

## **Cabinet – 22 October 2008**

### **Hollybank House Reprovision**

<b>Portfolio:</b>	Councillor Barbara McCracken, Social care, health and housing
<b>Service:</b>	Disability Services
<b>Wards:</b>	All
<b>Key decision:</b>	Yes
<b>Forward plan:</b>	Yes

#### **1. Summary of report**

Hollybank House is the only local authority short and long stay residential unit for physically disabled adults aged 18-64 in Walsall. In September 2007 Cabinet agreed that the 2006 review be accepted and approved. Cabinet requested that formal consultation with existing residents of Hollybank be entered into and a further report submitted outlining the action plan for developing the new service.

This report briefs Cabinet on the outcome of the consultation, provides an update on Hollybank and submits a Project Initiation Document (PID) to redevelop the service in partnership with health colleagues.

#### **2. Recommendations**

- 2.1 That Cabinet agree Option 3 of the 2006 report be implemented and require that service user wishes be respected and subject to overview by the Health & Social Care Scrutiny Panel.
- 2.2 That the PID be accepted as the basis for an Action Plan for service redevelopment with final timescales determined by subsequent negotiation between Social Care & Inclusion and NHS Walsall.

#### **3. Background information**

##### **Hollybank House Reprovision**

In September 2007 Cabinet considered a report concerning a key decision to end the local authority residential provision for younger physically disabled adults and required alternative community based accommodation options to be identified for existing residents of the home.

The report identified three options:-

Option 1 – retain existing services, but increase emphasis on promoting independence.

Option 2 – provide a mixed range of functions including long stay placements, rehabilitation and respite care.

Option 3 – create a residential rehabilitation and respite care centre.

Cabinet agreed that the review report be accepted but that a period of formal consultation with existing residents of Hollybank House be entered into and that Cabinet receive a further report outlining the Action Plan for the new service.

This report

- Identifies the outcomes of the formal consultation
- Provides an update to Cabinet on the current usage of Hollybank
- Outlines an Action Plan for service development

## **Consultation**

Hollybank House currently has 8 long term residents whose needs are as follows;

- 3 high dependency
- 1 medium dependency
- 4 low dependency

Most people consulted have expressed a wish to move to accommodation offering more choice and control in a community setting.

One person has expressed a wish not to move. However, the expressed view is based on a lack of confidence in the reliability of community support services and this may change as other clients develop alternative and potentially more advantageous lifestyles.

A client who has difficulty in making an informed choice and is supported by a legal advocate is likely to require a residential home placement rather than the supported living option which is the preference of the other clients.

The difference between the various living options is as follows;

- Supported Living
  - Uses adapted housing and individualised service
  - High choice and control of lifestyle
  - The client is a tenant, full or part owner
  - High level of security of accommodation
  - Choice in carer support
  - Level of care based on assessed need

- Range of citizen benefits with real income – typically in excess of £200 per week
- Residential Care
  - Uses specialised buildings and communal service
  - Low choice and control due to communal lifestyle
  - The client is on licence with 28 days security
  - Carers provided by proprietors
  - 24/7 care based on regulated service levels
  - Income is a Personal Benefit of £ 21.15 per week

The pathway for most clients will be reliant on appropriately adapted housing being available in town and thus the changes at Hollybank may take some time as this type of housing is difficult to access in Walsall.

There are some positive developments such as the Bromford Housing Association HOLD (Home Ownership for Long term Disabled) scheme in Midland Road where, in partnership with the Housing Corporation, Disability Services have been offered 4 housing units of which 2 are fully adapted for people with physical disabilities. The scheme supports the ownership of homes on either a full or part share basis.

### **Current Usage of Hollybank**

Since September 2007 long term occupancy of Hollybank House has reduced from 12 to 8 residents.

Short term/respite care days provided has increased by 75% and the current referral rate is 60% higher than in January to December 2007. This represents an important change at Hollybank as service user and carer groups respond to improvements in service quality generated by management intervention and the staff team themselves. The unit has retained its Commission for Social Care Inspection (CSCI) rating of 'good'.

### **Action Plan for future use of Hollybank**

#### **Initial action – Cabinet agrees Option 3**

The preferred option of the review report accepted by Cabinet in 2007 was Option 3 which required the phased introduction of;

- Hollybank operating as a residential rehabilitation resource and respite centre
- The unit does not provide long term placements – it ceases to be a 'home'
- The unit will provide
  - Residential rehabilitation beds
  - Respite care and short breaks
  - Emergency placements/short term assessments
  - Promotion of independence and reablement

The change in focus of Hollybank will provide important citizen benefits by providing services in town instead of citizens having to go out of borough to receive support.

Option 3 also offers substantial opportunities for partnership working with health colleagues and the potential financial investment for some service developments.

The proposed service model is the preferred pathway for NHS Walsall who have indicated the potential to commission up to 3 intermediate care beds plus a further 3 short break beds. This model could provide an integrated Social Care and Health service for conditions such as;

- Traumatic brain injury
- Epilepsy
- Parkinson's disease
- Cerebral palsy
- Multiple sclerosis
- Spinal cord injury
- Huntington's disease
- Motor neurone disease

The benefits of Option 3 are as follows;

To the service user

- By delivering care close to home with the outcome of returning home wherever possible rather than an out of borough care home
- By recovering/enhancing independence
- By reducing risks of hospitalisation

To the Health and Social Care Economy

- By supporting delivery of high level performance indicators such as
  - Delays in transfer of care
  - Reduction in lengths of hospital stay
  - Reduction in crisis/emergency admissions
  - Reduction of people in out of borough placements
  - Reduction of people accessing residential/nursing care
  - Increase in Direct Payment schemes
- By compliance with National Standards
- By positive recruitment and retention of staff
- By delivering a Walsall service

### **Further Cabinet agreement – that service user wishes be respected**

One existing long term service user has indicated a wish to stay at Hollybank. The 'Putting People First' initiative emphasises the importance of choice and control in delivering personalised services. The service users wish should be respected but there should be a high degree of support to help the service user make an informed choice about where they live in the future.

The process of service redevelopment and resettlement of existing service users will inevitably take time as the choice and control rules will apply equally to them. There should be overview of this process by the Health & Social Care Scrutiny Panel to ensure that service user choices are respected in the service redevelopment process.

### **Project approval by Cabinet**

Attached is a Project Initiation Document (PID) to action Cabinets approval of Option 3 in the original review report submitted to Cabinet in September 2007.

The PID will be developed into a timed Action Plan monitored by the corporate project register approach.

The Action Plan will commence in November 2008 with the final timescale for the transformation of Hollybank being subject to negotiation and agreement with NHS Walsall.

## **4. Resource considerations**

### **4.1 Financial:**

The changes proposed are within the current Council resources allocated to Hollybank. The proposals support existing Council policies relating to developing more integrated services with health colleagues, providing local services which offer choice and maintaining people in community settings taking account of their specific housing needs.

Negotiations with health colleagues will identify additional financial resources through the Local Delivery Plan with funding for up to 6 beds being considered through this process. Final investment in the joint service will be dependent on the 'mapping' of present and future needs for people with physical disabilities in the town.

### **4.2 Legal:**

The PID will review the future legal requirements for a service based on Section 75 (Health Act Flexibilities) with Walsall Community Health facilitating integrated working and a similar formal arrangement with NHS Walsall for joint commissioning.

### **4.3 Staffing:**

The development of a more forward thinking and modern service will enhance the staff experience of supporting people with a physical disability. Some retraining and refocusing of resources will be required but staff have responded very positively to the draft proposals for the service.

Future arrangements for staff consultation will be through the Joint JNC Sub-Group for Integrated Services. This sub group reports formally to the Adult Services JNC and Primary Care Trust JNC respectively.

## **5. Citizen impact**

The proposal affects younger adults with physical disabilities as it will remove the option of long term local authority residential provision. However, the focus of both national and local government is on promoting independence and providing the support to individuals to ensure they can be safely supported in their own homes. The existing Hollybank residents will be given appropriate support to move back into the community.

## **6. Community safety**

None directly linked to this report.

## **7. Environmental impact**

None directly linked to this report.

## **8. Performance and risk management issues**

By providing a local residential rehabilitation service which has a specialist focus on neurological conditions, the proposed changes will provide better value for money as this will significantly reduce the need to contract with similar services out of borough. As work is undertaken with local housing providers to identify appropriate rehousing opportunities for the existing Hollybank residents, this will help develop improved housing choices in the longer term for other disabled residents in the Borough.

A formal risk assessment will be undertaken as part of the next stage of the overall project, subject to Cabinet approval.

## **9. Equality implications**

The proposal will seek to provide a specialist local service meeting the social rehabilitation needs of some of its most vulnerable citizens by providing care 'closer to home'. It will also seek to develop an appropriate range of housing options to enable disabled people to live independently within the community.

## **10. Consultation**

As part of the overall review and this report, consultation has been undertaken with residents, staff, relatives and other stakeholders. The redevelopment will also be subject to continuous and regular consultation with all concerned on a regular basis.

## **11. Background papers**

Cabinet Report September 2007 – Hollybank House Reprovision.

October 2006 – 'Review of Hollybank House'.

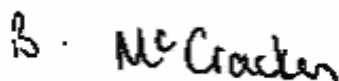
## Author

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A handwritten signature in black ink, consisting of a series of loops and a long, sweeping horizontal stroke extending to the right.

David Martin  
Executive Director

9 October 2008

A handwritten signature in black ink, starting with a capital 'B' followed by a dot and the name 'McCracken' in a cursive style.

Councillor Barbara McCracken  
Portfolio holder

9 October 2008

**1. Project identification**

<b>Project Number:</b>		<b>Date of Report:</b>	Sept 2008
<b>Project Title:</b>	HOLLYBANK HOUSE REPROVISION		
<b>Project Champion:</b>	John Greensill	<b>Project Manager:</b>	Tony Barnett
<b>Directorate:</b>	<b>Social Care &amp; Inclusion</b>	<b>Service Area:</b>	<b>Disability Services</b>

**2. Project Overview**

a	<b>Overview:</b>
	<p>To improve specific services for people with associated acquired brain injury or long term disabling conditions through residential rehabilitation via design and reprovision, ensuring services meet the needs of users and potential users, in line with community expectations both now and in the future in line with Walsall Council's younger people with physical and sensory impairments service vision. To develop partnership working across Health, Social Care and Housing in providing a seamless service across organisational boundaries.</p> <p>To look at developing a service model that will best equip Hollybank House to provide the type of services people and communities require to regain independence, and return back to independent community living.</p> <p>Hollybank House as a resource is ideally placed to play an active role in developing new care pathways, looking at potential new ways of working and delivering high impact services, reducing waste and over consumption of service delivery.</p>

**3. Project Background**

a	<b>Background:</b>
	<p>Central Government drivers focusing on the reduction of people entering residential care, and to develop services that promote independence and choice in partnership with health and other stakeholders.</p> <p>A service review at Hollybank House was carried out in September 2006 identifying certain options for change. These options fit with current drivers for change as listed below, and also the corporate view relating to local people accessing services locally. Currently people have to access residential rehabilitation services in outlying units based either in South Birmingham, Oswestry, or Wolverhampton.</p> <p>National Service Framework (NSF) for long term conditions states among its Quality Requirements that:</p> <ul style="list-style-type: none"> <li>• "People with long term neurological conditions who would benefit from rehabilitation are to receive timely, ongoing, high quality rehabilitation services in hospital or other specialist settings to meet their continuing</li> </ul>





and changing needs. When ready, they are to receive the help they need to return home for ongoing community rehabilitation and support”.

- “People with long-term neurological conditions living at home are to have ongoing access to a comprehensive range of rehabilitation, advice and support to meet their continuing and changing needs, increase their independence and autonomy and help them to live as they wish”.
- People with long-term neurological conditions are to have access to appropriate vocational assessment, rehabilitation and on-going support, to enable them to find, regain or remain in work and access other occupational and educational opportunities”.

The purpose of this project is to redesign and refocus a means for eliminating service gaps for adults with Acquired Brain Injury (ABI) and other disabling conditions in the Walsall locality ensuring that people can receive the specialist rehabilitation as stated in the National Service Framework for Long-Term Conditions.

The project will initially seek to map existing services and understand the way they are delivered by process mapping the persons journey. Information from this process will inform and develop an appropriate care pathway (this element will link with the local clinical reference group) together with a new model of service delivery.

This should not be done in isolation of other stakeholders, and will involve service users (Ref Hollybank Service Review Document).

#### **EXPAND FURTHER (DATA TO FOLLOW)**

- 1. Referral data**
- 2. Capital cost**
- 3. Out of Area placements**
- 4. Waste**
- 5. Income generation**

#### **4. Business Case**

a

##### **Business Case:**

The transformation of Adult Social Care in Walsall is based on the vision identified in the December 2007 ministerial concordat. The ‘Putting People First’ policy directive will require change to meet demographic challenge and rising expectations.

A service review of Hollybank House was conducted in response to national drivers from legislation and various consultation exercises in 2005/6 carried out by the Department of Health.

The outcome of the service review highlighted that the current service operated within a very traditional approach to rehabilitation issues around low occupancy rates, relationship management issues with specialist teams and services in



	<p>terms of the wider rehabilitation agenda.</p> <p>As a consequence of the above it was agreed that Hollybank House had opportunities at this time to modernise its approach to encompass the wider rehabilitation agenda working in conjunction with the NHS to provide an integrated service model.</p> <p>Both Cabinet and Scrutiny agreed (October 2007) that a programme of public consultation with all stakeholders should set the pace of change.</p> <p>At this time Disability Services in Walsall are going through a period of merger with Learning Disability Services and it is envisaged that stakeholders will develop a shared Vision for the new Disability Service leading to statements of intent.</p> <p>The service review identified three options for discussion and Option 3 in the Review Report has been presented to Cabinet as the preferred option for the development of an integrated rehabilitation service enabling people with acquired brain injury and long term disabling conditions to regain skills and return back to their home and communities.</p>
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## 5. Project Definition Assumptions

a	<b>Projects:</b>
	<p>The Hollybank House Project is divided into three stages of development;</p> <ol style="list-style-type: none"> <li>1. Development of proposal(s) to enable initial consultation</li> <li>2. Detailed development of proposal(s) including consultation with Social Services, Health and Housing. Investigation to cost implications, and overall specifications.</li> <li>3. Strategic implementation of proposals.</li> </ol> <p>The first phase is distinct and separate from the second and third phases.</p> <p>On successful completion of the opening segment we will need to revise certain elements from the consultation, taking into account any lessons learnt. The aim of this phase is then to determine the success of the potential service model in providing good outcomes for service users and their families.</p> <p>This phase will also aim to assess the feasibility of the models from an organisational perspective with regard to sustainability, effectiveness and service delivery.</p> <p>Thirdly, the deliverables for this phase will be to identify success and/or gaps in the service process, as well as any new ways of working to ensure effective collaboration between organisations and/or professional groups, in order to refine the model. It will also determine the financial and resource implications of delivering an integrated rehabilitation service and produce a cost benefit analysis.</p>



## 6. Objectives and Outcomes

a	Objectives and Outcomes:		
	Intention	Principle	Effect
	Construct an inclusion service map to ensure access and delivery and at the right time.	Exploration of both care pathways and service mapping from a process view.	To look at referral routes into current services, the role of care management in process.
	Commitment from all stakeholders.	Active participation from all stakeholders.	Stakeholders to attend all meetings to ensure flow of ideas and problem solving.
	Stakeholders to have a shared vision for service improvement and desire to problem solve.	Full agreement with all stakeholders as to the overall end product to be achieved.	Joint work programmes to take forward development opportunities and joint owners.
	Joint working initiatives	Service deliver and improvement by joint working at all levels.	Stakeholder to attend clinical reference group, operations group and strategy group.
	Information that will inform and support service options.	Any service change should be evidenced by actual data.	Audit desires for change against reality. Seek financial data of out of areas placements (cost effective).
	Development of an appropriate service model that not only promotes independence but increases and gives back individual control to the person.	A clearer picture sought to identify process gaps and potential for a new model or a different way of working to run concurrent.	Feasibility model to be formulated together with costing, projected income generation, referral data, and outcomes (matching needs against wants).
	Communication strategy designed and in place.	Formal consultation with staff group, long and short term resident together with respite care users of Hollybank House.	Accurate and consistent information sharing.



	Through timely and focused rehabilitation.	Unlock and target resources more effectively.	Reduction in out of borough (high cost) placements, ensuring every opportunity for recovery.
<p>As we move through the process the above may be amended or additions made.</p> <p>Key Success Influences:</p> <ol style="list-style-type: none"> <li>1. Stakeholder engagement in key discussions to reach collective decision and problem solving where process gaps are visible.</li> <li>2. Successful process mapping (current &amp; future). Greater emphasis on waste reduction age is paramount, therefore evidence gathering is essential.</li> <li>3. Development of a common understanding of where we are going and what is to be achieved within realistic timeframes.</li> </ol>			

## 7. Scope

a	<b>Scope:</b>
	<p>The project has been initiated by Walsall Social Care &amp; Inclusion with active consultation with NHS Walsall and Walsall Community Health.</p> <p>It is envisaged that the project will be a means whereby it can, through successful consultation, negotiation and problem solving design processes that will decrease service gaps, eliminate waste and over consumption of service delivery in line with high quality, best value guidelines. Ensuring that people can receive appropriate specialised rehabilitation as previously mentioned in the long term conditions statement above as a matter of good practice.</p> <p>Data concerning current services will be gathered and analysed so that a clear understanding of the current service and its shortfalls can be absorbed as this will enable thinking to take place in correcting current processes and also enable us to generate new ways and models of working (LEAN).</p> <p>As part of the rehabilitation arm of the service is concerned a feasibility study has been initiated with clerk of works and contractor to draw up specifications as what will be required in terms of regulated room sizes, specialised equipment, cost of staffing, income generation and capital costs as a whole.</p> <p>Issues around the role of care management team functions are not within the boundaries of this project except with regards to relationship management. However, local interpretation of the role of enablement will be.</p>



<b>b</b>	<b>Links and Interdependencies :</b>
	<p>Links with wider development of community rehabilitation services as a whole across social care.</p> <p>Links with NHS rehabilitation service agendas.</p> <p>Linkage to development and consultation of a new Disability Management Structure .</p>

## 8. Constraints

<b>a</b>	<b>Constraints:</b>
	<p>Inappropriate timescales may place additional pressure on process, service scoping and service mapping.</p> <p>There may be some financial constraints in relation to adequately funding the initiative on a long term basis. There is likely to be constraints in procurement of human resource.</p>

## 9. Assumptions

<b>a</b>	<b>Corporate:</b>
	<p>Consultation will be with all stakeholders including residents, staff, carers, partner organisations, members will be involved in all discussions and decision making.</p>
<b>b</b>	<b>Administration:</b>
	<p>No administrative support will be made available.</p>
<b>c</b>	<b>Facilities:</b>
	<p>Office base at Tameway Tower and Hollybank House.</p>
<b>d</b>	<b>Other:</b>
	<p>As a consequence of discussions and exploration of data as contained within the service review, we are now gathering evidence in pursuit of an alternative model to one proposed in the original service review document. A full cost analysis report will be produced to run alongside existing work.</p>

**10. Project Budget Information**

a	<b>Budget:</b>
	Originally capital monies required to undertake internal alterations to existing service provision were agreed at 50k however this has not been substantiated.

b	Capital Project Costs:		
Date Month/Year		Item	Capital Cost £
		Financial analysis to follow pending completion of feasibility work.	
TOTAL			
Reserve or contingency			
TOTAL			

**11. Project Organisation**

a	<b>Project Structure:</b>
	Awaiting Project Structure insert

b	<b>Performance Board:</b>	
Name		Title
Dave Martin		Director – Social Care & Inclusion
Margaret Willcox		Assistant Director – Social Care & Inclusion
John Greensill		Head of Disability Services
tba		Commissioning NHS Walsall

The performance board will monitor the progress of the project, discuss any major proposals for variation and sign off deliverables. The performance board will meet as required during the project. The performance board will be responsible for:

- Providing direction to ensure the success of the project in terms of the right activities, within budget, on time and to the correct quality standards.
- Any publicity or dissemination of information about the project to the outside world.
- Approving the start of the project through acceptance of the project initiation document.
- Ensuring sufficient resources are allocated to the project.
- Providing direction and guidance on issues brought forward by project managers.
- Taking notice of risks and their impact on project initiatives.
- Approving (and where necessary requesting) changes to the project management procedures, project plans, project deliverables etc.
- Formal closure of the project.



c	<b>Roles and Responsibilities:</b>	
<b>Key Role / Name</b>		<b>Responsibilities</b>
<b>Project Champion</b>		<ul style="list-style-type: none"> <li>◆ To monitor the continued business case for the project.</li> <li>◆ To authorise changes to budget, scope and project dates.</li> <li>◆ To be a point of contact to escalate project risks.</li> <li>◆ To notify the project manager of any proposed changes or strategic decisions which may affect the project.</li> <li>◆ To secure Walsall Council's organisational support for the project.</li> <li>◆ To have ultimate responsibility for the project; ensuring that project objectives are met.</li> <li>◆ To have overall ownership and control of the project and, if relevant, associated sub-projects.</li> <li>◆ To ensure appropriate resources are assigned and appropriately allocated to the project.</li> <li>◆ To be the prime point of contact for the project manager.</li> <li>◆ To remove blockages that are preventing the project manager from delivering the project.</li> </ul>
<b>Project Manager</b>		<ul style="list-style-type: none"> <li>◆ Responsible to the project champion for delivering the project on time and within the agreed budget.</li> <li>◆ To ensure that the day-to-day project management is effective and providing adequate control and direction.</li> <li>◆ To ensure that the work undertaken by the project team is completed to the scope of the defined deliverables, and enables benefit to Walsall Council.</li> <li>◆ To ensure work undertaken is consistent with the acceptance criteria and Walsall Council Quality Management System.</li> <li>◆ To provide project information to both project members and Walsall Council management as agreed.</li> <li>◆ To obtain sign off for deliverables.</li> <li>◆ To ensure that the change control, acceptance and risk management procedures are followed.</li> </ul>

## 12. Communication Plan

a	<b>National Stakeholders:</b>
	<p>We have developed a communications strategy as from the outset agreement was reached by all stakeholders to have a structured programme for communication as effective communication is a two way process. To ensure that all stakeholders are empowered to act and have some ownership of the project, the frequency of all communication will vary depending on the stage the project.</p> <p>The project will communicate progress to the wider stakeholder forum in line with the strategy and overarching protocols.</p> <p>The aim is to phase in communications to help the project define and refine the project aim and objectives and hopefully gain wider support for the proposed initiative.</p>



	Residents, carers, Hollybank House staff, NHS Walsall, Strategic Housing, Walsall Community Health, Members, Voluntary Sector organisations.
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<b>b</b>	<b>Local Stakeholders:</b>
	Residents, carers, Hollybank House staff, NHS Walsall, Strategic Housing, Walsall Community Health, Members, Voluntary Sector organisations.

<b>c</b>	<b>Stakeholder Communication:</b>
	Regular attendance at multi agency stakeholders via established forums. Frequent attendance at Clinical Reference Groups, Local Operational Forum for Long Term conditions, close liaison with Strategic Housing. Local communication briefings at Hollybank House.

<b>d</b>	<b>Equalities Monitoring:</b>
	Particular attention should be made to providing an inclusive service, and one that is also representative of local communities.

<b>e</b>	<b>Local Communication Plan</b>		
Communication		Frequency	Action / Agenda
Between project manager and project champion		Monthly	By use of project highlight report
		Weekly	Formal discussion and exception reporting as and when required.
Between project champion and directorate management team		Monthly	Agenda Items: previous actions. project highlight reports, project plan, risks register.
Between project champion and project management office		Monthly	By use of project management report (extract from project register). Generated by the PMO at end of each month for completion and return by project champion by 1 <sup>st</sup> week of each month.
Project progress meetings and team meetings		As required	
Between project management office and Executive Management Team. (CMT) (This communication is set on request of CMT)		Monthly	By extract from project register having been updated from project management report.
Press enquiries		As required	Define the name and title of the officer to which all press enquiries should be directed



**13. Project / Programme Plan**

a	Phases:			
Actions		Date		Resources
		From	To	
Phase 1 SWOT Analysis		14.10.2008	17.10.2008	
Phase 2 The deliverables for staff consultation		17.1.2009	08.04.2009	
Phase 3 for both Long Stay residents and Respite service users.		12.02.2009	14.08.2009	
Phase 3b Independent Advocacy (time limited supporting role)		12.02.2009	12.05.2009	
Phase 4 The deliverables for care pathways, testing of service models		04.02.2009	21.08.2009	
Phase 5 Testing of service models and examination of health and social care data to reinforce concept		03.03.2009	31.08.2009	
Phase 6 Report on overall activity based costing based o projected plan of work detail		24.01.2009	ongoing	

b	Key Milestones:	
	Date	Key Milestone

c	Key Deliverables:	
Deliverables		
1.	Consultation with Health	
2.	Consultation with service users	
3.	Consultation with carers	
4.	Process scoping/mapping	
5.	Consultation with Social Care & Inclusion	
6.	Public consultation programme 6 month period (standard measurement)	
7.	Feasibility Study as rehabilitation unit complete with cost analysis	
8.	Report on income generation model linkage to integrated rehabilitation model	



The deliverables are the products from the project (may be documentation, a system, a process, a procedure, a new service, the decommissioning of a service). What will be different to before the project?

d	<b>Resource Allocation:</b>						
<b>Resource Name</b>	<b>tba</b>						<b>TOTAL</b>
Scoping	Service Mapping	Service Mapping	Service Model Teat	Service Model Test	Draft Reporting	Draft Reporting	0
Process Mapping	Process mapping	Process mapping	Process Flow Charts	Test Model			0
Clinical Reference Group	Care Pathways	Care Pathways	Care Pathways	Test Model			
Feasibility Models	Building work specifications and evaluation						
Data gathering & testing	Data gathering	Data gathering	Test Model	Test Model			

e	<b>Project Tolerance</b>	
	<b>TIME</b>	<b>COST - £</b>

Exceeding of any tolerance will trigger the production of an exception report to the Performance Board in the first instance. The tolerances may be reviewed during the life of the project.

## 14. Project Controls

a	<b>Exception Process:</b>  An exception report will be produced when phases do not run to schedule or exceed tolerance levels. These will be produced and presented to the project board.			
b	<b>Risk and Contingency Plan:</b>  A risk matrix has been produced below to highlighted controls areas; an integrated finance model is also under construction.			
	<b>Pressure for change</b> 3. Modernisation policy. Key Performance Indicators. Top down commitment. 2. Agreed policy communicated to all staff. Public	<b>A Shared Vision CLEAR</b> 3. High level awareness. Motivated staff group. 2. Joint Management LA/NHS involved in	<b>Resources &amp; Capacity</b> 3. Resources (internal v external). Cost savings investment v disinvestment. 2. Making project resources available.	<b>Performance management</b> 3. Integrated action responses 'service delivery'. 2. Wider community engagement, low cost, no cost



	consultation. Staff consultation.	planning process. Staff given opportunity to input.		measures.
	1. Senior Management Champion. Drafting policy.	1. Key support staff assisting in drafting, taking action, driving redesign process.	1. Training and development needs.	1. Some no cost measures implemented.
	No explicit policy. 'Business as usual'. No forward planning.	De-motivated staff. Poor communication. General mistrust.	No investment. High levels of stress, staff feeling under valued.	Zero action. Crisis management. Increase in unmet need 'individual and community'

c	<b>Change Control:</b> Any proposed changes to the agreed specification (scope change) the change control process must be instigated. The performance board will need to authorise any specification changes.
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### 3. Sign Off

<b>Champion Name (1):</b>		<b>Date:</b>	<b>September 2008</b>
<b>Performance Board (2):</b>		<b>Date:</b>	<b>September 2008</b>
<b>Signature:</b>	<b>(1)</b>	<b>(2)</b>	