

Project Initiation Document (PID)

Project: The Oxfordshire Mental Health Housing and Support Strategy

Ref:

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Project Initiation Document

1 Background

Meeting the housing and support needs of people with mental health problems living in Oxfordshire represents a considerable challenge to commissioners in several ways

- Housing related support services are vital to timely discharges from hospital
- The high cost of residential care in the County
- The scarcity of suitable provision, particularly to enable people to move to more independent accommodation and support their recovery
- The complex relationship between different funding streams and commissioning pathways, multiple housing authorities and providers which are currently meeting different needs at different stages of a person's recovery in a range of services that are partly determined by external and/or local factors. There is a risk of both duplication and gaps.

Oxfordshire Supporting People and the Mental Health Joint Commissioning Team at Oxfordshire Primary Care Trust are both, in the words of the Supporting People Strategy seeking to *change Oxfordshire's housing related support services for the better*.

There are two broad strategic developments that will underpin the development of housing and support services for people affected by mental health problems in Oxfordshire from 2009.

Firstly, the Oxfordshire Mental Health Strategy 2007 identified the need for a Mental Health and Housing Strategy. Commissioning partners and service providers have long recognised the need to address housing needs of people with mental health problems. Good quality secure housing underpins good healthcare outcomes and improves overall quality of life for this group of people.

Secondly, in 2008 the Oxfordshire Partnership (of which the Supporting People partnership is a part) published a Sustainable Community Strategy based on widespread consultation undertaken in 2007.

This new strategy is based on a set of pledges which the Oxfordshire Partnership is making to deliver the things the people of Oxfordshire want.

The Supporting People partnership's work relates to the pledge to "Improve support and opportunities for independent living". The Oxfordshire Supporting People Strategy 2008-11 sets out how this pledge will be met.

These 2 existing strategies must be reflected in the Oxfordshire Mental Health Housing and Support Strategy.

Definition

A Mental Health Housing and Support Strategy must address both the need for housing (i.e. bed spaces and bricks and mortar) and for support services required to enable people to sustain their accommodation (i.e. specialist housing related support, health prevention services, etc).

Supporting People defines Housing related support as a distinct set of activities, different from health care and social care, different to from routine housing management carried out by social landlords for their tenants.

But housing related support is important in many ways: it helps to meet health, housing, social care and community safety goals.

Key Strategic drivers

- The Mental Health Commissioning Pooled Budget between OPCT and OCC will be expanded from April 2009 to include all health and social care expenditure for adults of working age with the exception of forensic services. The PCT is the lead commissioner. Existing social care and accommodation contracts will be novated to the PCT, and the PCT will assume responsibility for the Mental Health *Residential Panel*.
- There is a need to ensure a geographical spread of services across the county and avoid the need for people to be imported to Oxford and in consequence the project needs to ensure engagement with providers and housing authorities across 5 district councils
- The Transforming Social Care agenda is being extended during 2009/10 to adults of working age with mental health problems through the introduction of Self Directed Support. This offers challenges for commissioners and providers, but also may lead to a significantly altered landscape in terms of the purchasing of housing and accommodation support services.
- Oxfordshire Local Area Agreement with central government requires that Supporting People's work meets National Indicator 141 which covers short term, accommodation based services like hostels for homeless people, supported housing for many groups of socially excluded people and women's refuges. Addressing this target is central to the Oxfordshire Supporting People Strategy 2008-11.

Financial drivers

- Supporting People funding for specialist housing related support for people with mental health issues in Oxfordshire is generally accepted to have been underfunded from inception, in terms of reflecting actual costs of services being provided. Now Supporting People funding for people with mental health problems is to be cut by 15% from April 2010 as the total programme grant reduces year on year. All Supporting People funded services for this client group are subject to a review in 2009-10 against the Oxfordshire Supporting People strategy to inform

future commissioning plans.

- The expanded Mental Health Commissioning Pooled Budget needs to identify annual efficiency savings (2% in 2009/10)
- The expanded Mental Health Commissioning Pooled Budget will inherit a pressure of £545k on housing and social care expenditure from April 2009. There is an existing mitigation plan but this will only address £150k of this pressure

Other considerations

- The need to address delayed discharge from acute adult mental health inpatient services
- The boundaries between specialist services funded by Supporting People for people with mental health problems, and broader non-specialist services that might be used by people with mental health problems
- The impact of s117 of the 1983 Mental Health Act on the pathway determining whether services are funded by Supporting People or by the Mental Health Pooled Commissioning Budget
- The need for crisis provision
- The potential growth in the demand for accommodation services for people with conditions such as ASD, particularly for service users making the transition to Adult services.
- The PCT contracts with a number of voluntary organizations including those providing housing and accommodation providers. These contracts largely expire on 31/3/2010 and would be reviewed against the revised MH strategy to inform future commissioning plans.
- Services in Oxfordshire need to reflect a number of local geographical factors: high land values; a large privately rented sector and high levels of houses in multiple occupation, particularly in Oxford; the mixed urban and rural nature of the county; high staffing costs.

The project will need to address these drivers, and will need to deliver better, more service user focussed care, and also greater efficiencies in commissioning arrangements.

2 Project definition

2.1 Project objectives

The project will design and deliver a strategy for the development of accommodation and housing services people over the age of 16 who use mental health services in Oxfordshire.

The project will deliver its aims in 2 phases.

In Phase 1 the project will produce draft housing and support strategy with the following objectives:

- A needs analysis covering assessment, current provision and gaps within adult and forensic housing/accommodation services
- An evaluation of current services to cover quality and value for money and comparison with services in other geographical areas
- Proposals that match accommodation and care pathways for people with mental health problems so as to provide appropriate support and the opportunity for recovery which reflect their needs
- Recommendations that reflect current and future financial pressures and will inform commissioning, service redesign and procurement

In Phase 2 the project will finalise the housing and support strategy with the following objectives:

- Consultation with stakeholders on key elements of the future pathway to recovery for adults with mental health problems in Oxfordshire and how implementation would be managed
- Information on revised pathways for service users and carers
- Information for providers to aid the development of the market
- Training for frontline staff
- Recommendations in a delivery plan for commissioners to inform procurement
- Recommendations on the future relationship between the Mental Health Commissioning Pooled Budget and Supporting People

2.2 Defined method of approach

The Project will be managed by a Board which will be responsible for ensuring that the project works towards providing a solution which fits within operational demands and within time constraints. The project board will steer the work undertaken by the project manager. Consultants have been appointed to deliver Phase 1 of the project. Phase 2 of the project would be delivered jointly by Angelo Fernandes, the project manager, who is based in the Supporting People team, and by Martin Mellors, Service Development Manager (Mental Health) based in the PCT.

A collaborative approach to the project will be adopted, to ensure discussions are as open and inclusive as possible between all stakeholders, service users and carers. This will be initiated in a scoping workshop with key stakeholders.

A key part of the project is to achieve a high level of engagement with community mental health, housing, support and other teams to understand the culture about assessment,

need and the opportunity for recovery and move on. The project must achieve a high level of understanding around interfaces and processes and the presumptions that underpin them.

The project must also achieve a high level of involvement from service users and their carers. Accommodation was rated 2nd in the list of priorities identified in the MH Engagement Exercise carried out by OPCT in 2008. The method of approach must reflect these requirements.

Further working groups made up of stakeholders may be appointed to take forward aspects of the project in Phase 2.

2.3 Project scope

Managing the scope of the project will be complicated by the complex nature of the interdependencies as set out in 2.7 below.

The project **INCLUDES** the following as part of its scope:

- Housing and support services for people aged 16 and above with mental health problems living in Oxfordshire. This includes dedicated residential social care; short-term interim accommodation in hostels; supported accommodation; and independent accommodation in the private sector with floating support.
- The impact of people referred from outside of Oxfordshire to forensic services in the County, who remain in the area and use local services.
- The pathway from forensic care to acute settings and on to secondary care in the community and the delays arising from lack of suitable accommodation
- The impact of s117 1983 Mental Health Act on care pathways and the relationship between services commissioned by Supporting People and the Mental Health Commissioning Pooled Budget
- Oxfordshire adults aged 16 and above with mental health problems but currently in housing or receiving services outside of the county
- The transitions into adult services from young people, and from adult to older services for people affected by functional illness
- The accommodation implications for people affected by dementia, particularly the needs of people affected by early onset dementia.
- The accommodation implications for people who develop physical health problems alongside their mental health problems
- The funding pressures created by the reduction in funding from Supporting People, the current social care pressure within the Mental Health Commissioning Pooled Budget and the impact of Self-Directed Support
- Those issues raised in the engagement exercise *Mental Health in Oxfordshire 2008*

regarding dual diagnosis, complex needs, longer term floating support, Aspergers and Autistic Spectrum-high support therapeutic environments, better geographical distribution of accommodation based services, increasing demand from forensic services, and crisis.

The project **EXCLUDES** the following as part of its scope:

- Accommodation and services currently provided for people affected by conditions relating to older age
- Accommodation and services for people with Learning Disabilities
- Accommodation and services for children and young people under the age of 16
- Services for people living with addiction where there is no mental health issue

2.4 Project deliverables

The project will be undertaken in 2 stages and will deliver:

STAGE 1 (delivered by Consultant)

- Communication and consultation
 - A scoping workshop
 - Stakeholder interviews and focus groups
- A draft Mental Health Housing and Support strategy covering
 - A Needs Analysis in respect of housing and accommodation relating to forensic and adult mental health services
 - Analysis of assessment processes
 - Care pathway mapping looking at accommodation through prevention, on discharge from acute services, through secondary care in the community to discharge to primary care and on to recovery
 - Supplier needs analysis of current service provision
 - An evaluation of literature regarding service models within this range of services to identify value for money and effectiveness in the face of increased demand
 - A benchmarking analysis of comparable services in other local authorities
 - Proposals that match housing, support and care pathways for people with mental health problems so as to provide appropriate support and the opportunity for recovery
 - An analysis of financial pressures presented by relevant funding streams(including the Comprehensive Spending Review and capital investment), including Self-Directed Support
 - Sufficiently detailed recommendations, including options for short term measures, to direct commissioning and service redesign work and procurement planned by key partners throughout 2009-10
 - Recommendations as to the future relationship between the Mental Health Commissioning Pooled Budget and Supporting People

STAGE 2 (delivered by Project Board)

- Communication and consultation
 - Stakeholder views
- A finalised Mental Health Housing and Support Strategy
- A delivery plan for commissioning partners (i.e. what, how, who, when, with what resources) and information on which to base commissioners procurement plans
- Marketplace and Providers
 - Information for Providers
 - Marketplace Generation
- Information for service users and carers
- Information and training for staff

The above products that will be delivered by the project will be outlined in the Product Description document. This document will be produced by the Project Managers at a future date.

2.5 Constraints

- **Time.** Phase 1 must be completed by middle of September 2009. Phase 2 duration is set out within the high level milestone plan later in the document.
- **Resources.** A consultant has been appointed to deliver Phase 1 of the project. Within this period the work will be overseen by the Project Board, sponsors and support staff from within OPCT, OCC, and SP. In addition there are currently dedicated resources within OCC and OPCT working on the social care pressure. There is a risk of duplication of resources.
- **Interdependencies.** There are a number of parallel processes that need to be carefully delineated to ensure the success of this project. At a strategic level, a key relationship is that between the expanded Mental Health Pooled Commissioning Budget and Supporting People. This needs to be evaluated and the future relationship mapped out as part of the project. At a project level there are existing work streams regarding
 - Reducing the pressure on residential social care spending within the expanded Mental Health Pooled Commissioning Budget
 - The Rowan House Step-Down Project which is a short term response addressing the pressure on residential social care spending
 - Mapping the forensic pathway

2.6 Assumptions

- The project assumes availability of staff from within OCPT, OCC and Housing Providers, including a newly-appointed project manager as set out in 2.2 above
- An agreed common concept and language regarding accommodation and housing provision as set out in the Project Background, above at (1).

- An agreed set of values that govern the development of the strategy and its implementation as set out in the Oxfordshire Supporting People Strategy 2008-11 pp 6-7
- That there is scope to extend current contractual arrangements beyond March 2010.

2.7 Interdependencies

Service users and carers

- Service user reference panel
- Carers Reference Group

Supporting People

- SP Commissioning Strategy 2008-11
- SP review of commissioned services 2009/10
- SP Core Strategy Group

Mental Health Commissioning Pooled Budget

- OPCT refreshed Strategy (including Needs Assessment and engagement exercise Mental Health in Oxfordshire)
- OPCT MH Commissioning strategy
- Mental Health Strategy Implementation Group
- Joint Management Group Mental Health
- OPCT review of Voluntary sector contracts funded from Mental Health Commissioning Pooled Budget
- OBMH FT Contract
- OBMH Community Mental Health Teams
- Mental Health Residential Panel
- MH Provider Pool

Transforming Social Care

- OCC Transforming social care team
- *Putting People First* and subsequent literature
- OCC North Oxon Self-directed support learning exercise

Director of Public Health

- Mental Health and Wellbeing Needs Assessment 2008 (and subsequent plan)

Older People's Commissioning Pooled Budget

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- Older Peoples Commissioning Strategy
 - Oxfordshire Dementia Strategy
 - JMG Older People
 - Older People's Partnership Programme Board

Children and Young People Pooled Budget

- Children and Young Peoples Commissioning Strategy
- JMG Children and Young People

District Housing Authorities

- Local housing strategies
- Local Homelessness strategies

Oxfordshire DAAT

- Oxfordshire Drug and Alcohol Strategy 2008-11

2.8 Acceptance criteria

The project is being delivered in 2 phases. The acceptance criteria for each is

- Phase 1: a draft Mental Health Housing and Support Strategy presented to the Project Board meeting that meets the key deliverables
- Phase 2:
 - A finalised Mental Health Housing and Support Strategy
 - A Delivery Plan for commissioning partners (i.e. what, how, who, when, with what resources) and information on which to base commissioners procurement plans

3 Project organisation structure

3.1 Project management team structure

Name	Role	Responsibility
Nick Welch Fenella Trevillion	Executive	Own the business case Approve end project & lessons learned reports Brief management (as appropriate)

Ian Bottomley	Project manager-phase 1	Plan, direct, monitor project Report on project to the project group
Martin Mellors and Angelo Fernandes	Project manager-phase 2	Prepare PID & end stage reports Liaise with 'suppliers' and others as appropriate Manage change controls Maintain the risk log
Representatives of PCT: Martin Mellors SP: Natalia Lachkou OCC: Sue Ryde OCC: John Pearce District councils: Gillian Grieves Graham Stratford	Project Board	Approve plans and sign off end stage reports Monitor project and authorise any deviations Ensure project outputs are as desired Ensure resources are available to project Ensure effective partnership working Provide checks and controls on project products

The Project Board will be supported by

- 0.5 wte SDM from Joint Commissioning Team
- Funmi Durodola PCT Chair MH Residential Panel
- SP Solutions (appointed consultants)
- OCC SDW and PCT CDW (for service user and carer involvement)

The Project Board shall set up additional working groups to take forward aspects of the project as necessary during Phase 2 of the project.

3.2 Proposed team input

The staff costs of the project would be met from existing budgets.

4 Communication plan

Audience	Purpose of Communication	Medium	Who	When
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Audience	Purpose of Communication	Medium	Who	When
Service users and carers	<ul style="list-style-type: none"> • Consult regarding needs analysis • Keep informed of project progress • Consult on draft strategy • Consult on draft service specifications and implementation plans 	Workshop Consultation meetings PCT Newsletter Consultation meetings and by e-mail (SDW database) Discussion groups	Consultant Consultant Project Manager Project manager Project manager	Initial scoping meeting During stakeholder exercise Before stakeholder exercise and after issue draft strategy After issue draft strategy After publication of final strategy
Service Providers	<ul style="list-style-type: none"> • Gain involvement • Consult regarding needs assessment • Consult regarding draft strategy • Keep informed of project progress <p style="margin-left: 20px;">Notify of any changes in commissioning priorities and issue notice on existing contracts where necessary</p> <ul style="list-style-type: none"> • Consult on draft service 	Workshop Workshop and Consultation meetings Stakeholder event and mail out PCT Newsletter Mail	Consultant Consultant Project manager Project manager Relevant commissioners	At scoping meeting At scoping meeting and during stakeholder exercise After issue draft strategy Before stakeholder exercise and after issue draft strategy When appropriate

Audience	Purpose of Communication	Medium	Who	When
	<ul style="list-style-type: none"> specifications and implementation plans 	<ul style="list-style-type: none"> Market consultation event 	<ul style="list-style-type: none"> Project manager 	<ul style="list-style-type: none"> After publications of strategy
<ul style="list-style-type: none"> Professionals Community Mental Health Teams 	<ul style="list-style-type: none"> Gain involvement Consult regarding needs assessment Consult regarding draft strategy Keep informed of project progress 	<ul style="list-style-type: none"> Workshop Consultation meetings Consultation meetings Briefings to CMHT managers group 	<ul style="list-style-type: none"> Consultants Consultants Project manager Project manager 	<ul style="list-style-type: none"> Initial scoping meeting During stakeholder exercise After issue draft strategy Before stakeholder exercise and after issue draft strategy, then as required in the delivery plan
<ul style="list-style-type: none"> District Councils 	<ul style="list-style-type: none"> Gain support for the Project Consultation to identify impact on people in districts Consult regarding draft strategy Keep informed of project progress 	<ul style="list-style-type: none"> Workshop Workshop and consultation meetings Consultation meetings Newsletter 	<ul style="list-style-type: none"> Consultants Consultants Project manager Project manager 	<ul style="list-style-type: none"> Initial scoping meeting Scoping meeting and stakeholder exercise After issue of draft strategy Before stakeholder exercise and after issue draft strategy, then as required in the delivery plan
<ul style="list-style-type: none"> Project sponsor 	<ul style="list-style-type: none"> Keep informed of project progress 	<ul style="list-style-type: none"> Regular update reports 	<ul style="list-style-type: none"> Project Manager 	<ul style="list-style-type: none"> Every 4-6 weeks to start with. Increasing

Audience	Purpose of Communication	Medium	Who	When
	<ul style="list-style-type: none"> Alert regarding issues and risks 	<ul style="list-style-type: none"> Email Update meetings Face to Face 		as required.
Wider public	<ul style="list-style-type: none"> Keep informed of project progress Reassure 	<ul style="list-style-type: none"> PCT newsletter 	Project Manager	In line with issue newsletter As and when necessary

5 Project controls

The management and quality products associated with this project are listed below.

Management Products	
REF	Description
M/001	Project Initiation Document
M/002	Product Descriptions
M/003	End Key Stage Report
M/004	End Project Report
M/005	Project Plan: Phase 1
M/006	Project Plan: Phase 2
M/007	Project Sub-Plans

Quality Products	
REF	Description
Q/001	Risk Log

Progress Control

Progress of the project will be controlled by regular checks and reported through:

- Project board meetings (held at various times during the project, at the end of each stage, and at the end of the project)
- Virtual project group meetings

The frequency of the project board meetings will to be determined by the project manager and the group.

The project plan will be updated regularly in line with the progress made and communicated to the groups above as relevant and not necessarily via a formal meeting in each case.

6 Business case

6.1 Initial business case summary

The case for undertaking this project is

1. To achieve better outcomes for service users and carers. To help more people move through housing and accommodation services in a way that reflects their needs, promotes choice, and supports their recovery. To promote independence.
2. To enhance diversity and social inclusion and support community wellbeing by commissioning services which address the needs of socially excluded groups whose needs are met, or not adequately met, by current support provision and which apply principles of equal opportunities.
3. To improve quality of care through the better alignment of services between health, social care and accommodation provider and through a better informed, more focused workforce.
4. To commission services which have clear preventative benefits, promote wellbeing and healthy lifestyles.
5. To reduce existing financial pressures around social care by investing in in-county, community-based services and disinvest in out of county and residential provision.
6. To achieve efficiencies to address future budgetary pressures and create flexibility to address unknown future developments.
7. To achieve a fair, equitable and transparent distribution of resources across client groups, geographical areas and tenures, having regard to the Oxfordshire context of high land values and staff costs and the urban and rural nature of the county.
8. To promote choice and involvement for service users by identifying ways in which self-directed support can be used in the delivery of accommodation services.
9. To improve service design and procurement through closer or common commissioning approaches between the Mental Health Commissioning Pool and Supporting People

6.2 Strategic case

This project meets the strategic aims of the Oxfordshire Mental Health Strategy that by 2012 the full range of organisations and agencies involved in mental health in Oxfordshire will be working together to deliver high quality, good value, sustainable services which meet the needs of mental health service users and their carers.

They will do this by improving:

- Access to services
- Choice and flexibility of treatment and care
- Partnership working
- Social inclusion of service users

- Support for carers
- Quality of services.
- Mental Well Being

The project meets the Strategic Objectives of the Oxfordshire Supporting People Strategy 2008-11 (in order of priority):

1. Commission services that help partner agencies to deliver their priorities and use resources and funding available across the key strategies to deliver better outcomes for service users and all partners.
2. Decide which services to commission based on clearly evidenced support need for all vulnerable people living in Oxfordshire's diverse communities.
3. Enable service users and carers to have more say about what services we commission and how they are delivered from start to finish.
4. Enable a larger number of vulnerable people to access appropriate support services that focus on enabling them to achieve their individual goals.
5. Enable a larger number of service users and agencies who refer them to say that support services are easy to access.

The project is in line with the policy developments around prevention, service user empowerment and self directed care as set out in

- High Quality Care for All – NHS Next Stage Review Final Report (Darzi 2008)
- World Class Commissioning (DH 2008)
- Putting People First – a shared vision and commitment to the transformation of adult social care (2007)
- Our Health, Our Care, Our Say (DH 2006)
- Carers at the Heart of 21st Century Families and Communities (DH 2008)
- Delivering Race Equality in Mental Health Care (DH 2005)
- Supporting People – Independence and Opportunity (Dept for Communities & Local Government 2007)
- Equal Treatment: Closing the Gap (Disability Rights Commission 2006)
- A Pathway to Recovery and social inclusion (Healthcare Commission 2008)

6.3 Financial case

- Supporting People funding for people with mental health problems is to be cut by 15% from April 2010 as the total programme grant reduces year on year. The projected budget in 2009/10 is £2,204,313 (source: August 2009 report).
- The expanded Mental Health Commissioning Pooled Budget needs to identify annual efficiency savings (2% in 2009/10). The total budget in 2009/10 is £38,526,162.
- The expanded Mental Health Commissioning Pooled Budget will inherit a pressure

of £545k on housing and social care expenditure from April 2009.

7 Project plan – high level milestone plan

Milestone	Start	Finish	Progress status
PHASE 1			
Appointment of Consultant	February 2009	March 2009	Completed
Workshop conducted	3 April 2009	3 April 2009	Completed
Stakeholder exercise conducted	6 April 2009	30 June 2009	Completed
First draft strategy produced	1 July 2009	8 July 2009	Completed
Final draft strategy produced	9 July 2009	3 September 2009	Completed
Phase 2 milestone plan produced	31 July 2009	3 September 2009	In progress
Phase 1 project deliverables are approved by the Project Board	3 September 2009	11 September 2009	Completed
PHASE 2			
Consultation on draft strategy	14th September 2009	23 October 2009 (6 weeks)	Completed
Review, sign off and publish final strategy	26 October 2009	9 November 2009 (2 weeks)	In progress
Draw up and agree delivery plan	14 September 2009	13th November 2009	In progress
Commission new services	Mid November 2009	By October 2010	In progress
Make arrangements for the implementation of the rest of the delivery plan	January 2010	By end March 2010	

Produce and disseminate information for service users and carers	December 2009	By 1 September 2010	
Produce, disseminate and deliver information and training for staff	December 2009	By 1 October 2010	
Phase 2 project deliverables are approved by the Project Board	Mid November 2009	By end of January 2010	

These milestones will be reviewed by the Project Board during the lifetime of the project.

8 Quality plan

8.1 Quality controls

The quality of products will be controlled by conducting appropriate quality reviews. All major products (i.e. the Strategy and the Delivery Plan) will be subject to quality review by the project board and the Executive. Other products will be reviewed more informally by peer review.

All products generated by the project shall be allocated an identification number, which shall be used for reference purposes. Each product shall indicate the version number and this number shall be appropriately increased whenever the product is changed.

The project manager will maintain an Issues Log. Anyone in the project may raise an issue, which will be logged, and the project manager would be responsible for assessing the issue and determining the appropriate course of action. The Highlight Report and Issues Log can be reviewed by the project board.

8.2 Quality activities

The project plans will include quality control activities at appropriate points. The project manager will be responsible for change control and version control of the technical products. They will assign version numbers for all products and will maintain a log showing the status and history of each product.

Data storage and the location of publicly available products will be agreed by the Project Board. At the end of Phase 1 the project documentation will be transferred between the Project Managers.

9 Management of risks and uncertainties

Part 1

Risks will be assessed by the Project Board at an initial meeting and then weekly by the Project Manager thereafter and reported back in line with Project Controls.

Part 2

Area of risk or uncertainty	Mitigation in place or planned	Impact (1- 5)	Likelihood (1- 4)	Mitigation Status (1-3)
Project resources: not all resources will be in place at the start of the project (SP Project manager)	Phase 1 will be project managed within existing team. Recruitment will be complete in time for Phase 2.	2	3	2
Impact of social care pressure and other funding constraints: the pressure may develop further during the lifetime of the project	Impact of social care pressure and other funding constraints: the pressure may develop further during the lifetime of the project	3	4	3
Self-directed support: the project needs to build in flexibility to reflect this or it may fail to deliver a workable strategy	Project will be informed by learning exercise owing to common membership between project boards	2	2	2
Conflicting work streams: the SP review, the action on the social care pressure and the revised governance of the Residential Panel are all covering similar ground to the Project and developments	Key staff with knowledge of the work streams on the Project Board. Interface between commissioners and Project Board.	2	2	2

might undermine them				
Providers withdrawing from current services due to disengagement or delay	Proactive engagement and good communication	3	2	2
Provider collapse	Contingency plans by relevant contract managers	3	1	2
Lack of engagement from service users. Concerns re changes.	Service users and carers will be engaged and represented in consultations and working groups. Clear communication plan	2	2	2

10 Approval

This document would be approved by the project sponsors, project board and relevant cost centre managers in commissioning partner organisations.