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**Review of the Isle of Man Health and Care
Transformation Programme**

Sir Jonathan Michael, Independent Adviser on the Health and Care
Transformation Programme

15 October 2021

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1. Introduction

In May 2019, Tynwald received the Final Report of my independent review into the Health and Care system on the Isle of Man and accepted all 26 recommendations³. Following Tynwald's decision, the Council of Ministers established the Health and Care Transformation Programme (HCTP) under the leadership of the Chief Secretary. The Transformation Board was charged with supporting the Chief Secretary and his team to implement the recommendations and oversight was provided by the Transformation Political Board consisting of the Minister of Health and Social Care, the Treasury Minister and the Minister for Policy and Reform.

In addition to my original Report, there have been 2 annual reports⁴ on the Programme in 2020 and 2021 – all of which provide useful background information.

This personal review of progress with the implementation of my recommendations that was commissioned by the Chief Secretary, comes some six months after the establishment of Manx Care as planned on the 1st April 2021. I have maintained my involvement in the Transformation Programme as an advisor to the Chief Secretary, through attendance at the Transformation Political Board and through regular contact with Ministers and other key stakeholders involved with the delivery of the Programme. In preparing this report, I have been able to speak to a wide range of people both on and off the Island who are involved in the delivery and implementation of the recommendations and the re-designed systems across health and care.

Whilst I certainly envisaged that delivery of the necessary changes would be challenging and time consuming to deliver, I did not anticipate the arrival of a global pandemic and its significant ramifications that rightly required the focussed attention of many of the key individuals involved in the Transformation Programme and the day-to-day delivery of health and care services. Despite the impact of the Covid 19 pandemic, I am pleased with the progress that has been made so far in many aspects of the Programme, although there are some areas where there has been less progress.

2. Areas of good progress:

Areas of good progress by the Transformation Programme include:

- 2.1 The moving of the **Public Health Directorate** from the Department of Health and Social Care (DHSC) to the heart of Government in the Cabinet Office. Having played a key role in the handling of the pandemic from the Cabinet Office, I look forward to seeing their new position enable them to better influence and advise across Government on policy and on the wider determinants of health.
- 2.2 The establishment of **Manx Care** – Despite the need to shorten the shadow period for Manx Care to three months due to Covid 19 prior to their establishment in April this year, the significant and complex structural separation of operational delivery by Manx Care from policy and strategy in the DHSC was implemented successfully.

³ [Independent Review of the Isle of Man Health and Social Care System \(gov.im\)](#)

⁴ [HCTP Annual Report 2019-20 \(gov.im\)](#) and [HCTP Annual Report 2020-21 \(gov.im\)](#)

Manx Care have undoubtedly inherited a challenged service. A baseline assessment of activity and quality performance of the services inherited showed a worse position than had previously been anticipated. The challenge for Manx Care was further heightened by the impact on costs, staffing and other aspects of service delivery arising from the Covid pandemic. Manx Care has been strengthened by the influx of fresh enthusiasm and expertise amongst its Non-Executive and Executive Board members from both on and off the Island. Working together with clinical and non-clinical staff who transferred from the DHSC, the new leadership team have been able to generate a palpable sense of excitement and opportunity about being part of the team charged with developing a high performing, integrated and sustainable health and care service for the Island. Whilst the governance, delivery structures and processes need to develop further, I can already see the clear intent and early achievement in improving the culture and performance of the organisation. As I recognised in my Final Report, there is a lot to do in this regard and it will take time and perseverance to identify and resolve all the areas that need addressing. I have, however, been very encouraged by the first six months of Manx Care's existence.

- 2.3 The separation of policy and strategy from delivery recommended in the Final Report was intended to result in the **DHSC** being smaller and more focussed on supporting the Government in the development of its overall strategy and the policies required to ensure that health and care services available to the residents of the Isle of Man as part of the wider Government strategy. In other words, to represent the Government in the identification of the "what" it wishes to provide to the population, largely leaving the "how" to Manx Care as the delivery organisation. The necessary oversight of Manx Care's performance in delivering the Mandate as a function of the DHSC on behalf of Government was always intended to be light touch and for the relationship between these two essential components of the health and care system to be collaborative, with the shared aim of ensuring a high quality, clinically and financially sustainable service. Whilst there are encouraging signs that the relationship between the DHSC and Manx Care could develop into a collaborative and productive one, it is early days, and time will tell as to how easy it is for the parties, including politicians and the Department itself, to sustain the principles of separation. As the DHSC is effectively a new organisation finding its way to its revised objectives, I recognise the progress made and would encourage further development of strategy and island-specific policy, which will influence health and care services and outcomes in the years ahead. I welcomed the establishment of the Partnership Board, bringing the DHSC and Manx Care formally together with the Treasury and Public Health to focus on strategic issues for the wider health and care system but, again, would encourage further development of this Board, to ensure its effectiveness as the key forum for coordination across the wider health and care system.
- 2.4 The procurement of **independent inspection** of publicly funded health and care services was necessarily delayed but I am pleased to see this has resulted in Care Quality Commission's (CQC's) appointment and their commencement in October. I also note the progress being made to procure another provider that can inspect services that CQC does not cover. This comprehensive and transparent approach to the independent assessment of services is important to help encourage necessary improvements and to celebrate success.

- 2.5 The delivery of an improved **Air Bridge** through the planned partnership with Great North Air Ambulance is a game changer in the delivery options for service improvements, particularly for patients with severe acute needs that require urgent specialist care in transit and/or off Island. Whilst initially a trial for around 6 months, I have no doubt that there will be further development of this new service to maximise the benefit to the people of the Isle of Man. 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 should not be provided on the Island. The ability to transfer such patients quickly, whilst continuing treatment safely, will allow new and improved care pathways to be developed across a number of clinical services.
- 2.6 The agreement to an approach to **Needs Assessment** – I am pleased to see that the establishment of an annual process for the assessment of needs for the population are beginning to take shape, led by Public Health, with the full authority of the Chief Officer Group (COG) representing all parts of Government, who have been charged with the responsibility of collaboration and, significantly, delivery. I understand that this will operate fully from April next year, with the identification of key areas for examination to be determined by COG imminently.

3. Areas of less progress

However, and perhaps inevitably given the impact of the Covid 19 pandemic on all services, travel and many aspects of society, progress has not been made with the speed and depth that I would have hoped to see on some other aspects of my recommendations. This does not entirely surprise me as these are complex, deeply seated areas, which, in my experience, are never straightforward. However, they are critical to the overall transformation of health and care on the Island. In addition, there has been a hiatus in certain projects due to the lack of availability of some key resources and subject matter expertise, however, I am pleased to see that this has been addressed latterly.

Less progress than I had hoped has been seen in the following areas:

- 3.1 **Information and Digital.** High quality, patient focussed integrated care requires readily available and accurate data on activity, quality and cost easily shared with services users, practitioners across the Island and services off-Island. As the Final Report stated, this is an essential enabler to the Island's vision. Progress has been made in the commencement of clinical coding in secondary care and the initial core data set, both of which are essential to the effective running and management of services. However, there is much more to do. Overall, this essential component remains some way away with unsatisfactory progress across data availability, data accuracy and information governance, including data sharing. The integrated Manx Care record seems as far away as ever. The Chief Secretary's intervention to recalibrate the Information and Digital project is welcomed and the increased focus it delivers may enable this difficult area to make more progress.
- 3.2 **The Care Pathways and Service Delivery Transformation** project has been particularly impacted by the lack of availability of clinical and managerial staff due to their necessary focus on the Covid pandemic and by the travel restrictions. This project

needs increased effort and determination, and I am advised that additional clinical input is being sought and other additional specialist support added to strengthen the team.

However, I would suggest that a focussed piece of work to determine which services, based on an initial risk assessment, can be safely and appropriately delivered on-Island and which need off Island provision, or at least shared care collaboration with off Island specialist providers, should be undertaken immediately and completed by the end of March 2022. This piece of work must be undertaken by the project working hand in glove with Manx Care as it will enable Manx Care to make management decisions about the short-term provision of services whilst also informing and guiding the strategic approach to the delivery of this project. In terms of the services that, inevitably, need to be delivered by off-Island providers, I am aware that Manx Care has made some good progress with the development of collaboration with Clatterbridge Cancer Centre, but there are a range of other services where similar properly structured service links and governance arrangements are required but as yet only aspirational. I would recommend that these discussions are accelerated in unison with the on/off Island analysis.

Also, in parallel with this on/off Island analysis, I would hope to see planned service changes in Urgent and Emergency Integrated Care and in Eye Care, which stalled earlier this year, agreed in the same timeframe.

Key to the successful delivery of Care Pathways and Service Delivery Transformation is the collaboration between the Transformation Programme in the Cabinet Office, responsible for the implementation of the Final Report, including identification of appropriate care pathways and delivering service reviews, and Manx Care, responsible for subsequent implementation. I recommend that more effort is made to ensure a coordinated approach to this important work. At the same time, Manx Care need to make other changes outside the Final Report and so the DHSC and, indeed, the Treasury need to recognise and support this work through continued access to existing means of funding where Manx Care's request meets the criteria stipulated.

- 3.3 **Primary Care at Scale.** As those that read my Final Report will recall, I emphasised how important it was that there was a strong and effective primary care service as part of the Island's integrated health and care system. More care can, and should, be provided in the community and by community- based practitioners. In the case of General Practice, this will require significant changes in the current Practice based model where each of the 11 GP Practices on the Island has relative autonomy on the "what and how" of service delivery.

I am pleased to see the development of the much talked about Primary Care Network (PCN) of GP Practices to help address, at least in part, the critical need to deliver at scale service in Primary Care. I recommend clear service targets and outcomes with demanding dates for their delivery to be established, in order to confirm that the PCN can truly help deliver at scale in line with my Final Report. I would like to see the targets for the PCN that were agreed by the Political Board in December 2020 (attached at Annex A) delivered within a pre-defined timetable, ideally no later than

March 2022. To date, experience suggests that the PCN talks a good talk about its support for the transformation of primary care services but has more difficulty in bringing its members along when real service change is proposed. The whole aim of the recommendation on Primary Care is to have an integrated and unified approach to its delivery, providing the same range and quality of services to the population wherever they live on the Island. Whether the PCN can deliver this in General Practice remains an open question.

In addition, the Isle of Man requires more mature development of the operating model for other essential parts of primary care (pharmacy, ophthalmology and dentistry) all of which play a critical part in the achievement of Primary Care at Scale and the benefits that will come with it.

3.4 **Legislation.** The full implementation of my recommendation and the delivery of a safe and properly regulated and governed health and care system requires major revision of the existing legislative and regulatory framework. Although excellent work delivered the legislation enabling the establishment of Manx Care and supporting transparency, there is much more modernisation of legislation required. I would suggest that the necessary resources in terms of legislative drafting and policy development are made available to expedite this work.

3.5 **Clinical & Care Governance** as part of the Governance and Accountability Project:
– As I outlined in my Final Report, clinical and care governance is vital to the successful delivery of care and enables all involved in the delivery of care to have clearly defined parameters within which to work. Without it, the historic failings will continue; an outline of a clinical and care governance framework had been defined last year and accepted by the Transformation Boards but has not been progressed by those in a position to do so until very recently. However, during the last month, I am pleased to learn that the nominated representative from Manx Care has positively engaged with the Programme to move forward with this critical aspect and identified as a legal requirement as part of the Manx Care Act 2021. I welcome this and look forward to demonstrable progress as soon as possible and, in any event, initial steps by the end of the current calendar year. The public and those who fund the services need to be reassured that progress is being made in the implementation of the processes to deliver true assurance that services to users are safe, delivered to high standards and managed effectively and efficiently.

4. Conclusions:

So, what have I concluded from this review of progress against my recommendations from 2019?

4.1 Good progress has been made in some areas and the fundamental restructure to deliver the separation of responsibilities, which was a cornerstone of my Final Report, delivered. Manx Care has made a determined and effective start but the size and number of challenging issues it needs to address was even larger than I anticipated, and it will take time and resource to resolve them all. The new DHSC needs to assess and focus on its new obligations, but I believe it is aware of the changes required.

- 4.2 The Health and Care Transformation Programme was set up in the Cabinet Office under the leadership of the Chief Secretary and has worked well. Without this central drive, the progress that has been made would not have been delivered. However, the Programme itself had some early staffing challenges which caused disruption, but now has effective leadership. I would encourage the Programme to persevere with determination and address or escalate slippage, wherever it may occur, to avoid repeat of some of the delays that have occurred to date. Whilst the Programme has the specific responsibility for delivering the recommendations and, as such, needs to remain focussed on these and remain centrally accountable, as I indicated earlier on in this review, transformation activity is not restricted to the specific work of the Programme. Change, improvement and transformation is an on-going issue for Manx Care, and all its service providers, and indeed for the DHSC. As such, there are transformative requirements for services delivered by Manx Care directly and its providers that lie outside the Programme but need to continue to be supported through existing mechanisms.
- 4.3 There is a high price to pay for inefficiency and poor service delivery. Thus, it is crucial for key policy and difficult operational decisions to be taken swiftly to enable timely service improvement and financial sustainability. Costs will continue to be higher than necessary (due to historic inefficiency, poor practice and poorly negotiated contracts with off Island providers) unless and until these issues are addressed. I support plans for long term arrangements for funding exceptional costs to be considered as part of the New Funding Arrangements project, but it may be necessary for some tactical arrangements to deal with these issues to be agreed in the short term.
- 4.4 Staffing health and care services is a challenge across the world. All health economies are facing shortages of clinical and care staff, a pre-existing shortage that has/is being exacerbated by the impact of the exhausting pandemic on staff. Thus, making the working and living environment attractive is going to be increasingly important. This is not only a matter of money but one of environment and culture. I have heard very positive things about the way that Manx Care has approached communication and engagement with staff and stakeholders. It is important, therefore, that plans to develop appropriate workforce models and recruitment and retention strategies specifically within the health and care sector are brought forward. This may be an approach that Government more widely may wish to consider. It is important that all is done to improve, and nothing is done to negatively impact on, the attractiveness of working in health and care services on the Isle of Man.
- 4.5 In my Final Report I indicated that the work to implement the recommendations would be costly and time consuming and that making such fundamental changes was neither easy nor straight forward. I was impressed by the wholesale support from Tynwald and the Council of Ministers for the Final Report and its recommendations and the commitment to fully implement them.
- 4.6 My message is clear: the need for change is still there, a good start has been made, particularly given some unforeseen interventions, and overall, the Health and Care Transformation Programme is broadly on track to deliver, subject to the points raised in this report being addressed, but the job is not done. I always thought that it would

take at least 5 years to fully implement the changes. Given that 18 months of the last 2 ½ years has been impacted by Covid, perhaps it is reasonable to expect to see the full implementation of the changes within the new system before the end of this new parliamentary cycle. Don't weaken your resolve to deliver what I still believe could be a high quality, integrated and sustainable health and care service and an exemplar to other island communities. It is worth doing properly.

Sir Jonathan Michael
Independent Adviser on the Health and Care Transformation Programme
to the Chief Secretary, Isle of Man
15 October 2021

5. Appendices

Annex A – Targets for General Practice at scale

Annex B – Summary of progress against Final Report recommendations

Annex A: General Practice at Scale Outcomes and Requirements

Impact	Outcome	Operating Model Requirement
<p>Improve quality of life</p>	<p>Support people and communities to manage their own care needs and live healthier lives</p>	<p>An effective mechanism for providing medical advice and information through a number of mediums.</p>
	<p>Support people's care needs early preventing longer term needs (including preventative deaths)</p>	<p>Ability to deliver screening clinics for appropriate conditions</p>
	<p>Help people to manage long term conditions better</p>	<p>Delivery of holistic risk assessments (risk stratification) of people's needs (including mental and physical health)</p>
	<p>Support people in a way that helps them live the life they want to live</p>	<p>Development of MDT care plans for those with complex needs</p>
	<p>Reduce admission to hospital</p>	<p>Ability to deliver MDT clinics for key LTC</p>
	<p>Improve quality of care and patient experience</p>	<p>Person centred care, treating people as individuals, and ensuring an equity of care (including those with special needs)</p>
<p>A well led service</p>		<p>Delivery of a broad set of capabilities and interventions tailored to a population need, including the use of data and evidence to understand need (population health management capability)</p> <p>An ability to co-produce service change with patients</p> <p>Effective clinical leadership in place</p> <p>Effective system leadership, supporting system governance and leadership groups and ability to represent and make decisions for GPs at scale</p> <p>Effective 'public' leadership with patients clear on how the services are led and confidence in them being led effectively</p> <p>Effective 'local leadership' so patients have an ability to connect in with people operating in a leadership function within their individual neighbourhoods</p>

Impact	Outcome	Operating Model Requirement
		<p>Clinical and operational leadership who are accountable to delivering the agreed outcomes</p> <p>An ability to collate and provide key performance data both within internal governance and to Manx Care</p> <p>Effective governance (both corporate and clinical) in place</p>
	A safe service	<p>An appropriate reporting tool for incidents and issues</p> <p>Appropriate clinical staffing to deliver services</p> <p>An ability for patients and staff to provide feedback and ensuring feedback is taken in to account</p>
	Ensuring continuity of care	<p>Ability to provide continuity of staff members providing care</p> <p>Ensuring continuity of support through effective implementation of integrated care pathways</p>
	Improve access to appointments and treatments	<p>Online booking systems and other tools to ensure effective access to appointments for all</p>
	Reduce waiting times	<p>Increase capacity in the system (e.g. number of appointments available)</p>
	Provide patients with information that enables them to make informed choices about their care	<p>Clear communications in a number of different mediums.</p>
	Foster and enable strong relationships between patients/service users and professionals	<p>Mechanism for agreeing a single set of communication across all practices to ensure consistent messaging to all.</p> <p>Ensuring effective co-ordination of care</p>
	Reduce silos in the system so people only have to tell their story once and receive joined-up care	<p>Supporting the patient to see the same clinician/professional wherever possible</p> <p>Effective forums for teams and professionals to discuss patients (e.g. MDT meetings)</p> <p>Support team based care by creating 'local teams' across the island; including supporting integration with wider community services to operate as one team</p> <p>A commitment for teams to engage positively and proactively with staff across the health and care system (including off island), and with other relevant public sector organisations (e.g. Education)</p> <p>A commitment to share all relevant data (within the legal constraints) with partners across the health and care system (including off island) to support effective collaboration and delivery of services</p>

Impact	Outcome	Operating Model Requirement
	<p>Consistency of care for all patients</p>	<p>Ability to share patient data effectively and work with a 'single' care record</p> <p>Standardised policies and procedures</p> <p>Shared approach to assessing and qualifying patient need</p> <p>Effective triage process in place to direct patients to the right service</p> <p>Effective case load management, including ability to manage capacity across General Practice (not just at practice level) - this includes systems and operational staff capability.</p> <p>Effective care co-ordination both within Primary Care and alongside the wider community care services</p> <p>A collective innovation capability to ensure a process of continuous improvement; ongoing solution development to meet ever changing need</p> <p>Ensuring active participation of Primary Care in Integrated Care pathway design and delivery</p> <p>A flexibility in the locations in which different types of care/different interventions are delivered</p> <p>A broad skill mix across staff (both clinical and non-clinical) to meet the range of complex needs in Primary Care; including a multi-disciplinary first contact capability that utilises the full breadth of non-medical clinical staff (e.g. nursing, therapies, pharmacy, counselling)</p> <p>Ensuring that the right mix of staff are in place - effective workforce modelling and workforce plans (this should be done collaboratively with Manx Care)</p> <p>Ensure all appropriate HR policies are in place and are well understood</p> <p>Create a 'learning organisation' where all experiences across General Practice feed in to improvements and changes</p> <p>Learning and development plans (this should be done collaboratively with Manx Care)</p> <p>Introduction of innovative roles that provide different opportunities for people</p>
<p>Improving staff experience</p>	<p>Make the IOM a safe and enjoyable place to work</p> <p>Provide staff with the development opportunities they want and need</p>	

Impact	Outcome	Operating Model Requirement
Improving sustainability		Support and encourage training and broader learning alongside the structured training and development support on the island
	Encourage and foster strong relationships between professionals, especially between teams	Provide appropriate forums for sharing experiences and knowledge
	Foster hope for the future and raise morale	Forums for team development
	Ensuring the right staff are delivering care	Varied mechanisms for collaboration, including digital tools
	Achieving value for money in service delivery	Support the development of a 'one team culture' through structured and un-structured interventions
		Appropriate meetings and settings in place for cross team working
	Effective staff communications	
	Organisational plans in place and updated regularly (this should be done collaboratively with Manx Care)	
	A workforce model that allows the most appropriate and cost effective staff to meet demand/activity, capitalising on more cost effective non-medical clinical staff wherever possible	
	Fast adoption of digital tools that improve efficiency	
	Efficiency programmes to improve process across all General Practice	
	Capitalise on economies of scale in consolidating back end and supporting services	

Annex B – Summary of progress against Final Report recommendations

Recommendation	Progress and Method of Delivery (Project or Transformation Programme Management Office (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: 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 Care Quality Commission secured to undertake independent inspections for the majority of services and will identify other suitably qualified organisation(s) to ensure a comprehensive approach. 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 now required under legislation and under the Mandate and will be produced annually – Complete Improve Legislative Framework and Establish Manx Care project
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

<p>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 which need resolution. In addition, it is suggested that Tynwald should also receive an annual report on progress of the Transformation Programme.</p>	<p>The TPMO has and will continue to issue quarterly progress reports to Council of Ministers and an Annual Report to Tynwald – Complete (ongoing)</p> <p>TPMO</p>
<p>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.</p>	<p>Manx Care Act 2021 and related Regulations – Complete</p> <p>Further legislative requirements - Ongoing</p> <p>Improve the Legislative Framework</p>
<p>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.</p>	<p>Transfer of Public Health Directorate from DHSC to Cabinet Office – Complete</p> <p>Transfer Public Health project</p>
<p>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.</p>	<p>Approach to Population Needs Assessment Programme agreed and accepted to commence from April 2022 led by Public Health and responsibility with Chief Officers of all Departments</p> <p>Partially Complete - Ongoing</p> <p>Undertake Needs Assessment project</p>
<p>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.</p>	<p>Ongoing</p> <p>Care Pathways and Service Delivery Transformation project</p>
<p>Recommendation 12: Service-by-service integrated care pathways should be designed, agreed and delivered. These should encompass both on and off-Island components of clinical service models.</p>	<p>Ongoing</p> <p>Care Pathways and Service Delivery Transformation project</p>
<p>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.</p>	<p>Helicopter Emergency Medical Service (HEMS) trial to commence October 2021 and, subject to success, to develop and become an enduring service</p> <p>Ongoing</p> <p>Air Bridge project</p>
<p>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.</p>	<p>Ongoing</p> <p>Care Pathways and Service Delivery Transformation project</p>

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 budgets and development of 2022/23 budget submission – 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.	Ongoing 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 and Digital 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 Information and Digital project
Recommendation 23: A core data set is essential for the management and assessment of services and should be established without delay.	Initial Core Data set delivered September 2021 for further development – Ongoing Information and Digital project
Recommendation 24: The systematic capture of accurate data should be a priority for the Island's health and care services.	Ongoing Information and Digital 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 high quality professionals. It will then increase the attractiveness of the Isle of Man as a career destination.	Ongoing Workforce and Culture project

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)
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