

OFFICE OF THE POLICE AND CRIME COMMISSIONER
FOR HUMBERSIDE
DECISION RECORD

Decision Record Number: **38/2015**

Title: **North Lincolnshire Hidden Harm Project**

Executive Summary:

Report seeking funding for a North Lincolnshire Hidden Harm programme submitted.

Commissioner's Comments:

The Commissioner indicated that this project was suitable for funding from the CCRF.

Decision:

That a contribution of £13,000 be made from the CCRF to the Hidden Harm project in North Lincolnshire.

Background Report: Open

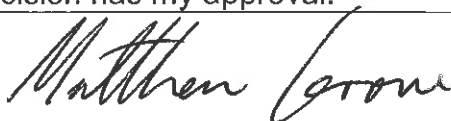
Police and Crime Commissioner for Humberside

I confirm I have considered whether or not I have any personal or prejudicial interest in this matter and take the proposed decision in compliance with my code of conduct.

Any such interests are recorded below.

The above decision has my approval.

Signature



Date 26.08.15

**POLICE AND CRIME COMMISSIONER
FOR HUMBERSIDE**

SUBMISSION FOR: DECISION

OPEN

Title: North Lincolnshire Hidden Harm project

Date: 26/08/15

1. Executive Summary

The purpose of this report is to agree funding for the North Lincolnshire Hidden Harm programme.

2. Recommendation(s)

It is recommended that the Commissioner;

- i. Agrees to contribute £13,000 to the costs of the Hidden Harm project in North Lincolnshire.

3. Background

The Hidden Harm programme runs alongside adult substance misuse services and aims to identify those children and young people who are living in/around families of substance misusers with the aim of supporting and engaging them to reduce negative outcomes. Thus providing a more holistic package of care to families.

There is an expectation that the programme will increase resilience within the family, demonstrated by a reduction in long term dependence on service provision. This will include improvements in emotional health and wellbeing, particularly around the children and young people and the reduction of risky behaviours that can lead to teenage pregnancy, substance use, smoking, anti-social behaviour and fixed term exclusions. Details on how families and individuals will be identified as targets for this programme are contained in the attached business case at Appendix A, section 1.4, it is anticipated that adult social services will identify a number of families who will be assessed as fitting the project criteria.

The programme will target 8-11 years olds in either group or 1-2-1 sessions, depending on assessment of need, and will cover such things as stranger danger, the effects of substances on the body, healthy eating, first aid and fire safety, and, more importantly a development of their own, personal, safety plan based on their discussions/disclosures in the engagement sessions.

The adults/parents of target youngsters will receive complimentary/mirror workshop sessions where they will explore the dangers of people visiting their property when their children are present, safe storage and management of medication/substances, budgeting and family issues, general risk

minimisation and in-depth explorations of how substance misuse can affect the wider family as a whole.

The programme provides support for the strategic direction of the wider substance misuse services contract that the PCC jointly funds by:

- Involving service users
- Effective safeguarding and promotion of child welfare
- Improving the health and wellbeing of individuals and families
- Delivering integrated care pathways
- Contributing towards North Lincolnshire Council's Targeted Families Initiative
- Prevention agenda

Match-funding for this programme has been secured from the local authority's Troubled Families Initiative who have also invested £13,000 to enable the programme to run sustainably over a two-year period, the remaining £13,000 is being sought from the Police and Crime Commissioner. The business case securing earlier funding is attached to this recommendation.

4. Options

Option 1

The Police and Crime Commissioner contributes funding to the tune of £13,000 from the CSP/Partnership fund 2015/16 to enable the Hidden Harm programme to develop and expand to these support services for children and young people deemed at risk from the drug misusing activity they are exposed to. This is the recommended option.

Option 2

That the Police and Crime Commissioner does not make a financial contribution to the Hidden Harm programme.

5. Financial Implications

The CSP/Partnership fund still contains the bulk of the 50% funding which was not allocated to CSP boards in 2015/16 (approx. £248,000). It is suggested that the £13,000 for this programme be contributed from this fund.

6. Legal Implications

None

7. Equalities Implications

None

8. Consultation

The local authority's substance misuse commissioning team have worked with various stakeholders and partner agencies to develop the Hidden Harm programme. These include, Youth Offending Services, Troubled Families Initiatives, Substance Misuse services and their service users.

9. Media information

None

10. Background documents

Business case submitted to North Lincolnshire Council to secure match funding attached at Appendix A

11. Publication

N/A

Project Management Toolkit: (PTK02) Business Case

This document is created from document PTK01, the Mandate, its purpose is to obtain authorisation to commence the project, as such the document helps define what the project is for and why it is important.

Project Title: Hidden Harm Programme North Lincolnshire
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Record the names of the key people involved in the project:

Role	Name	Designation	Telephone	Email
Project Sponsor (if separate from Executive)	Stuart Minto	Head of Service		
	Paul Cowling	YOS Manager (Interim)		
Project Executive	Stewart Atkinson	Substance Misuse Commissioning Manager	01724 244659	Stewart.atkinson@northlincs.gov.uk
Project Manager	Stewart Sutton	DELTA Service Manager	01724 - 298528	Stewart.sutton@northlincs.gov.uk

1. Introduction

1.1. Aims of the Hidden Harm Programme

The programme aims to break the inter-generational cycle of substance/alcohol misuse and the transfer of associated problems, specifically criminal activity. The project aims to increase the individual's resilience and reduce the impact of their emotional well-being becoming impaired.

The overall aim is to support Adult Substance Misuse services in identifying those Children and Young people living in Substance using families to reduce negative outcomes and increase engagement with whole family and delivering a holistic package of care to address hidden harm.

1.2 Key drivers that support this work

- Hidden Harm: responding to the needs of children of problem drug users (HO,2003)
- Swept under the Carpet : Children Affected by Parental Alcohol Misuse (Alcohol Concern and Children's Society 2009)
- Safe, Sensible, Social (DOH/Home Office 2007)
- Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life' – National Drug Strategy (HO 2010)
- Joint Guidance on Development of Local Protocols between Drug and Alcohol Treatment Services and Local Safeguarding and Family Services (DCSF/NTA 2009)
- Supporting Information For The Development Of Joint Local Protocols Between Drug And Alcohol Partnerships, Children And Family Services (NTA 2011)
- National Service Framework for children, young people and maternity services (DoH, DfES 2004)
 - The Munro Review of Child Protection (Professor Eileen Munro 2010)
- Drug and alcohol national occupational standards (DANOS)(Skills for Health 2002)
- 2010 National Drugs Strategy (H.M Government)
- Young people's substance misuse treatment services – essential elements (NTA 2005)
- North Lincolnshire Children and Young Peoples Plan
- North Lincolnshire Substance Misuse Commissioning Strategy 2014-2017
- Youth Justice Plan 2013-2015
- SCODA Guidance 1999

1.3 What will this programme achieve?

Parental substance abuse has an economic and social impact:

In 2009/10, the average cost per looked-after child in England was nearly £38,000. Compared to £22,000 in 2000/014 (PHE Minding the Gap)

There is an expectation that the programme will increase resilience within the family, demonstrated by a reduction in long term dependence on service provision. This will include improvement in Emotional Health and Wellbeing particularly around the children and young people supporting the reduction of risky behaviours: teenage pregnancy, substance use, smoking, anti-social behaviour and fixed term exclusions.

Furthermore the programme will support parents in the Recovery agenda, in enabling and empowering them to be able to contribute in a positive manner to their local community and wider society: training, employment, reduction in anti-social behaviour, debts.

As part of the recovery agenda it is envisaged that we will reduce the instances of overdose and fatality.

1.4 How will this programme be delivered?

Initially families will be identified during a scoping exercise with adult substance misuse services. When this process has been completed, the plan will be to contact the identified families arranging a joint visit with their keyworker to explain the benefits of the project for the family as a whole.

Once the family have agreed to engage, the project worker will undertake an assessment to identify which pieces of work should be prioritised and be delivered to both the young people and their parents/carers.

Should the family or an individual opt not to engage then the programme will offer support to the agencies and workforce whom are engaging with the family as a third party, in addition to delivering pre engagement work to sell the benefits of the service.

The aim is to deliver a bespoke service that will consider the whole family approach to support better outcomes, remove stigma of living with parental substance use, support children and young people in realising their potential. The aim is to break the cycle of substance use, which risks becoming normalised within the family.

The programme will reduce fixed term exclusions which sometimes can be linked to concerns that the child or young person has about what is happening in the family home and support the reduction of complex referrals into Children Social Care and first time entrants in YOS. Inevitably this will improve children and young people's health by ensuring that they have access to the Specialist Nurse based within the DELTA service with the aim reducing the amount of visits to G.P surgeries and A&E departments. We will develop more in-depth working relationship with Adult Substance Misuse services, supporting their outcomes in relation to Recovery Capital.

The programme will support and enable parents to manage and reduce both their identified illicit substance use and prescribed medication. Ensuring parents are aware via a discussion of the importance of safe storage of their medication. This will be followed up with literature and outreach work where appropriate.

The programme will support any identified training regarding taking home Naloxone dose to reduce incidences of fatal opiate overdose and to enable service users to identify risk factors and triggers linked to their own substance use in developing strategies to minimise relapse.

1.5 Definitions –

The Programme is to be delivered to 8 – 11 year olds, either in a group or one to one sessions, depending on the family's assessed need. Sessions will be flexible in their delivery, though themed sessions to include:

- Minger man: this allows us to gain a perspective on what a typical drug user looks like,
- Drugs and the body: what they know about drugs and their effects including alcohol.
- Stranger danger,
- healthy eating,
- First Aid,
- Fire safety,
- Good secrets/bad secrets, and from this a development of their own personalised Safety plan.

The work with parents will mirror interventions undertaken with the children, but look at it from Parents perspective focussing on how they are keeping their children safe examples include:

- Who visits the property, (stranger Danger) also Social Media (snap chat, face book)
- Nutrition family meals routines particularly the mornings,
- First Aid, safe storage of medication, overdose prevention, including Naloxone,
- Budgeting support around arrears/debts.
- Having a more in-depth understanding of how the impact of substance use can affect the family as a whole.

SCODA Guidelines – Examples of interventions:

Provision of basic care

- Are other drug users living in the household/caring for children
- Are children late for school due to parents intoxication/withdrawal
- Is there sufficient food in the house, how much of the budget is diverted to buying drugs/alcohol?
- What is the variety, quantity and quality of the food: fresh, processed,
- Are the children involved in age appropriate activities?
- Are the children caring for Parents/younger children?

Describing Parental Substance use

- Are parents using Benzodiazepines alongside other depressant drugs, effect of childcare and risks due to parent being emotionally unavailable? Is the mother breast feeding?
- How would family members describe the drug/alcohol use?
- Is alcohol included? If so what are the patterns of drinking?
- How reliable is the current information regarding the parents drug/alcohol use
- Are periods of intoxication and or withdrawals reported?
- What do parents think of the impact of their substance use on the children?
- Is there evidence that the parents place their own needs and procurement of drugs and alcohol before the care and welfare of their children?
- Do the children witness or are aware of violence in the household?

Accommodation and the home environment

- Significant debts/arrears around rent/bills
- Does family move regularly – transient
- Do other drug users and or drinkers share or use the accommodation, is their relationship harmonious?
- Are there reports of ASB and/or problems with neighbours related to drug/alcohol use?
- Do children witness drug taking and or heavy drinking

Procurement of drugs

- Are children with parents when drugs are been procured? What are the risks involved?
- Do parents have drug debts? If so how much, what are the risks?
- Is there suspicion that drugs are been dealt from family home.

Health Risks

- Where in the household do parents store their drugs/medication, including alcohol?
- Do children know where drugs/medication is stored?
- What precautions do parents take to prevent children getting hold of drugs/medication and alcohol?
- What to parents know about the risks of children ingesting drugs/medication and alcohol?
- Do parents know what to do if children have consumed drugs/medication and/or alcohol?
- Are parents aware of the risks and signs of overdose and if so do they know what to do, including the recovery position.
- Is there a risk of HIV/HepB/C
- If the parents inject do they use Needle Exchange?
- Where do they store both their clean and used injecting equipment? Is this secure?
- Are parents aware of the risks of injecting drugs? And what is their motivation to switch to non-injecting?

Family and Social Supports

- Do parents primarily associate with other drug/alcohol users
- Are relatives aware of the substance use and id so are they supportive?
- Will/do parents accept help/support form family/friends?
- Is social isolation and problem for the family?
- How does there community perceive their drug use are neighbours supportive or hostile?

1.5.1 Background

It will be anticipated that a scoping exercise with Adult services will identify a number of families who would be assessed as fitting project criteria, this will produce a high uptake of referrals initially, however we envisage this would plateau out over time.

Given the potential nature of the complexity of the work involved we envisage a caseload of twenty at any one time, though this will be monitored and flexible in its approach, varying on complexity. We are taking the view of sustainable change as opposed to just changing one component in the family.

1.6 Strategic fit

The North Lincolnshire Council strategy sets out the council vision which is to develop 'aspiring people and inspiring places', via the following strategic objectives:

- Excellence in customer service
- Provide value for tax payers money
- Make our communities safer and stronger
- Regenerate our area and increase prosperity

The Hidden Harm Programme aligns with the strategic direction through:

- Involving service users in every stage of the journey, operationally and strategically. Service users are involved in both the design and delivery of the programme and take an active role in reviewing their care. There will be a formal review of the programme at key stages.
- Effective Safeguarding and promoting the welfare of children -The process of protecting children from abuse or neglect, preventing impairment of their health and development, and ensuring they are growing up in circumstances consistent with the provision of safe and effective care that enables children to have optimum life chances and enter adulthood successfully. Ultimately our communities are safer and stronger
- Enhancing the Health and Wellbeing of individual family members of problematic drug and alcohol misusers and family functioning as a whole. Specifically with reference to Section 10 of the Children Act 2004 which requires Local Authorities and other specified agencies to co-operate with a view to improving the wellbeing of children in relation to the five outcomes first set out in Every Child Matters
- Contributing towards the overarching Families Initiative Targets, Specifically:

Reduction in Anti Social Behaviour, Improved School Attendance, Support children and young people of parental drug and alcohol misuse in improving their health and emotional wellbeing, succeeding in education and fulfilling their potential.

- Delivery of Integrated care Pathways and within the current commissioning landscape (IRS) through Whole System Relationships (Community assets & partnership resources, operating as part of North Lincolnshire's drug and alcohol treatment system. In essence this improves the overall coordination of resources and improves the joint management of care.
- Commissioning prevention programmes will be part of a more general strategy supporting all aspects of service users' lives. This programme will ensure an evidence-based approach to prevention and consider long-term outcomes and the relationship between multiple risk behaviours and how substance use develops.
- Evaluation is an important part of this prevention project, especially economic evaluation.

2 Business benefits

2.2 Who will gain from the project?

- Service users and families.
- Adults and young people
- Members of the Community
- North Lincolnshire Council and stakeholders

2.3 Describe any expected financial and/or efficiency savings.

Savings can be demonstrated by a reduction of those young people when they become adults not requiring the services of Adult Substance Misuse (due to substance misuse has not been normalised within the family),

The programme contributes toward a reduction in Children and young people requiring complex social care interventions including becoming Children in Care. The plan is to reduce ongoing requirements of interventions from the Social Care provision.

A reduction in crime costs associated with offending and reduced number of victims

2.4 Describe any expected performance improvements.

More families are identified as part of the prevention agenda, this enables more families to become self-reliant and fully engage in the recovery agenda. To support parents with specific substance use interventions to aid their recovery and reduce their substance use, and incidences of relapse and disengagement from drug and alcohol service.

There will be reduction in overdose and increased safety within the home. Instances of children taking parental medication and understanding the risks of why safer storage of medication is important. This reduces the instances of children ingesting prescribed medication and illicit drugs. This will inevitably impact on misuse and diversion of medications.

There will be an overall reduction in youth crime. This equates to a reduced number of victims

3 Deliverables (What will have been produced at the end of the project?)

3.2 What will be different by the end of the project?

An increase in the number of Children, young people and their families achieving better outcomes and participating to the Recovery Agenda, to build safer, stronger communities.

The programme will increase the number of substance using parents accessing services due to Family worker project would be able to sign post and support those parents currently not in receipt of Substance Misuse services.

We will ensure that those Parents in receipt of take home dosage of medication are aware of the potential risks of not storing their medication securely. Supporting the training of adults regarding take home dosage of Naloxone, as in protocols to use. There will be an additional link person in relation to re-engagement should the substance user drop out of treatment service.

3.3 When will these changes happen?

Incremental change is the vision. The plan is to review the work of the family worker as part of Adult Substance Misuse Services via contract monitoring. This will include the numbers of family's referred, drug/s of use, treatment programme, level of engagement. This will enable us to ascertain numbers referred to the project against those identified during the scoping exercise.

3.4 Results of Diversity Impact assessment

Diversity issues to consider are - Availability for appointments, timings and location of appointments, Learning styles, speech and language, cultural, including whether English is first language.

The service to be delivered to children and families in the community, in child friendly locations, and the timings will be flexible to meet their needs, learning style questionnaires used.

Identified need to explore interpreters should the need arise, currently would access Crosby Employment Bureau. A cost implication should be considered here.

3.5 Timescales

Hidden Harm project is currently operational though short term grant funded, through the PCC, monies awarded to the Youth Offending Service. The aim of the business case is to extend the longevity of this funding and ensure interventions are on offer to engage difficult to engage families with specific substance misuse interventions. This is preventative Substance Misuse project within a family setting.

A commitment to funding is required within the year of 2015 to enable this to happen.

4 Resources (People, Money, Equipment and Facilities)

4.1 What we need to undertake the project?

- A commitment to funding for sustainability is required.
- There are elements of this work currently provided as part of the DELTA Service. Additional funding is required to expand current provision
- The Commissioner has identified potential unmet need regarding those substance using families, to tweak the post to family worker to encompass whole family approach.

4.1.1 Staff, budget, tools/equipment, office space, training etc

The current member of staff is employed through Crosby Employment Bureau on Agency basis. This is not conducive to sustainability and continuity in care.

4.2 Financial Implications.

- Additional travel costs and I.T. Due to North Lincolnshire is a rural community and due to DELTA is a community based service.
- Reserves for translation costs

4.2.1 Commissioning Exercise

Service User and Carer consultations were undertaken by the commissioning manager and development worker upon re designing the new treatment model. These views were represented on the evaluation panel via the medium of the Development Worker. Such views made invaluable contributions to the proposals for future models of treatment and recovery.

An Experience Led Commissioning approach was undertaken in April 2014. This Consultation with Service Users and Stakeholders informed the Service specification. Several priorities were identified through consultation to improve the treatment and recovery offer for North Lincolnshire as follows:

- ***Invest in prevention.*** *Improve the provision for children and young people in terms of prevention and family support services".* To support this priority there is a requirement to obtain some efficiency and invest in prevention within CYP Substance Misuse Services. Interventions such as detached outreach, education and a hidden harm approach. The funding from the Office of PCC has been secured for the period of 2015/16 for the prevention grant to support some of this work but there is concern over future sustainability.

4.2.1.1

Is there a budget available for the commissioning exercise?

There is a budget available for the commissioning of this project. Some of the prevention grant, which is funded through the Office of the Police and Crime Commissioner, is currently allocated towards the delivery of the current hidden harm package.

This funding of, £56,000 is allocated on an annual basis 50% is dedicated towards hidden Harm. There is further match funding from North Lincolnshire Council as follows:

£25,000 from the office of PCC per annum

£15,000 for the year of 2015/16 from the Families Initiative

£10,000 From Public Health North Lincolnshire (Adult Substance misuse)

4.2.1.2 Known and estimated costs

£30,000 per annum for Social worker trained practitioner (inclusive of on costs and management fee)

4.2.1.3 Items expected to have a cost, even if not known:

- The post will require a reserve for expenses such as travel and phone.
- Office accommodation is supported and covered by the Local Authority (Currently based within Delta Service)
- Management fee is waived through internal management structure (North Lincolnshire council)
- Translation reserves will be required
- I.T and equipment costs also need to be considered

There will be a planned Contract variation through a current contracted provider (CRI), whom will fulfil the HR element and ongoing professional development of the post.

4.2.2 What are the budget parameters for the transformed service? (Consider existing service and any anticipated efficiencies).

We are looking to expand the current provision and develop a quality service. The aim is to attract investment for a 2 year pilot. The aim is to evidence the impact and maintain future investment and sustainability

4.2.3 Known and estimated costs.

- £70,000 over 2 year period

4.2.4 Has funding been identified?

- Currently PCC Grant with match funding from North Lincolnshire Council

5 Risks

5.1 Main risks

There are always risks with pilot projects as time limited projects don't meet long term outcomes unless they are sustained or mainstreamed. Furthermore there is a risk here in terms of recruiting and maintaining

qualified Social work staff. A time limited project adds to this risk around recruiting and retention. This also adds to the risk of continuity within care and sustainable engagement.

There is a required capacity within the project to case manages the referrals, we anticipate that we will increase demand

5.2 What are the risks if we do not do the project?

There have been several high risk cases nationally, involving children ingesting prescribed medication. This includes oral methadone and bilingual subutex. The aim is to reduce this risk:

- August 2012 Bristol. 2 Year old Jayden Lee is given Methadone by his father. (BBC News 2012)
- 13th March 2013, Belper Derbyshire. Riley Dent fatally ingests Methadone left in parents' bedroom drawers. (BBC News 2013)
- Dylan Thomas fatally drinks from one of forty two of his parents stockpiled bottles (BBC News 2013)

There are obvious risks in terms of the impact on service delivery/Harm reduction/ Public Health; this presents a further risk in terms of organisational reputation. A lack of investment in prevention models which has a reputational impact across stakeholders.

There will be a risk to the safety of children living with known adult drug and alcohol misuser's and more victims through impact of substance misuse on families, children and the community.

5.3 How likely are they to happen?

These issues of safety are already present. There are many cases of 'dummy dipping' nationally and the misuse and diversion of controlled drugs (Adfam 2014)

The project aims to reduce the level of current and future offending through delivering whole family interventions. If we do not run this project then this impact on reducing offending will be reduced

5.4 What will be the impact if it does happen?

- Improved safety for young people and adults living within addiction, less diverted medications and safer storage.
- Reduced number of young people entering into custody and Social care
- Increased level of health and wellbeing for families through protective factors
- Increased number of adult substance misuser's having their care optimised

5.6 How can these risks be managed?

- Consideration should be lent towards contingency for project closure,
- Manage referrals and pathways via contract management within adult and children's substance misuse meetings
- Contract manage adult service referrals
- Manage workload and caseloads – be clear over capacity and volume
- Ensure the robust evidencing of outcomes through planned activities
- By delivering evidence based interventions and involving service users at every stage
- Mitigate the risk of medication misuse by outreach and spot checks
- Interactions of opiates and risks of using on top – coordinated with Adult service in case management.
- Improved understanding of supervised consumption

5.7 Any constraints

The main constraints will depend the level of funding maintained. If the total funding is not obtained then this may affect the competency of the worker – social work trained.

However there may also be a constraint via the recruitment of a social work trained practitioner, this is a very specific competency

6 Outline Plan

6.7 In conclusion

Based on the business case presented and the identified risks, an optimised package for hidden harm should be commissioned within the wider context of adult substance misuse, social services and offender related settings.

This pilot should be:

- Funded for 2 years via prevention grant and additional funding from Families Initiative.
- Work within the evidence base provided
- Be hosted by a current commissioned substance misuse service
- Managed within the partnership infrastructure
- Contract managed by adult substance misuse, across directorates and in partnership with funders
- Integrated with the Families Initiative, support with triage, referrals and case management
- Supported by DELTA nurse to work with the wider YOS cohort. (Current non drug misusing offenders, whom do not typically access mainstream services).

Widening the hidden harm project to work more integrated with the newly commissioned adult service will facilitate improved prevention and integration within family work. Linking and developing supported referral pathways that will enable improved safeguarding and governance

Widening pathways will increase demand. For example there are currently 0 referrals into the hidden Harm project from Adult Substance Misuse Services. Within the current services there are 94 / 353 clients whom are parents. This equates to approximately 30% of the possible client population whom require interventions to reduce the impact of addiction and offending

6.7.1 What are the major decision points or approvals, with dates?

To plan for the current financial year and beyond a decision on funding is required by June 2015

6.8 Recommendations

The recommendation is for the investment in this project to obtain some sustainability over the course of 2015 - 2017. Consideration should be given to the Public Health agenda around prevention and the requirement to deliver prevention as a core component of Substance Misuse treatment.

Often this is wider than specialist service interventions but by recognising partner assets and resources and improving the links into partners we can improve preventative approaches and therefore increase the impact and sustainability requiring a lower level of investment in the future

6.8.1

The Safer Neighbourhoods strategy board will be briefed on the proposals and will provide ongoing governance. Contract and performance management information will be ultimately governed by the Partnership Board.

6.9 Next Steps

Obtain sign off from governance groups and submit to the Office of Police and Crime Commissioner by the end of April 2015.

6.9.1 Describe activities and tasks which will be required (i.e. project)

- Obtain Funding
- Progress contract variation
- Notify partners
- Scope out service user involvement
- Recruitment
- Agree pathways
- Develop measurement tools
- Develop contract monitoring arrangements
- Commence project
- Review
- Re commence project

Sign off for Outline Business Case & Project Brief	
Sponsor <i>(may be a Director, a Head of Service, a Service Manager or a Management Team, or any appropriate manager according to project)</i>	Date
Executive <i>(normally Project Manager's Line Manager)</i>	Date

