Revision History

Date of next revision: not applicable

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Approvals

This document requires the following approvals. A signed copy should be placed in the project files.

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Contents

1 CONTEXT, INTRODUCTION AND PURPOSE .............................................................4
  1.1 INTRODUCTION ............................................................................................4
  1.2 THE WIDER CONTEXT OF THIS DOCUMENT ..................................................4
  1.3 PURPOSE OF THIS DOCUMENT .....................................................................6

2 PROJECT BRIEF AND TERMS OF REFERENCE ......................................................7
  2.1 DHSSPS PROJECT BRIEF ...............................................................................7
  2.2 REGIONAL GROUP PROJECT TERMS OF REFERENCE AND DELIVERABLES ..........8
  2.3 ASSUMPTIONS AND EXCLUSIONS ...............................................................9

3 PROJECT GOVERNANCE ARRANGEMENTS ........................................................10
  3.1 SUMMARY OF PROJECT STRUCTURE .........................................................10
  3.2 ROLES AND RESPONSIBILITIES ..................................................................10
  3.3 PROJECT CONTROLS ..................................................................................12
  3.4 RISK MANAGEMENT ....................................................................................13
  3.5 PROJECT REPORTING MECHANISMS .........................................................13

4 PROJECT PHASES AND PROJECT PLAN ............................................................15
  4.1 PROJECT PHASES .......................................................................................15
  4.2 PHASE 1 – PROJECT INITIATION .................................................................15
  4.3 PHASE 2 – REVIEW OF RECENT TRUST PROPOSALS ................................15
  4.4 PHASE 3 - DEVELOPMENT OF REGIONAL FRAMEWORK ............................15
  4.5 PHASE 4 - CONSULTATION .......................................................................16
  4.6 PHASE 5 - TRANSITION .............................................................................16
  4.7 PHASE 6 – POST TRANSITION ....................................................................16
  4.8 COMMUNICATIONS AND ENGAGEMENT ....................................................17

Appendices

Appendix 1 – Blank Highlight Report
Appendix 2 – Product Descriptions
1 CONTEXT, INTRODUCTION AND PURPOSE

1.1 Introduction

Contained within Transforming Your Care (TYC) are many change actions for HSC organisations, in particular in the area of services to older people. The HSCB through the regional Commissioning team for Older People and Physical and Sensory Disability (OPDSI) have developed a Project Initiation Document (PID) relative to older people for delivering on the recommendations within Transforming Your Care - A Review of Health and Social Care in Northern Ireland and Vision to Action, A post consultation report. This PID also contains the commissioning objectives for 2013/14.

Given the effect which the reconfiguration of statutory residential homes will have on individuals and the need for co-ordination of a regional approach the Regional Transforming Your Care Planning Group – Statutory Residential Homes was established by Fionnuala McAndrew, Director of Social Care and Children, HSCB at the request of Mr Edwin Poots, Minister for Health, Social Services and Public Safety in May 2013.

This PID relates specifically to statutory residential homes and is designed to guide the work of the Regional Group. It is for use by the HSCB and HSC organisations whose aspiration is to improve the quality of care and ensure the best possible outcomes for older people through transforming the model of care to further support them to live independently for as long as possible focusing on home as the hub of care.

This PID also takes cognisance of the United Nations Principles for Older Persons, 1991. In particular with reference to the principle of participation that “Older persons should remain integrated in society, participate actively in the formulation and implementation of policies that directly affect their well-being and share their knowledge and skills with younger generations”.

1.2 The Wider Context of this Document

This PID sits within the wider TYC programme of change for older peoples’ services and is reflective of the overarching PID for Older People which has been developed under the programme management arrangements for the TYC Programme. The scope of this PID is that it deals with the TYC recommendations no 9. home as the hub of care for older people, with more services provided at home and in the community and no.10 a major reduction in residential accommodation for older people, over the next five years.

The strategic aim for older peoples services is “home as the hub for care”. In order to achieve this aim the following goals have been established:

- Improving Health and Well Being – adding years to life through reducing mortality for the population, encouraging physical and mental health and mobility, working collaboratively on the wider social determinants of health
• **Re-ablement** – encouraging and supporting older people ways to remain as independent as possible

• **Improving Quality of Assessment** – across the life course including access to effective signposting

• **Support for Carers and Families** – ensuring they are partners in care

• **Strengthening Safeguarding Arrangements** - ensuring that older people who may become vulnerable are safeguarded and that they have on-going access to advocacy services and support to address their specific needs

• **Promoting Personalisation** – empowering individuals to take more responsibility for their own care through direct payments/self-directed support.

• **Changing roles and functions** – encouraging and supporting local communities and voluntary partners to provide opportunities for older people to ensure that social isolation and exclusion experienced is reduced.

The principles of the Service Framework for Older People underpin the work which is being undertaken in relation to the Older People’s recommendations contained within TYC. The Framework has drawn on a wide range of quality standards, legislation, policy and procedural guidance to identify the values and principles which will underpin the delivery of services. These principles link to the strategic goals for older people which are consistent with the commissioning specification for independent living. These are:

• Older People have a right to equality of access to services.
• Older People and their families are fully involved in the assessment of their needs.
• Older People, their carers and families have the right to be listened to and to be engaged with to ensure full participation in care planning.
• Services are tailored to individual needs and are designed to empower older people and respect their dignity.
• Older people and their families are engaged with, as partners in problem solving and risk management to allow them to live their life to the full and as independently as possible.
• Safeguarding and promoting the welfare of older people who are abused or at risk of abuse or neglect is a priority when decisions are made about access to and eligibility for services. Services should be designed to promote and safeguard wellbeing.
• Promotion of independence, self-help and self-directed support through the active participation of individuals, their carers and the wider community will lead to an empowerment and partnership between those who utilise health and social care services in old age and those who are delivering it.

These are consistent with the principles for change set out in ‘Transforming your Care, A Review of Health and Social Care in Northern Ireland’.
It is envisaged that local flexibility will be built into all measures and any associated plans acknowledging that Trusts are in different places in taking forward service changes around statutory homes. This will be in conjunction with Local Commissioning Groups.

1.3 Purpose of this Document

This Project Initiation Document (PID) defines the scope and approach of the regional transforming your care planning group – statutory residential homes.

It defines the roles, responsibilities and requirements of the project group to deliver the objectives of improving the quality of care for older people and ensuring the best possible outcomes for older people.
2 PROJECT BRIEF AND TERMS OF REFERENCE

2.1 DHSSPS Project Brief

On 28 May 2013 Dr Andrew McCormick, Permanent Secretary and HSC Chief Executive wrote to John Compton, Chief Executive HSCB to outline the project brief.¹

2.1.1 Overall Project Aim

The project brief sets out the overall aim of the project as:

“to improve the quality of care and ensure the best possible outcomes for older people. The objective is to transform the model of care to further support older people to live independently, for as long as possible, with a focus on home as the hub of care. This new model of service provision has been highlighted in Transforming your Care. It recognises that care and support is based on the assessed needs of individuals. A range of services, including residential care home provision, is required to meet those assessed needs.”

This is linked to providing choice and greater control of services to meet assessed needs as this is what individuals, families and carers want. It is acknowledged that this will require change in the commissioning and provision of services and co-ordinated actions to manage that change.

2.1.2 Project Scope

The project brief sets out the scope of the project as:

The HSCB Board will lead on a regional project of change management in older people’s services in particular around the reconfiguration of statutory residential care in line with policy intentions and the outcome of consultation on Transforming Your Care; Vision to Action. It is envisaged that the pace of major change will occur within the next 3 – 5 years, with substantial change by year three.

Key stages in this project are:-

(i) Development of regional guidance, based on best practice and policy intention to assist Trusts in development of change models, consultation processes and engagement at local level; this should include:

(a) An emphasis on placing service users’ needs and wishes at the heart of care planning, and in any consultation on change;
(b) Development of high level criteria to assist in the consideration of alternative options for care, inform local consultation, and promote effective local decision making;
(c) Time to communicate and engage with individuals, families and staff, and the wider public; and
(d) Support for individuals and staff through change.

¹ HSC Board Project on Improving Services for Older People – A New Process for Consulting, Engaging and Implementing Change, 28 May 2013
Review of recent Trust proposals for change; including the rationale for closure of statutory residential care homes at local level;

Development of a regional plan to co-ordinate communication, consultation and the management of change;

Appraisal of Trusts’ proposals for change and consideration of their regional impact; thereafter, engagement with Trusts on any revisions to plans, following analysis of consultation responses at local level;

Endorsement by HSC Board of Trusts’ models of care and provision of assurance to the Department that the models of care represent better outcomes for individuals and carers and are safe, resilient and sustainable.

2.2 Regional Group Project Terms of Reference and Deliverables

In order to meet the requirements of the project brief the following terms of reference and deliverables have been established by the Regional Group:

2.2.1 Regional Group Terms of Reference

- To provide regional leadership and direction to the implementation and monitoring of the proposals associated with reconfiguration of statutory residential home provision for older people.
- The scope of the project group may be extended to act as a forum for regional co-ordination of other service changes.

The group’s terms of reference are specific to statutory residential homes for older people at this time. The HSCB with Trusts is engaging in other projects around reablement, social inclusion, promoting independence and support in the community.

The overall long term aim of the TYC agenda for Older People is to make home the hub of care. This will require a level of working together which has not previously been seen by the statutory, community, voluntary and Independent sectors. This will involve working:

- to have an open, honest, dialogue about the role of health and social care as care partners with families, carers and individuals;
- together to ensure that models of social enterprise can be utilised;
- to ensure that community services are being co-ordinated on an inter-agency basis to keep people at home in their local community including optimising the use of technology; and
- with others to create age friendly local communities.

2.2.2 Regional Group Deliverables

i. Development of a Framework for meaningful involvement/participation of residents and relatives in decision making and planning of the reconfiguration of statutory home provision.
ii. **Development of a Stakeholder Communications and Engagement Plan** – This will establish processes for engagement with stakeholders including, residents, family, staff, wider HSC, general public, media, DHSSPS, political representatives, independent sector, advocacy bodies etc. The plan should also include agreed regional messages, FAQ’s etc. and ensure regional co-ordination of any communication related to service reconfiguration.

iii. **Criteria for Evaluating the Future Provision of Statutory Residential Homes** – To develop regionally agreed criteria for inclusion in consultations associated with proposed service changes which can be applied to the assessment of potential home closure.

iv. **Information about alternative service provision (existing and planned)** - The Regional Group will be responsible for monitoring the progress of alternative service provision and aligning decision making with respect to reconfiguration of homes with the availability of alternatives.

v. **Regional Good Practice Guidance for Service redesign/Closure programmes** – Best practice guidance to be applied by Trusts in the reconfiguration of statutory home care provision. Guidance should also reflect the support arrangements which will be in place for residents and families during the transition period.

vi. **Evaluation Criteria and Impact Monitoring** – Establish processes and criteria to monitor and track the impact of changes on residents on an individual basis over the period of transition to alternative service provision and upon completion of the transition process.

Appendix 2 outlines the content of each of the above deliverables.

2.3 **Assumptions and Exclusions**

The following assumptions and exclusions apply to the project:

- The effective start date for the project is 3 May 2013 when the Minister for Health, Social Services and Public Safety halted the previous consultation process.
- The work of the Project will be reviewed in April 2016 to assess progress.
- For the purposes of project planning it is assumed that no consultation on the reconfiguration of statutory homes will commence before October 2013.
- The primary focus will be on improving the quality of care provision for older people by reviewing the suitability and viability of statutory residential care.
- This will provide a basis for determining the scale and pace of change required to reform the service.
- Statutory residential homes catering exclusively for people with dementia are not included in the core group of facilities under consideration. Any processes already in train regarding such facilities may however require to be reviewed by the Project Team.
- Any residential home in transition to a supported living facility falls outside this process, subject to receipt of assurances on prior consultation and the provision of alternative services.
- Consultation on criteria to determine eligibility for inclusion/exclusion from core group of homes will be co-ordinated regionally.
• No decision to close a home can be taken in advance of completion of consultation.
• Trust admission policies to statutory residential homes for older people in place on 3 May 2013 remain extant.

3 PROJECT GOVERNANCE ARRANGEMENTS

The governance arrangements for the statutory homes project are set within the context of the overall Transforming Your Care Programme governance arrangements. This section of the PID describes the roles and responsibilities of specific individuals and groups, sets out the project ways of working, the decision making processes and how the project will be managed.

3.1 Summary of Project Structure

The group will be chaired by Kevin Keenan, Assistant Director of Social Services, HSCB and co-chair of the OPDSI Team who is accountable to Fionnuala McAndrew, Director of Social Care and Children, HSCB. The chair will ensure a clear line of sight to and co-ordination of the project group activities within the HSCB commissioning process.

The project group reports into the Regional Commissioning Team which reports to TYC programme governance structure. Fionnuala McAndrew will present monthly updates to Transformational Programme Board which is chaired by John Compton, Chief Executive HSCB and is attended by all HSC Chief Executives and Local Commissioning Group Chairs and Catherine Daly, Deputy Secretary at the DHSSPS.

Fionnuala McAndrew, will provide quarterly updates to the DHSSPS on progress towards completion of the project. The lead within the DHSSPS is Sean Holland, Chief Social Services Officer. He will oversee this project and will provide further assurance to the Minister for Health, Social Services and Public Safety regarding progress towards the successful completion of this project.

In practice this will ensure that work is being co-ordinated and supported through the development of plans and management and allow integration of delivery through a regular series of meetings and monitoring/reporting arrangements.

The overall governance arrangements associated with the TYC programme are illustrated overleaf.

3.2 Roles and Responsibilities

The following sub-sections set out the roles and responsibilities of key groups involved in the project.

3.2.1 HSCB Transformation Programme Board

The HSCB Transformation Programme Board oversees the delivery of TYC proposals for which it has responsibility.
The Programme Board reports into the Board of the Health and Social Care Board. It is also responsible for reporting on progress to the DHSSPS (through the DHSSPS Strategic Planning Group) and to the Minister for Health, Social Services and Public Safety.

The TYC Programme Director also liaises informally with DHSSPS senior representatives on a regular basis to discuss latest thinking, plans, risks and progress.

The TPB will put appropriate project management arrangements in place to oversee the Programme as a whole and the workstreams across a number of strands. In addition, each workstream (and relevant projects within these work-streams) will establish a Project Implementation Team, and if appropriate a Project Board.

The composition of the TPB is:

- Chair and Senior Responsible Officer: John Compton
- Chief Executives of each of the 6 Health and Social Care Trusts, Public Health Agency and Business Services Organisation
- Chairs of the 5 LCGs
- HSCB / PHA Senior Management Team

Frequency of Meetings and Reporting:

- The TPB meet monthly, with exceptional meetings to be arranged in consultation with the Programme Board members.
- Monthly reports are issued from the Programme Director to the TPB, the HSCB Board and the DHSSPS Strategic Planning Group.

3.2.2 Regional Group (Project Team) – Core Team

Regional Group (Project Team) is constituted from the following membership:

- Kevin Keenan, Assistant Director, Older People and Adult Services, HSCB (Chair)
- David Petticrew, Social Care Commissioning Lead, HSCB (Interim Project Lead)
- Seamus McErlean, Social Care Commissioning Lead, HSCB
- Gill Smith, Assistant Director, TYC, HSCB
- Shirlie Murtagh, Communications Officer, HSCB
- Majella Townley, Information Manager, PMSID, HSCB
- Sarah Browne, Assistant Director Older People, SEHCST
- Aidan Gordon, Assistant Director Older People, WHSCT
- Melanie McClements, Assistant Director Older People, SHSCT
- Marie Heaney, Assistant Director Older People, BHSCT
- Patrick Graham, Assistant Director Older People, NHSCT
- Maura Briscoe, DHSSPS (Observer status).

Membership of the group will be kept under review, with different representation as required (dependent upon the service change issues the group are tasked to address).

The role of the Regional Group (Project Team) is to fulfil the scope and terms of reference for the project as set out in Section 2.
3.2.3 TYC Programme Management Office

The Assistant Director, TYC, Change Management is a member of the Regional Group and will ensure the provision of TYC PMO supporting resources to the project.

The TYC PMO will be responsible for:

- Co-ordination of regular project related meetings;
- Provision of support for the monitoring and reporting of project progress;
- Development of the project PID and plan;
- Monitoring and updating the project plan;
- Provision of support for the development of key project deliverables (as identified in Section 2.2.)

3.3 Project Controls

3.3.1 Quality

There is a need to ensure that quality is maintained in the process of delivering the requirements of the statutory homes project. Quality will underpin all project related work and deliverables where possible drawing on best practice guidance.

3.3.2 Configuration Management

The following standards will apply to the project:

- PRINCE2 is the defined project management standard;
- Microsoft Word is to be used for word processing documents;
- A document history should be outlined at the start of each document. It should contain how, when and by whom changes are approved and how these changes are managed. i.e. version history detailing the changes between each version, issue history detailing who and when each version was distributed to, at the start of documents there should be information detailing which individuals have authority to alter the document and approver(s) the individuals who have authority to approve the document; and
- The electronic project files will be kept on Microsoft Word and Project in centralised project container on the HSC Review Team (TYC) network. Need to discuss further with commissioning.

3.3.3 Key interfaces and dependencies

Where key interfaces are identified these will be dealt with and a way forward agreed. Key interfaces include:

- Patient Client Council;
- Age NI and other appropriate voluntary/community sector groups; and
- The Commissioner for Older People for Northern Ireland.

The project Communications and Stakeholder Engagement Plan for the project sets out in detail project interfaces, key stakeholders and proposed engagement processes.
3.4 Risk Management

Risk management is a key feature of the TYC Programme embedded in PMO processes, based on external best practice considerations (Prince2).

The Regional Group will have responsibility for risk management. The processes and the procedures to be adopted in managing project risks are those already established with the wider TYC PMO arrangements. In summary these include:

- Identify the roles and responsibilities connected with risks management of the project.
- Describe the escalation procedures to be used when the risk levels fall outside the empowerment levels of the team.
- Should the potential impact of any risk or particular issue become critically high, the Project Manager will prepare a Contingency Plan that provides an outline of decisions and measures to be taken if the defined circumstances outside the control of the project should occur.
- Risks will be recorded and tracked via the Project Risk Register and conform to DFP Risk Management Guidelines.

3.5 Project Reporting Mechanisms

The Regional Team will use the following documents to report on progress.

(i) Highlight Reports

A project highlight report specifically for the reconfiguration of statutory homes will be produced every two weeks. This report will be contributed to by various individuals including Trust personnel and is co-ordinated by the TYC office at this time.

Highlight reports will highlight failures and delays and should act as an early warning to potential problem areas. Highlight reports will contain the following details:

- Project Status;
- Activities (this period);
- Planned Activities (next period);
- Project Schedule;
- Risks Register;
- Issues with details of actual or potential problems and suggestions for their resolution;
- Dependencies & Assumptions;
- Update on performance against budget; and
- Communication and stakeholder engagement activities.

A blank Highlight report can be found at Appendix 1.

(ii) Lessons Learned Report

This will be created within the project to disseminate useful lessons for the benefit of other similar initiatives. It covers management, specialist and quality processes, techniques and tools, what worked well and what caused problems. It is a useful control as part of the functions of an independent quality assurance or similar group.
The following documents will have to be completed by the Regional Group post implementation of the project. Further information on the formats for these documents will be circulated at a later date.

(iii) **Project Closure**
The Older Peoples Service team formally closes the project, confirming that the project has been completed and the project benefits have been realized/or reassigned.

(iv) **Post-Project Evaluation**
The Post Project Evaluation (PPE) will be carried out within 6 months post-implementation of TYC. The PPE will address the following issues:
- Project Management Approach; and
- Cost Control – Actual expenditure on the project against budgeted expenditure will be monitored against the budgets and baseline costs which will include a review of the process used and ensure that the correct cost control procedures have been followed.

(v) **Project Benefits Evaluation (PBE) and Benefits Management Plan**
Benefits management is the activity of identifying, planning, measuring and tracking benefits from the start of the project investment until realisation of the last projected benefit. The process involves the identification of benefits, methods of measurement, the allocation of responsibilities, monitoring of the benefits, and evaluation to achieve the benefits. The benefits for the project will be managed in line with DFP guidance.

(vi) **Post-Project Review (PPR)**
The Post Project Review (PPR) will be conducted 12 months after implementation of TYC. It should assess the benefits that have been derived from the project against the benefits described in the OBC and FBC and for the preferred option. The main objectives of the review will be to:
- Assess the project’s overall value for money;
- Identify opportunities and make recommendations for increasing the Programmes yield of benefits; and
- Derive recommendations for future projects and what action would management recommend to prevent future problems.
4 PROJECT PHASES AND PROJECT PLAN

4.1 Project Phases

This section sets out the phases and deliverables associated with the project and summarises the project plan.

The project has six distinct phases, these are:

- Phase 1 – Project Initiation
- Phase 2 – Review of Recent Trust Proposals
- Phase 3 – Development of Regional Framework
- Phase 4 – Consultation
- Phase 5 – Transition
- Phase 6 – Post Transition

4.2 Phase 1 – Project Initiation  May – June 2013

Phase 1 will put in place the required arrangements to establish the project. The successful outcome of this stage will be a sign-off of the Project Initiation Document and Project Plan.

**Phase 1 Deliverable – Project Initiation Document and Plan**

4.3 Phase 2 – Review of Recent Trust Proposals  June 2013

Phase 2 focuses on a review of recent Trust proposals for reconfiguration of statutory homes. The review will summarise the proposals and processes adopted by Trusts and recommend any elements of best practice which could be adopted regionally in Phases 3 and 4 of the project.

**Phase 2 Deliverable – Review of Process Paper**

4.4 Phase 3 - Development of Regional Framework  June - October 2013

Phase 3 is the development of the regional framework which will underpin the subsequent project phases. The framework is constituted from a series of components/deliverables. These include:

- Best Practice Research Paper in the Management of Reconfiguration of Statutory Residential Homes
- Standard Guidelines of good practice for pre-location, relocation and post-relocation
- Communications and Engagement Plan
- Risk Assessment Tool to highlight vulnerable older people
- Criteria for assessment of homes for closure
- Quantitative and Qualitative Assessment tool for the measurement of health and well-being on individuals affected by the reconfiguration of statutory homes
- Advocacy Strategy
- Briefing pack for staff
- Trust readiness assessment tool pre-consultation
Phase 3 Deliverable – completion and sign-off of all the above products

4.5 Phase 4 – Consultation  October 2013 – March 2014

Consultation will take place in two steps:

- **Step 1** – Consultation on regionally agreed evaluation criteria

- **Step 2** – Application of the evaluation criteria and consultation on the proposed recommendations resulting from same.

The seven generic stages associated with both steps 1 and 2 are:

- Stage 1 – Agree approach and plan
- Stage 2 – Develop Consultation Document(s)
- Stage 3 – Launch Consultation
- Stage 4 – Consultation Engagement
- Stage 5 – Consultation Contact Management
- Stage 6 – Consultation Response Analysis
- Stage 7 – Post Consultation Reporting

The activities associated with each of the above stages are set out in the Project Plan.

Phase 4 Deliverable – Completion of consultation and decisions on the way forward

4.6 Phase 5 – Transition  April 2014 - April 2016

Phase 5 will focus on the transition to proposals approved as a result of Phase 4 – Consultation. The specific activities to be undertaken in this phase will be defined following the outcome of Phase 4. The process will be reviewed annually to assess progress and approach.

4.7 Phase 6 – Post Transition

Phase 6 is concerned with assessing the impact of changes to the statutory home sector and those affected by the change post transition. This will be undertaken by the application of impact assessment and monitoring methodology, and external HSC expertise will be secured to undertake this independent assessment.
4.8 Communications and Engagement

Communications and engagement activities will run throughout the phases, and therefore the aims and objectives, and key activities are set out in this paragraph. A communications and engagement strategy is underdevelopment and will be part of the deliverables of Phase 3 above.

The aim of the communications and engagement strategy is:

“To ensure all stakeholders internal and external, in particular residents, relatives and care home staff, are engaged and kept fully informed about the TYC consultation and implementation process regarding future of statutory residential care homes for older people, in order to provide opportunities for involvement in decision making processes about changes and transition.”

The objectives of the communications and engagement activities within the Statutory Residential Homes Project are as follows:

- Identification of all those impacted by the Statutory Residential Homes Project, and their representatives;
- Ensure that all communications and engagement focus on what is important for residents and their families;
- To achieve respect, dignity, fair treatment and inclusion through a meaningful communication process;
- To provide the opportunity for one-to-one meetings as required, supported by appropriate advocacy arrangements;
- Provide opportunity for all stakeholders to give their views, and be heard and listened to as part of the decision making processes;
- Tailor all communications and engagement activities to the needs of the stakeholder, and deliver communications as locally as possible;
- Build confidence in the processes for consultation, decision making and transition about changes to statutory residential homes, and in particular the integrity of those processes;
- Ensure all HSC organisations communicate effectively with each other and have a system in place for highlighting all emerging issues at regional and local level;
- Continue to initiate new and innovative ways, including social media, to effectively communicate to the wider public; and
- To monitor all political, media, social media, and community views and effectively address any concerns of residents, families or staff at an early stage to avoid distress and anxiety, providing necessary information and reassurance to do so. Where comments are unfair, inaccurate and unfounded to robustly rebut it.
Communications and engagement activities will focus on those impacted by any potential changes to residential care provision, this would include (but is not limited to) those identified below. Detailed plans will be drawn up to set out how the project proposes to involve, engage and communicate with these stakeholders:

- Residents and their families, which may include campaign and interest groups representing residents and their families;
- HSC staff, including those working in care homes and staff side organisations;
- Statutory bodies such as Commissioner for Older People, Equality Commission, Human Rights Commission and the Patient Client Council;
- Voluntary and community organisation who support or represent older people;
- Political representatives, including MLAs and council members; and
- Press and media.

It is expected that a range of channels to involve and engage with these stakeholders; these will include (but is not limited to):

- Face to face / one-to-one meetings
- Large group meetings or roadshows
- Workshops
- Visits
- Letters
- Update ‘magazines’ or briefings for key stakeholders
- Websites – it is intended TYC Consultation website to be maintained and separate section to be added re SRHs
- Social media/FB/Twitter
- Frequently Asked Questions
- Leaflet for residents
- Podcasts and short films
- Broadcast / documentary opportunities
- Press Articles / Statements

**Deliverables** –

1. **Communications and Engagement Strategy and Plan**
2. **Communications and Engagement local plan template**
APPENDICES
## Transforming Your Care
### Statutory Residential Home Highlight Report

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Key Highlights this period

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- Scoping Work
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<td><strong>Requests for Change</strong> - Raised, approved/rejected and pending</td>
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**Key issues and Risks**
- Lack of support from stakeholders
- Adverse media coverage leading to heightened resident/family anxiety
- Incorrect information distributed to external sources
- Legal Challenges/JRs
- Project slippage
- Trade Union resistance to the process

**Update on performance against budget**

**Lessons Learned Report (if appropriate)** - A review of what went well, what went badly, and any recommendations for corporate or programme management consideration.

**RAG Rating of this Highlight Report (be recommendation)**
## APPENDIX 2 – PROJECT DELIVERABLES

<table>
<thead>
<tr>
<th>Deliverable</th>
<th>Date for Production By</th>
<th>Lead Officer and support resources</th>
<th>Summary of Content</th>
<th>Link to Regional Group Deliverables</th>
</tr>
</thead>
</table>
| 1. Framework for meaningful involvement/participation of residents and relatives in decision making and planning of the reconfiguration of statutory home provision | Best Practice Paper - End June 2013 | K Keenan TYC Team, Regional Group and Age NI and PCC as appropriate | The basis for this deliverable is the Best Practice Research Paper in the Management of Reconfiguration of Statutory Residential Homes. It draws on UK wide experience of best practice in managing care home closure/remodelling. The information has been collated into one document to provide an evidence base for the regional Project and to shape the framework which underpins any proposed changes to the sector. This will include:-  
  - Standard guidelines to be applied regionally by all staff involved in the pre-location, relocation and post-location of residents from statutory homes.  
  - Briefing pack for staff - This will take the form of a support pack for staff of all relevant materials to support both staff and residents during pre-location, relocation and post-relocation.  
  - Trust readiness assessment tool pre-consultation – A tool to measure the readiness of Trust’s to proceed to the consultation phase. This will be in the form of a checklist ensuring that all process steps have been appropriately undertaken to date and that all regional framework components have been applied.  
  - Advocacy Strategy - The advocacy strategy will set out:  
    - The role of the advocacy service  
    - Benefits of advocacy  
    - Components and levels of the advocacy service at relevant points in the project | Section 2.2.2 (i) |
<p>| Framework components – August 2013                                          |                        |                                   |                                                                                                                                                                                                                 |                                      |</p>
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</table>
| 2. Stakeholder Communications and Engagement Plan                           | June 2013 with updates as required | E Holden and S Murtagh with input for Regional Group | ➢ Mechanisms to make residents/families aware of advocacy service  
• To set out the objectives of communications and engagement  
• To describe the key stakeholders for this project  
• To describe the key communication activities for the early stages of the project during its establishment and planning – May to September  
• To provide a framework and high level plan for communications and engagement activities for the implementation of the statutory residential homes project, which will be augmented with a detailed plan once the project plan has been agreed | Section 2.2.2 (ii) |
| 3. Criteria for evaluating future provision of statutory residential homes | August 2013            | K Keenan, Regional Project Group     | Criteria for regional application in respect of the assessment and prioritisation of potential homes for closure.                                                                                                           | Section 2.2.2 (iii) |
| 4. Information about alternative service provision (existing and planned)  | August 2013            | K Keenan, Regional Project Group     | The content of this deliverable includes:  
• Maintenance of up-to-date database of all potentially affected homes, number of current residents, vacancies, new and planned alternative services etc.  
• Geographical, interactive map of services for older people – including statutory residential homes and other services | Section 2.2.2 (iv) |
<p>| 5. Regional Good Practice Guidance for service redesign/closure programmes | August 2013            | K Keenan Regional Project Group      | As referred to under (1) above                                                                                                           | Section 2.2.2 (v) |</p>
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| 6. Evaluation Criteria and Impact Monitoring | August 2013            | K Keenan, Regional Project Group                         | The content of deliverable will include appropriate evaluation and assessment schedules (where possible utilising regionally agreed tools such as NISAT). Based on best practice referred to at (1) this will ensure that a regional approach is adopted to the risk assessment process in the event of relocation. This will include:  
  - Identification of those most at risk  
  - Assessment of level of risk (taking cognisance of cognitive and physical indications)  
  - Measures to mitigate risks  
  - Assessment of risk following application of mitigation measures  
  - Assessment of benefit to risk  

This deliverable also includes a regional approach to quantitative and qualitative measurement of health and well-being on individuals affected by the reconfiguration of statutory homes. In particular this will consider:  
  - Factors to be measured at different points in the resettlement process  
  - Process to establish assessment, resettlement and review team  
  - The role of the assessor  
  - Frequency of assessment  
  - The recommended assessment tool for application regionally  
  - Proposed methods for qualitative assessment                                                                 | Section 2.2.2 (vi) |
**Risk Register**
Scale of Scoring 1 being the least, 5 being the most

<table>
<thead>
<tr>
<th>Rank</th>
<th>Ref</th>
<th>Date</th>
<th>Risk</th>
<th>Mitigation</th>
<th>Impact</th>
<th>Probability</th>
<th>Overall Score</th>
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