



MANCHESTER
CITY COUNCIL

Adults Services including Homelessness Delivery Plans 2018/19 – 2019/20

People. Pride. Place.

Adults Services
Key Challenges
from the
Performance
Framework
2018/19 – 19/20

Key Challenges

Performance

- Improving delayed transfers of care
- Continuing to manage the rate of new admissions to residential and nursing care
- Improving the flow of clients from Reablement
- Managing the market to ensure appropriate quantity and quality of support in the community
- Maintaining improvement of in-house services pre-integration with the new LCO
- Reducing the number of rough sleepers
- Evaluating and evidencing the effectiveness and cost/benefits of new delivery models funded via the GM Transformation Fund
- Ensuring oversight and delivery of the DASS' statutory performance reporting responsibilities post-integration
- Developing robust system-wide performance reporting mechanisms with increasing information governance complexities whilst simultaneously implementing a new care management IT system

Evidence Source

- Annual statutory returns to DH 2016/17;
- Monthly and Quarterly in-year Performance Reports to Adults' Performance Improvement Board – 2017/18
- Monthly DTOC reports from Unify

Value for Money

- Manchester, whilst having a small proportion of over 65s, has a higher proportion using ASC services. The net expenditure per 65+ service user was £7,125 in 2014/15, lower than all comparator groups apart from the GM Average at £6,586.
- Manchester had the lowest net expenditure per head across GM for all adults 18+ with a physical disability, sensory or memory and cognition impairment. Short-term support to maximise independence and supported accommodation were exceptions where expenditure was higher than all other comparators.
- In-house residential costs for the LD population were higher than all comparators, except the national average, for both younger and older adults.
- Manchester spent 77% of mental health net expenditure on 18-64 year olds , 73% of overall mental health service users, which is higher than all comparators with the exception of GM.

Evidence Source

- VFM Analyses

Budget Savings

- Delivery of the Locality Plan
- Single Commissioning Function
- Local Care Organisation development
- Savings from 2016 Homecare/Extracare
- Line management arrangements
- Quipp efficiencies
- Delivery of investment proposals from MCC and GM TF investment

Evidence Source

- Budget Monitoring Report,
- Investment agreement with GM monitoring
- LCO/SCF investment agreement

Governance

- Ensure compliance with the Council's constitution and financial regulations
- Improving performance on complaints, FOI and MP/Cllr response times.
- Compliance with Internal Audit Recommendations
- Embedding the Quality Assurance Framework
- Compliance with Investment Agreements with GM and SCF
- Implementation of new joint governance mechanisms with the NHS.

Evidence Source

- Internal audit and risk mgt reports, Annual Governance Questionnaire, Complaints dashboard, Ads Perf Improvement Board reports

Workforce

- Development of 12 Integrated neighbourhood Teams
- Single line management with NHS in the 12 INTs
- Embedding of the SCF
- Equipping staff to work in new ways and deliver new models (LCO and SCF)
- New ways of working for integration eg Trusted Assessor
- Embedding of Adults MASH
- Development of Adults Early Help
- Enhanced contact officer role at a new integrated front door
- Use of ICT- mobile working. e rostering.

Evidence Source

- Sickness absence targets reached
- Feedback from bheard survey
- Performance Board Dashboard

Other challenges

- CQC Inspections
- Maintaining statutory services with changing budget and rising demand
- Increased demand for Homelessness, LD and MH Services
- Safeguarding for high risk service users

Evidence Source

- CQC Inspection reports
- ADASS monitoring
- Perf Board monitoring

Delivery Plan 1 – Financial Plan

Financial outturn will be monitored by the directorate management team, including variances against the objective summary included in the Directorate Budget and Business Planning Report.

Subjective Summary

| Subjective Heading | 2017-2018 Budget £,000 | 2018-2019 Indicative Budget £,000 | 2019-2020 Indicative Budget £,000 |
|---|------------------------------|--|--|
| Expenditure: | | | |
| Employees | 42,895 | 43,465 | 42,938 |
| Running Expenses | 169,539 | 168,624 | 159,145 |
| Capital Financing Costs | 171 | 171 | 171 |
| Contribution to reserves | 0 | 0 | 0 |
| Total Subjective Expenditure | 212,605 | 212,260 | 202,254 |
| Less: | | | |
| Other Internal sales | 0 | 0 | 0 |
| Gross Expenditure | 212,605 | 212,260 | 202,254 |
| Income: | | | |
| Government Grants | (2,405) | (2,405) | (2,405) |
| Contributions from Reserves | (945) | (945) | (945) |
| Other Grants Reimbursements and Contributions | (19,053) | (26,503) | (22,031) |
| Customer and Client Receipts | (18,350) | (18,307) | (18,307) |
| Other Income | (12) | (12) | (12) |
| Total Net Budget | 171,840 | 164,088 | 158,554 |

Delivery Plan 2a – Performance Plan

Adults' performance reporting priorities will evolve over the period of this business plan. As implementation of the "three pillars" of the Manchester Locality Plan provides emerging clarity of priorities within each of these pillars so performance priorities will be refined, in collaboration with colleagues in Health, to ensure that metrics and reporting most appropriately reflect accountability within each of the new organisations, in particular those of the new LCO and Single Commissioning Function.

Statutory reporting on behalf of the DASS to the Department of Health will, at the current time, continue so future performance priorities and resultant reporting mechanisms will need to be able to provide assurance to MCC that this is in place. Performance priorities are those identified and agreed with the Adults' Performance Improvement Board.

| Our Manchester Outcomes | Our Manchester 3 Year Priorities | Objective | Indicator (high level / outcomes) | Actual Performance (2016/17) | Target Performance | | | Contributing Indicators (lower level / operational) |
|---|--|---|--|------------------------------|--------------------|---------|---------|---|
| | | | | | 2017/18 | 2018/19 | 2019/20 | |
| A thriving and sustainable city | -Cleaner, greener place -More recycling and less waste -Work and skills for better pay | | | | | | | |
| A highly skilled city | -Better school results -Work and skills for better pay | Creating a stable, confident and competent workforce; which listens and responds to the needs of adults | Average Social Work Caseload | 21.25 | | | | |
| | | | Apprenticeship | 0 | 70 | | | |
| A progressive and equitable city | -Fewer kids in care, -Joined up health and social care -Better and more homes | Working together with Health partners to use the resources in the most efficient way. | Delayed Transfers of Care per 100.000 population | 18.8 | 11.1 | | | Care homes vacancies, Neighbourhood apartments, Proportion of assessment completed within 28 days of contact. |
| | | | Proportion of people leaving reablement with no care | 54% | 54% | | | Number of people receiving Reablement, Proportion of people leaving reablement with reduced care, Number of days delayed leaving reablement, Number of people delayed leaving reablement. |
| | | | Proportion of older people still at home 91 days after hospital discharge into Reablement / rehabilitation | 70.6% | | | | Re admission to hospital. |
| | | | Number of permanent admission to care homes | 426 | | | | Number of Admission to Nursing Homes, Number of admissions to Residential Homes, Number of people supported in care homes, Number of planed home care hours. |
| A liveable and low carbon city | -Cleaner, greener place -Better and more | | | | | | | |

| | | | | | | | | |
|-------------------------|---|--|--|--|--|--|--|--|
| | homes -More recycling and less waste -Fix road, bus and cycle lanes | | | | | | | |
| A connected city | -Fix road, bus and cycle lanes | | | | | | | |

For Homelessness the following have been identified.

| Our Manchester Outcomes | Our Manchester 3 Year Priorities | Objective | Indicator (high level / outcomes) | Actual Performance (2016/17) | Target Performance | | | Contributing Indicators (lower level / operational) |
|---|---|---|---|------------------------------|--------------------|---------|---------|--|
| | | | | | 2017/18 | 2018/19 | 2019/20 | |
| A thriving and sustainable city | -Cleaner, greener place -More recycling and less waste -Work and skills for better pay | | | | | | | |
| A highly skilled city | -Better school results -Work and skills for better pay | -To focus on early intervention and prevention to stop families and individuals from becoming homeless, preventing disruption to the lives of adults and children -Reducing the use of temporary accommodation for families by focusing on prevention | Annual homeless presentations | 5,580 | | | | Reason for presentations, singles/families, repeat presentations. Total formally applying for help, Number of preventions from assessed services, number of preventions from commissioned services |
| A progressive and equitable city | -Fewer kids in care, -Joined up health and social care -Better and more homes | -To continue to work in partnership to support people who are living on the street to ensure they have access to accommodation and appropriate support | Annual rough sleepers headcount | 78 | | | | Background of people who are rough sleeping, gender, age, length of time. People using night shelters. |
| | | To continue with the focus on co-production with the Homelessness Partnership to ensure that we have listened to the views of people who have lived experience of being homeless or other households affected by homelessness including people in temporary accommodation, and formulate policies, procedures and services with them at the heart of all we do. This is in line with Manchester City Council's pledge to the Charter and the Our Manchester approach. | Stage 1 complaints handled within 10 working days | 90% | 96% | | | Percentage of Corporate Complaint Stage 1 and Stage 2 decisions upheld, Percentage of MP and Councillor Enquiries handled within 10 working days |
| A liveable and low carbon city | -Cleaner, greener place -Better and more homes -More recycling and less waste -Fix road, bus and cycle lanes | Improving access to settled homes for families and individuals who are in temporary accommodation | Outcomes of formal applications for help (% eligible) | 92% | | | | Breakdown of eligibility types, priority need |
| | | | | | | | | |

Delivery Plan 3 – Equality Overview and Action Plan

How does the Directorate’s activity and priorities for the year(s) ahead support the promotion of equality and diversity in the City in alignment to the 3 equality objectives?

The directorate’s priorities support the EFLG and its activities will continue to reduce inequalities through effective partnership working in particular those with health, independent providers, other local authorities and the voluntary and community sector. Adults Services deliver their core business in line with the Council's strategic equality objectives in particular Improving Life Chances;

1. Knowing Manchester Better

- Continue to embed assessment approaches that focus on strength based and asset based approaches to customer and carer assessments whilst monitoring the protected characteristics that people identify with
- Develop the skills of the workforce to be able to understand and respond to the aspirations and motivations of customers with protected characteristics
- For commissioning, continue to use the JSNA process to understand communities of Manchester as it relates to the health and care needs of the population
- Through our integration with health work, seek to better understand local neighbourhoods and communities drawing on equalities information from other sources e.g. health profiles

2. Improving Life Chances

- Work in partnership with SCF and LCO to implement the Locality Plan ; ensure that the commissioning approach is informed by the equality data available from sources such as the JSNA
- Continue to reduce inequalities in Manchester residents’ outcomes through developing new models of care with Health and tackling the wider determinants of health through effective partnership working arrangements, in particular those with health, schools, independent providers, other local authorities and the voluntary and community sector
- Neighbourhood teams being put in place as the LCO becomes operational will ensure integrated services, better understanding and responding to the needs of people in those areas (including a consideration of protection characteristics), resulting in improved outcomes.

3. Celebrating our Diversity

- In line with the Our Manchester Strategy, lead the promotion of a different relationship between public services, residents, communities and businesses, making sure that all are more involved in services
- Scale up activities on the All-Age Disability Strategy, Mental Health and Older People’s Strategy working with key local organisations and individuals to reform services, remove barriers and end discrimination

- The integration with health delivered through the LCO and SCF will benefit the whole population through improved joint working, a seamless experience and reduction in duplication.
- Co-production with local groups, patients, staff and service users is planned and further engagement with groups across the City as the SCF and LCO are rolled out. This includes the new shift, incorporating Public Health priorities, towards self help/self care as communities – including those with protected characteristics – are supported to avoid unnecessary unplanned admissions to hospital and residential and nursing homes and to speed up safe transfer of people from these settings home.
- Development of new models of care for specific client groups (e.g those with mental health issues, complex needs, the elderly).
- EIA’s have already been completed for those new models of care that will implemented over the coming months, with the documents forming a key element of the business cases. All partners involved in deliver the Locality Plan are well aware of the need to undertake EIAs on service changes resulting from transformation. Directorate is committed to delivering EIAs for other new care models which will be developed over this business plan period.

| Proposal | Proposed EIA Completion Date | Decision Date | Senior Management Lead | Comments on initial potential impacts |
|---|------------------------------|---------------|---|--|
| New delivery models for integrated health and social care within neighbourhoods. | Autumn 2017 | Winter 2017 | Nicky Parker | Once the Local Care Organisation goes live in shadow form, it will be necessary to ensure that any changes from the current health or social care pathways do not have a detrimental effect of protected characteristics |
| Development of Homelessness Strategy with Partners and new delivery models both at a citywide and local level | April 2018 | Summer 2018 | Hazel Summers, Director of Homelessness | As the strategy develops it will be necessary to ensure that there is no detrimental effect on protected characteristics |

Where will the Directorate’s proposed changes and activities over this business planning period have an impact on equalities in general or specific protected characteristics in particular?

There will be a number of activities taking place over this business plan period that have an impact on equalities:

Delivery Plan 4 – Workforce Plan

Workforce Strategy

A summary of the key drivers for workforce change and strategic workforce objectives within Adults and Homelessness for 2018/19 – 2020/21 are as follows:-

- The integration of Health and Social Care through the Implementation of the Locality Plan for the organisation which includes:-
 - The embedding of the Single Commissioning Function that will strengthen whole systems influence and leadership for a healthier Manchester
 - The development of the Local Care Organisation to deliver new models of integrated Community Services across the City to support independence and choice.
 - Adult Social Care Development
 - Homelessness Development
- The provision of high quality, efficient services
- The need to develop leaders and managers to have the right skills and attributes to operate the basics of good management practice and to embed the 'Our Manchester' behaviours throughout the integration process.

All of the drivers for workforce change will support the Directorate to radically transform public services so that they are focused around people and communities rather than organisational silos and are truly integrated.

The successful delivery of the Local Care Organisation will be dependent upon the right roles and relationships being established to support an effective collaboration between the relevant organisations. This will require a review of senior management roles and the development of a new structure which will underpin the strategies to enable performance and operational management to complement each other whilst ensuring statutory responsibilities of the authority are without compromise. There will also be a review of Citywide Services to maximise the configuration of how these are grouped and to determine an effective management structure. The management of services that will remain solely managed through the local authority will also be reviewed.

The LCO/MCC/MHCC HROD partnership, will support the transition to integrated working for managers and staff and will continue to work together with managers and trade unions to develop workforce strategies and principles to help identify, resolve and navigate the way through some of the more challenging aspects of cross organisational working.

The scale of transformational change within the Directorate is unparalleled in comparison to previous years. The reform of public services, the Devolution of power from Central Government and the development of the 'Our Manchester' Strategy, have created unprecedented opportunities for us to come together with our partners across the Health and Commissioning world, and reshape the future of Health and Social Care for the City.

In terms of workforce implications, our staff are our most important asset, how they think and feel about their work, how we engage with them and how we value them is extremely important to harness the commitment and support to take us forward into a new era of integrated working. Developing and supporting staff to embed the 'Our Manchester' principles and behaviours will be fundamental to achieving our objectives. We will continue to nurture an environment where they want to be part of developing and improving the future of the citizens of Manchester. Our responses and action plans to address key themes that arise from the Be Heard Survey, will also ensure that our staff feel listened to and their opinions are valued.

We will continue to engage with our staff directly through dedicated communication events and the development of new technologies that helps us keep in touch and connected with our workforce on the frontline. Our engagement and action strategy is monitored through our senior management team and provides a robust framework from which we will incorporate feedback from surveys, develop actions and monitor our performance to achieve the key changes.

Through our workforce and organisational development plans we will support the growth of our leaders and managers corporately and in partnership across the system, and will continue to build capacity and create a positive culture to improve performance management and strengthen engagement. There will be a strong focus on managers getting the basics right, driving and leading 'Our Manchester' in an integrated way and understanding practical management including relevant policies and procedures. There will be a bespoke leadership and management programme commissioned for developing effective place-based leaders across the 12 Manchester Neighbourhoods. This project will support managers to develop the basic skills they need to effectively manage integrated teams, build their knowledge and shape their behaviour to deliver a place based services while forging positive relationships, having asset-based conversations and co-creating solutions to build resilience in communities and to improve the health and wellbeing of Manchester residents. Each of the 12 Integrated Neighbourhood Leadership Teams within Manchester will be made up

of 5 key roles: a GP Lead, Social Worker Lead, Nurse / AHP Lead, Mental Health Lead and an Integrated Neighbourhood Team Manager. There will be a total of 60 people who will participate in the programme and each quintet will work together to generate a shared identity and purpose at a neighbourhood level, while developing locality wide relationships and peer support networks. This will be supported via the frameworks already in place i.e. absence management clinics, provision of management information that can be scrutinised and utilised via Performance Board to enable managers to plan and operate effectively. Development of apprenticeship standards and relevant skills training.

We will continue to be an active partner in the Locality Transformation Workforce Group and Locality OD Group that has been developed with our Health partners to ensure that our joint plans reflect and incorporate new ways of working and the generic and specialist skills and behaviours required to deliver the integrated models of the future. We will draw on specialist knowledge and expertise to test new evidence-based models of change and will build capacity within our collective workforce to implement such models for the future.

Key aspects of the workforce change programme will include:

- Mission, Values and Behaviours to underpin new ways of working and organisational arrangements
- Culture Change programme
- Leadership Development, Management of Change
- Robust engagement and involvement of staff in shaping new ways of working
- Resilience
- Organisational form and function
- Knowledge, Behaviours and Skills to deliver new models and ways of working
- Communication and Consultation

A shift to strengths/asset based working across the system is key and part of our accountability under the Care Act. A development programme is currently being tested to support staff to work in this way. Joint work is being progressed with health colleagues to ensure the 'Our Manchester' behaviours are embedded as part of the new ways of integrated working. A review of professional standards for Social Work will also take place.

The mandatory and statutory training programmes will be refreshed and updated to reflect the wider scope of skills that will be required for the future. Wherever possible these will be undertaken in conjunction with our partners in Health so that there is a cohesive learning process to support the change in culture. This will be taken forward through a joint training needs analysis.

The embedding of the Single Commissioning Function (MHCC) and the Local Care Organisation will have a huge impact upon the way our staff work in the future. New skills will be required and we will continue to work together to support staff to attain these skills and to work in a truly integrated way to deliver the new models of care. This will require significant investment in behavioural and organisational development programmes.

Equality impact assessments will be carried out to fully understand the impact of changes on different staff cohorts and action taken to address any specific issues arising.

Work will continue to be progressed on reducing our workforce spend, particularly on agency (where this is not linked to additional funding), overtime, additional hours, and sickness absence. Some work is already underway in areas where we have identified there are issues and in conjunction with HROD a holistic focus is being developed around how we improve this in terms of structure, workforce arrangements and culture. Workforce spend across service areas will also continue to be monitored through Performance Board and relevant actions developed and owned by Managers to ensure that from discussions. This is key to ensuring our services are stable at the point of transition.

Workforce Priorities up to 19/20

The focus for the Directorate will be on the Integration with Health and the transformation and development of services to focus around people and communities:-

The embedding of the Strategic Commissioning function (MHCC).

The development and implementation of the Local Care Organisation.

The key areas we will focus on that are integral to the success of this are as follows:

- The development of a new workforce strategy

Implementation of some quick wins that include –

- A social work standards programme that we will develop in conjunction with our GM partners that will bridge the current gap in this area and provide the opportunity for tailored content and a consistent level of quality of Social Workers across Greater Manchester.
 - Investment in piloting a strength based programme (that will be implemented collectively across LCO and MHCC with different cohorts of staff to test out methods of embedding different ways of working).
 - Investment in developing a coaching and mentoring culture.
 - Development of a Grow Your Own Social Work programme that will be live from September 2018. This will enable us to provide much needed development across our workforce and build the capacity for the future.
- Establishing a staff forum for workforce development to shape the future skill requirements and build capacity for a successful integrated workforce
- Design and implement an OD programme to underpin the Social Work development
- Development of a leadership strategy that will be tailored to managing integrated services across the city
- Culture change programme
- Joint work with partners in HROD to develop principles for recruitment and change across the LCO and MHCC.

Delivery Plan 5 – Risk Register

| ID | Risk Description | Key Controls and Sources of Assurance | L | I | Risk Score | Further Actions | Risk Owner |
|----|---|---|---|---|------------|---|--|
| 1 | Revised care models do not result in movement of financial resources throughout the Health and Social Care system | Locality plan in place. All stakeholders in agreement over delivery models Financial monitoring in place | 5 | 5 | 25: High | Ongoing monitoring and review of delivery plan and care model implementation | Executive Director for Strategic Commissioning & Director of Adults Services |
| 2 | Health and social care delivery models do not drive sufficient levels of demand reduction on acute services to realise the Locality Plan outcomes | Data analysis Community asset based work New practice guidance around strength-based assessments | 4 | 5 | 20: High | Ensure care model promotes appropriate shift in activity from acute to community care Ensure sufficient leverage in contract to challenge providers on performance and delivering to the outcomes required and within the agreed contract value. | Executive Director for Strategic Commissioning & Director of Adults Services |
| 3 | Financial constraints may result in an inability to meet requirements of the investment agreement | Locality Plan in place Senior governance Clear identification of transformation potential Strategic influence of MCC at GM level Financial delivery plan | 3 | 5 | 15: Medium | Transformational use of ASC reform grant Monitor effectiveness of control measures | Deputy Director of Adults |
| 4 | Delivery models are becoming increasingly reliant on the availability of ICT systems to support new ways of working, so any ICT outages (planned or unplanned) impacts on ability to deliver business as usual | Business continuity plans in place to ensure time critical activities can be delivered Additional resilience has been included in the MCC network to remove many of the single points of failure meaning that the chance of total network failure is much reduced Move to Google means that emails etc are available as long as there is an internet connection | 3 | 5 | 15: Medium | The roll out of group emails on Google will mean that the risk of disruption is reduced Move to new data centre in 2018 will include a full ICT disaster recovery plan – this includes recovery of ASC as high corporate priority Liquidlogic implementation, expected February 2019 will give high availability of the system and enhanced resilience. Liquidlogic off-line solution expected after implementation will mean that staff can work off-line for a period of time stockpiling work, to be input at a later date | Director of ICT |
| 5 | Failure to identify sufficient qualified social work resource as part of the INT roll-out and create enough management capacity to resource supervision arrangements across 12 teams, puts the safety and quality of service delivery at risk | New LCO Executive in place Strengthened governance arrangements for LCO Project controls in place to manage the roll out of INTs in three localities | 3 | 4 | 12: Medium | Request for additional social worker resource to be funded via ASC grant. Decision to be made on progress to recruitment | Deputy Director of Adults |
| 6 | Increases in the number of complex cases impacts on ability to comply with a changing legal framework eg DOLS legislation and the Care Act | Additional resource in place to address capacity issues Reporting and monitoring of backlogs in place Ratio of qualified/unqualified staff reviewed as part of workforce development Role of primary assessor reviewed | 3 | 4 | 12: Medium | Recruitment process underway to deal with backlog of re-assessments | Deputy Director of Adult Services |
| 7. | Inability to meet GM and national standards for safe transfer from hospital | Increased resources to avoid unplanned admissions through | 3 | 4 | 12: Medium | Additional capacity and revised care models as part of ASC transformation | Executive Director for Strategic |

| ID | Risk Description | Key Controls and Sources of Assurance | L | I | Risk Score | Further Actions | Risk Owner |
|-----|---|--|---|---|------------|---|--|
| | | community based interventions Close monitoring arrangements Development of full commissioning strategy | | | | Implementation of discharge to assess and recovery model Creation of fully integrated H & SC discharge teams Development and implementation of Trusted Assessor model | Commissioning & Director of Adults Services |
| 8. | Failure to meet minimum care standards through the external care market, thus exposing the Council to reputational risk and an increase in safeguarding risk. | Joint Quality Board in place with Citywide Health Commissioning. Close contract and quality monitoring Dignity in Care standards and awards in place | 3 | 4 | 12: Medium | Work closely with Care Quality Commission to ensure that all providers commissioned meet the minimum care standards set by CQC and MCC Work closely with CCGs to ensure that all providers commissioned meet the minimum care standards Link in with the Manchester MASH and Safeguarding Boards to ensure strategic priorities are embedded by providers | Executive Director for Strategic Commissioning & Director of Adults Services |
| 9. | Failure to sufficiently safeguard people within new delivery models for health and social care integration | Safeguarding policies and procedures with guidance Safeguarding 'surgeries' in localities Safeguarding QA framework in place MASH in place to ensure consistency in decision-making and to ensure multi agency input into risk assessment | 2 | 5 | 10: Medium | Monitor effectiveness of control measures QA team remains within MCC not as part of the LCO to provide evidence based assurance to DASS, MCC Executive and Elected Members | Executive Director for Strategic Commissioning & Director of Adults Services |
| 10. | Fragility of the care marketplace in terms of economic stability and increased risk of provider failure could impact on welfare of customers | High scrutiny of care providers Business continuity plans are required as part of the contractual requirements to ensure care continuity when providers fail | 2 | 4 | 8: Medium | Increased monitoring of providers where there are concerns Providers to 'test' business continuity plans Greater use of Dun and Bradstreet and other business risk modelling tools | Executive Director for Strategic Commissioning & Director of Adults Services |
| 11. | The introduction of universal credit will increase the numbers of people who lose their homes when combined with the introduction of the homelessness reduction act which will increase demand on homelessness services | Reports to Neighbourhood scrutiny | 4 | 4 | 16: High | Working with the homelessness partnership to develop a homelessness strategy for the city. To focus on prevention and quicker access to settled accommodation | Director of Homelessness |
| 12. | Inability to deliver the Homelessness Charter results in poor outcomes for homeless persons, reputational damage, legal challenge and additional costs to the public purse | Oversight by Scrutiny Committee Members and external stakeholders engaged in the rough sleeper strategy development | 3 | 4 | 12: Medium | Development of single point of access. Severe weather emergency provision Refresh of homelessness strategy Big Change Campaign | Director Homelessness |