendations, led by the Chief Secretary – Complete
Recommendation 7: The Council of Ministers should receive a quarterly progress report on the Transformation Programme to understand the progress made and to identify any significant issues that need resolution. In addition, it is suggested that Tynwald should also receive an annual report on	The TPMO has and will continue to issue quarterly progress reports to Council of Ministers and an Annual Report to Tynwald – Complete (ongoing)

progress of the Transformation Programme.	TPMO
Recommendation 8: Primary and/or secondary legislation should be introduced as required, and included in the legislative programme as soon as possible, in order to form a modern, comprehensive legislative frame-work. This legislation should address weaknesses or gaps in the current system as well as enabling the implementation of the recommendations contained in this Report, such as any necessary legislation to establish Manx Care.	Manx Care Act 2021 and related Regulations – Complete Further legislative requirements - Ongoing Improve the Legislative Framework
Recommendation 9: The Public Health Directorate should be empowered to provide advice and guidance across Government, not solely to the DHSC. It should promote and co-ordinate health and wellbeing across the Island to help improve the quality of life and reduce the demand on health and care services in the future. All Departments should be required to factor public health guidance into policy setting and legislation. In order to facilitate this, the Public Health Directorate should be moved to a position in the Cabinet Office.	Transfer of Public Health Directorate from DHSC to Cabinet Office – Complete Transfer Public Health project
Recommendation 10: An on-going health and care needs assessment programme for the Isle of Man should be established and funded without delay. It is not possible to develop meaningful service delivery models and plans without establishing the current and future needs for health and care through this assessment. Many other recommendations in this Report are predicated on the assumption that this programme will be established. The Public Health Directorate should be resourced to undertake the health and care needs assessment programme.	Approach to the National Joint Strategic Needs Assessment programme agreed and accepted to commence from April 2022 led by Public Health and responsibility with Chief Officers of all Departments Complete (Ongoing) Undertake Needs Assessment project
Recommendation 11: A service-by-service review of health and care provision, in conjunction with the needs assessment and an analysis of care pathway design, should be undertaken to establish what services can, should or must be provided on and off-Island, against defined standards. Where services cannot be provided safely or deliver best value by Island-based providers, the default position should be to seek services from third parties for delivery on-Island whenever possible and off-Island where necessary.	Ongoing Care Pathways and Service Delivery Transformation project
Recommendation 12: A service-by-service review of health and care provision, in conjunction with the needs assessment and an analysis of care pathway	Ongoing Care Pathways and Service

design, should be undertaken to establish what services can, should or must be provided on and off-Island, against defined standards. Where services cannot be provided safely or deliver best value by Island-based providers, the default position should be to seek services from third parties for delivery on-Island whenever possible and off-Island where necessary.	Delivery Transformation project Transformation project
Recommendation 13: Manx Care should deliver an enhanced 24/7 emergency air bridge, allowing for patients to be stabilised locally and moved quickly and safely to contracted specialist centres.	Partially Complete - Ongoing The HEMS trial commenced on 14 March 2022 for an initial period of six months, during which it will be monitored and reviewed to inform any further extension to the service on a substantive basis. Air Bridge project
Recommendation 14: A single, integrated out-of-hours service should be established to provide care in an efficient and appropriate manner outside normal working hours.	Ongoing Care Pathways and Service Delivery Transformation project
Recommendation 15: The Isle of Man should establish a model for delivering primary care at scale, since further and deeper collaboration within primary care is necessary to deliver current services and provide additional local services.	Ongoing Primary Care at Scale project
Recommendation 16: The provision of social care should be considered as part of the current review of future funding of nursing and residential care with the intention of removing disincentives to people requiring care and support remaining in their home. This consideration should specifically include equalisation of the current threshold of financial assistance, a more flexible approach to funding to enable joint commissioning of broader care arrangements in the interests of the service user and provision of 24/7 social care access.	Ongoing Care Pathways and Service Delivery Transformation and New Funding Arrangements projects
Recommendation 17: Increased funding should be linked to the achievement of annual efficiency targets.	Eight year efficiency profile agreed and incorporated into 2021/22 and 2022/23 budgets– Complete (for annual review as part of budget setting process) New Funding Arrangements project

Recommendation 18: Additional transformational funding and dedicated specialist resources, including proven change leadership, are required to deliver the transformational recommendations for them to be implemented successfully.	Ongoing TPMO
Recommendation 19: Increases in funding for health and care services will be required to support the increased demands that will be placed on those services due to demographic changes, non-demographic changes and inflation.	Funding formula, including growth rates, provided to inform 2022/23 budget and longer term planning – Complete (for annual review as part of budget setting process) New Funding Arrangements project
Recommendation 20: Funding, based on agreed need, should, over time, move from the current annual budget allocation to a 3-5 years financial settlement for health and care services for the Island.	Ongoing (towards indicative 3-5 funding based on improved forecast and sustained financial balance) New Funding Arrangements project
Recommendation 21: Ensure data sharing protocols and arrangements are reviewed, agreed and implemented in accordance with the Information Commissioner's regulations and guidance.	Ongoing Information Governance project
Recommendation 22: The development and delivery of the digital strategy should go further and faster to ensure the comprehensive capture, sharing and use of information. This would enable greater integration across the system, improved monitoring and enhanced delivery of quality and efficiency-related information.	Ongoing (in relation to Manx Care Record following delivery of Digital Strategy) Manx Care Record project
Recommendation 23: A core data set is essential for the management and assessment of services and should be established without delay.	Ongoing (in relation to Manx Care Record following delivery of Digital Strategy) Manx Care Record project
Recommendation 24: The systematic capture of accurate data should be a priority for the Island's health and care services.	Ongoing Data and Business Intelligence project
Recommendation 25: A fit for purpose workforce model needs to be developed to reflect the emerging needs of the new model of care. It should maximise the potential skills available within the workforce as well as the opportunity to recruit and retain	Ongoing Workforce and Culture project

high quality professionals. It will then increase the attractiveness of the Isle of Man as a career destination.	
Recommendation 26: The Government should create a new, dedicated and skilled transformation programme group to oversee and support the implementation of the agreed Recommendations.	The TPMO and project teams are established to meet deliverables of the Programme over time – Complete (ongoing)

Annex 3 Finances

In July 2021, Treasury and the Council of Ministers approved funding for 2021/22 with maximum costs agreed at £6,524,678.25. The detailed areas of expenditure within the Transformation Programme have been subject to variance during the year compared to the estimates submitted at the start of the year, which was expected. This is reflected in the actual cost for the Programme during the financial year 2021/2022 as shown in the table below, demonstrating that the Programme was delivered within its financial limit for the year with a significant positive variance. The positive variance was largely due to the delay in securing the contract with the external contractors supporting the Programme, as well as differing salary estimations, lack of available resources and funds assigned for implementation not being utilised due to delays. The only negative variance displayed below, in respect of the Primary Care at Scale project, relates to the timing of a received invoice. Delays in finalising the HEMS resulted in reduced payments being made to the supplier, and similarly, the External Quality Regulation project had a positive variance due to arrangements not yet being finalised for the non-CQC areas requiring inspection. Some work planned to take place over the past year, such as around the Manx Care Record, have not yet come to fruition as planned; resulting in a lower spend in this area. Other work, such as that around clinical coding, also came in lower than anticipated.

The Programme and its associated projects have dedicated cost centres, and finance reports are delivered monthly to the Transformation Board (in addition to Cabinet Office regular reporting of management accounts), in order to monitor both Programme and project expenditure.

Full Year End Totals, April 2021 – March 2022 (inclusive) -

Area	2021-2022 Budget	Full Year End Expenditure	Full Year Variance
Programme	£1,114,902.41	£722,865.24	£392,037.17
Programme Ext	£862,673.11	£270,148.62	£592,524.49
New Funding Arrangements	£249,011.83	£244,901.34	£4,110.49
Create Manx Care	£67,469.00	£45,097.34	£22,371.74
Legislation	£204,470.93	£169,970.10	£34,500.83
Governance and Accountability	£30,660.61	£22,791.17	£7,869.44
Needs Assessment	£160,305.37	£107,901.75	£52,403.62
Care Pathways & Service Delivery Transformation	£1,888,794.71	£587,173.63	£1,301,621.08
Information and Digital	£1,026,052.32	£444,804.86	£581,247.46
Workforce and Culture	£333,893.82	£291,498.87	£42,394.95
Primary Care at Scale	£234,184.00	£246,389.85	-£12,205.85
Air Bridge	£184,303.57	£51,325.67	£132,977.90
Implement External Quality Regulation	£167,956.57	£108,369.87	£59,586.70
Total	£6,524,678.25	£3,313,238.23	£3,211,440.02

The Programme is in the process of finalising agreement with the Treasury and Council of Ministers for the maximum funding available for 1 April 2022 to 31 March 2023.

The Programme will continue to apply to Treasury and the Council of Ministers for necessary expenditure from the Healthcare Transformation Fund to ensure proper oversight and governance as delivery against the Report continues.



**Isle of Man
Government**

Reillys Ellan Vannin

Thank you for your support in making this a success

To get in touch with the Transformation Programme Management Office (TPMO) contact us at **HealthandCareTransformation@gov.im**

For up to date information about the programme, please visit
www.gov.im/health-and-care-transformation

