

Risk Register - Norfolk County Council																					
Risk Register Name		Adult Social Care Departmental Risk Register											Red								
Prepared by		Sarah Rank and SMT											Amber								
Date updated		May 2017											Green								
Next update due		September 2017											Met								
Service	Risk number	Risk name	Risk Description	Date entered on risk register	Original Likelihood	Original Impact	Original Risk Score	Current Likelihood	Current Impact	Current Risk Score	Tasks to mitigate the risk	Progress update	Target Likelihood	Target Impact	Target Risk Score	Target Date	Prospects of meeting Target Risk Score by Target Date	Risk Owner	Reviewed and/or updated by	Date of review and/or update	
C	Adult Social Care Committee	RM14079 and RM020a	Failure to meet the long term needs of Norfolk citizens	If the Council is unable to invest sufficiently to meet the increased demand for services it could result in worsening outcomes for service users, promote legal challenges and negatively impact on our reputation. With regard to the long term risk, bearing in mind the current demographic pressures and budgetary restraints, the Local Government Association modelling shows a projection suggesting local authorities may only have sufficient funding for Adult's and Children's care.	11/10/2012	5	5	25	4	5	20	1) Implementation of Promoting Independence Strategy. This strategy is shaped by the Care Act with its call to action across public services to prevent, reduce and delay the demand for social care. The strategy aims to ensure that demand is understood and managed, and there is a sustainable model for the future. 2) As part of the strategy, a shift of spend towards targeted prevention, reablement services, enablement, and strengthened interim care. 3) Implementation of Better Care Fund plans which promote integration with the NHS and protect, sustain and improve the social care system.	1) Promoting Independence change programme established. First set of change activities prioritised and agreed; robust and extended (to 5 years) target demand model in place to model scenarios and set volume and saving targets. 2) Business cases for change prioritised to address key shifts which need to be made; underpinned by and aligned to commissioning and de-commissioning. Critical enabler is embedding strengths-based practice. 3) Initial plans for investment of additional Better Care Fund monies discussed with Health and Wellbeing Board; clear alignment with Promoting Independence and STP expectations. Significant delays in publication of national guidance on BCF which has delayed production of a local two year BCF Plan. When finalised this will include an Integration Plan with objectives linked to STP. 3b) Performance management arrangements for the BCF to provide additional assurance and progress on shared BCF targets including reablement, and reductions in residential care.	2	4	8	31/03/2030	Amber	James Bullion	Debbie Bartlett	31/05/2017
C	Adult Services (Lead Director) Shared Re-procurement of social care system for Adults, Children's and Finance Departments -	RM019	Failure to deliver a new fit for purpose social care system on time and to budget.	A new Social Care system is critical to the delivery and efficiency of Adults and Children's Social Services. This is a complex project and the risk is the ability to deliver on time along with the restriction on making any system changes to the existing system (Carefirst)	24/02/2016	4	5	20	3	5	15	1) Ensure effective governance is in place 2) Set up a project team to manage the project. 3) Determine go live dates for Adults Services, Children's Services, and Finance. 4) Deliver implementation of the new system 5) Complete User Acceptance and Data Migration Testing 6) Deliver change and training	1) Clear governance is in place. The Project Sponsors are Janice Dane (Adults), Don Evans (Children's) and John Baldwin (Finance). This is overseen by CLT. 1b) There are weekly Joint Leadership Advisory Group (JLAG) sessions with the Project Sponsors and the Project Team; a monthly update provided to Adults SMT and regular updates to Adults Committee and to CLT. 2) A core Project Team has been up and running since January 2016 (with strong practitioner involvement) and the team is now almost fully recruited to. The two Adult Social Services Subject Matter Experts, the Change Managers and the Training Manager are now in post. A network of 110 champions has been established in Adult Social Services and briefing sessions have taken place. The original user reference group continues to advise the project on social care practice affecting data mapping and system configuration. 3) Adults and Finance are planned to go live on 20 November 2017 and Children's and Finance in April 2018. 4) Delivery of implementation is proceeding in line with the plan. New draft process models and form/plan designs for Adult Social Services (ASS) have been developed, consulted upon and approved. Finance System - and Case management system configuration workshops with the supplier have been completed. 5) The first of four rounds of User acceptance and data migration testing has been completed. Generally the first round completed successfully. User Acceptance Testing (UAT) 2 started on 15 May. 6) Training preparation is well under way and a training programme is in place.	1	4	4	30/04/2018	Green	James Bullion	Janice Dane	31/05/2017
C	Adult's Services	RM014b	The savings to be made on Adult Social Services transport are not achieved.	The risk that the budgeted savings of £3.8m to be delivered by 31 March 2020 will not be achieved.	04/11/2015	3	3	9	4	3	12	1) Whilst we have managed to achieve £0.487m of the budgeted savings, as we were unable to achieve the savings in full, the savings have been reprofiled to future years (2017/18 and 2019/20). 2) A review of transport is also taking place. 3) Transport Guidance has been updated in line with the revised transport policy 4) Refurbishment of a site in Thetford to provide day services and respite care to prevent people from having to travel long distances. 5) Under the Younger Adults workstream of the Promoting Independence Strategy, we are developing a joint approach to both disability and transition where the young adult has been receiving services from Children's and is now moving to Adults. 6) Exploring the use of an application to help with monitoring of the cost of transport. This application is currently being used by Children with Special Educational Needs.	1) P&R agreed to the reprofiling of savings to future years (2017/18 and 2019/20). The target date of the risk has been amended accordingly. 2) Titan training will be rolled out. Currently recruiting to enable more people to use public transport. 3) The revised Transport Guidance and Policy was agreed by ASC Committee on 6 March 2017 and shared with staff. This is being implemented for new service users now and for existing people at the point of review. This now links with the work on assessments and reviews as part of the Promoting Independence Programme. 4) NPS (on our behalf) are preparing to submit a planning application and we will then follow a framework agreement when we come to source the contractor. 5) Joint approach being developed. 6) This is currently being considered.	2	3	6	31/03/2020	Red	James Bullion	Janice Dane	31/05/2017

C	Adult Social Care Committee	RM14079 and RM020a	Failure to meet the long term needs of Norfolk citizens	If the Council is unable to invest sufficiently to meet the increased demand for services it could result in worsening outcomes for service users, promote legal challenges and negatively impact on our reputation. With regard to the long term risk, bearing in mind the current demographic pressures and budgetary restraints, the Local Government Association modelling shows a projection suggesting local authorities may only have sufficient funding for Adult's and Children's care.	11/10/2012	5	5	25	4	5	20	1) Implementation of Promoting Independence Strategy. This strategy is shaped by the Care Act with its call to action across public services to prevent, reduce and delay the demand for social care. The strategy aims to ensure that demand is understood and managed, and there is a sustainable model for the future. 2) As part of the strategy, a shift of spend towards targeted prevention, reablement services, enablement, and strengthened interim care. 3) Implementation of Better Care Fund plans which promote integration with the NHS and protect, sustain and improve the social care system.	1) Promoting Independence change programme established. First set of change activities prioritised and agreed; robust and extended (to 5 years) target demand model in place to model scenarios and set volume and saving targets. 2) Business cases for change prioritised to address key shifts which need to be made; underpinned by and aligned to commissioning and de-commissioning. Critical enabler is embedding strengths-based practice. 3) Initial plans for investment of additional Better Care Fund monies discussed with Health and Wellbeing Board; clear alignment with Promoting Independence and STP expectations. Significant delays in publication of national guidance on BCF which has delayed production of a local two year BCF Plan. When finalised this will include an Integration Plan with objectives linked to STP. 3b) Performance management arrangements for the BCF to provide additional assurance and progress on shared BCF targets including reablement, and reductions in residential care.	2	4	8	31/03/2030	Amber	James Bullion	Debbie Bartlett	31/05/2017
C	Adult's Services	RM0207 and RM020b	Failure to meet the needs of Norfolk citizens	If the Council is unable to invest sufficiently to meet the increased demand for services arising from the increase in the population of people in Norfolk it could result in worsening outcomes for service users, promote legal challenges and negatively impact on our reputation.	01/04/2011	3	4	12	3	4	12	1) Implementation of Promoting Independence Strategy. This strategy is shaped by the Care Act with its call to action across public services to prevent, reduce and delay the demand for social care. The strategy aims to ensure that demand is understood and managed, and there is a sustainable model for the future. 2) As part of the strategy, a shift of spend towards targeted prevention, reablement services, enablement, and strengthened interim care. 3) Implementation of Better Care Fund plans which promote integration with the NHS and protect, sustain and improve the social care system.	1) Promoting Independence change programme established. First set of change activities prioritised and agreed; robust and extended (to 5 years) target demand model in place to model scenarios and set volume and saving targets. 2) Business cases for change prioritised to address key shifts which need to be made; underpinned by and aligned to commissioning and de-commissioning. Critical enabler is embedding strengths-based practice. 3) Initial plans for investment of additional Better Care Fund monies discussed with Health and Wellbeing Board; clear alignment with Promoting Independence and STP expectations. Significant delays in publication of national guidance on BCF which has delayed production of a local two year BCF Plan. When finalised this will include an Integration Plan with objectives linked to STP. 3b) Performance management arrangements for the BCF to provide additional assurance and progress on shared BCF targets including reablement, and reductions in residential care.	2	4	8	31/03/2018	Amber	James Bullion	Debbie Bartlett	31/05/2017
D	Finance	RM13926	Failure to meet budget savings	If we do not meet our budget savings targets over the next three years it would lead to significant overspends in a number of areas. This would result in significant financial pressures across the Council and mean we do not achieve the expected improvements to our services	30/04/2011 -	3	5	15	4	5	20	1) Efficiency and savings targets are being managed through the Promoting Independence Programme Board and the Finance and Performance Board. 2) Monthly monitoring, locality team meetings and continued development of forecast to ensure timely focus on key budgets and any emerging issues 3) Norsecare Liaison Board to develop and monitor delivery of savings related to the Norsecare contract 4) P&R agreed to the recommendation of the re-profiling of savings totalling £3m for 16/17 and also for savings from the Promoting Independence programme of £10m from 2017-18 to 2019-20. 5) Senior and concerted focus on transforming the LD service.	1) Promoting Independence programme of work refreshed and delivery plan developed. Target demand model complete and focussed work on entry points, processes for older people and younger adults, cross-cutting behavioural change and commissioning projects. Reprofiled savings have been approved by P&R Committee. 2) Finance and Performance Board have moved to a panel style approach providing senior management scrutiny along with locality finance meetings. Production of financial recovery plans by all teams and assessment plans to reduce the backlog. Mid year close down undertaken to improve accuracy of forecast. 3) Work continues with Norsecare to deliver savings. 4) 2017-18 budget signed off by all RBOs. Additional social care funding has been received. Plans to be agreed with members including invest to save pieces of work which will support delivery of savings particularly in future years. 5) Reshaped management of the LD service and dedicated younger adults workstream within the PI programme	3	5	15	31/03/2018	Red	James Bullion	Susanne Baldwin	31/05/2017
D	Locality and hospital teams	RM13931	A rise in acute hospital admissions and pressure on acute services.	A significant rise in acute hospital admissions / services would certainly increase pressure and demand on Adult Social Care. Potential adverse impacts include rise in Delayed Transfers of Care (DTOCs), pressure on Purchase of Care spend, assessment staff capacity and NCC reputation.	30/06/2011 - revised 21/04/2016 -	3	4	12	4	4	16	1) Integrated structure between NCC and NCHC allows AD's to make quick decisions and to flex resources to minimise impact. 2) Integration programme developing new approaches to reduce delays and prevent admissions 3) Daily participation in whole system escalation process. 4) Senior manager oversight of emerging issues. 5) Careful management of reputational risk.	1) Daily Capacity mapped and monitored and given high priority. 2) Phase 2 of the Integration Programme delivered integrated arrangements at NNUH and we're looking to roll this out across other acutes. 3) Work closely with health colleagues on silver calls. 4) Director of Integrated Care coordinates senior manager oversight to effectively manage issues. 5) SMT presence at A&E delivery Board which helps to improve reputation.	2	3	6	31/03/2018	Amber	James Bullion	Lorraine Barrett	31/05/2017
D	SMT	RM14237	Deprivation of Liberty Safeguarding	Following the Cheshire West ruling it has been identified that we're not meeting our responsibilities around Deprivation of Liberty Safeguards (DoLS). This could lead to us being judicially reviewed.	08/05/2015	3	4	12	4	4	16	1) Reviewed staffing compliment 2) Reviewed processes and systems to ensure cases are dealt with in a timely manner. 3) Improved data quality and reporting to allow cases to be monitored. 4) The Law Commission made recommendations for a new DoLS framework in March. New legislation due late 2017 for implementation in 2018. 5) We are linking in with DoLS managers across the Eastern region to ensure we are working in similar ways.	1) Temporary staffing been extended to deal with this - specific team to deal with the increased demand. 2) Processes and systems in place to manage priority workload. 3) Receiving data to report on issues 4) Awaiting for legislation to be issued. 5) Continuous working together.	2	4	8	31/03/2018	Red	Lorna Bright	Alison Simpkin	31/05/2017

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D	Finance	RM14262	The potential risk of shortfall between funding and pressures through integration of capital and revenue funding between the Council, health organisations and district councils	The integrated health and social care agenda has seen pooling of capital and revenue resources through the Better Care Fund and further policy drive to manage the transfer of people with learning disabilities from inpatient settings to community settings. There is a risk that this will have a negative impact on available resources for delivery of adult social care	16/06/2016	3	5	15	3	5	15	1) Section 75 agreements to manage forward planning and joint arrangements 2) Partnership Boards in place attended by NCC. 3) Transforming Care Plan project in place and NCC involvement on all workstreams. 4) Introduction of the Improved Better Care Fund including planned use for additional social care grant.	1) Section 75 agreements to be renewed for 17/18 once final allocations and detailed BCF guidance is received. 2) Consolidated Better Care Fund Programme Board is in place. Final guidance affecting 2017-18 and 2018-19 is now unlikely to be received until late June 2017. 3) Transforming Care Plan programme in place and baseline completed. Developing forward plan for individuals who are currently hospital inpatients (ie a low secure setting) who may be able to move to community settings. Further work completed on joint protocols has not been agreed by all parties and target has been set for June 2017. 4) The introduction of the Improved BCF from April 2017, including additional one-off funding for social care. The overall plans will need to be agreed by the Health and Wellbeing Board and spending plans for the additional funding, will need to be agreed by ASC Committee.	2	4	8	31/03/2019	Amber	James Bullion	Susanne Baldwin	31/05/2017
D	Transformation	RM13923	Risk of failing to deliver Promoting Independence, change programme for Adult Social Services in Norfolk	Promoting Independence Change Programme oversees and co-ordinates the linked change and transformation activities required to deliver the strategy. If we fail to deliver the programme this will lead to a failure in developing a sustainable model for adult social care and a failure to deliver a balanced budget	30/04/2011	4	3	12	3	4	12	1) Robust programme management arrangements with properly resourced capacity and skills in place 2) Defined suite of business cases which are prioritised and sequenced to maximise impact and make best use of resources 3) Clear leadership from senior managers to sponsor and champion changes 4) Strong performance framework to measure and monitor the impact of change activities and to take action to address any issues	1) Programme arrangements agreed and resourced. Programme manager appointed; start date to be negotiated. One out of 4 project managers appointed; external recruitment underway; interim project management to be brought in short-term to ensure pace and continuity 2) Initial business cases for first tranche of activities agreed; now subject to critical review, particularly around metrics – due for final sign-off at May Programme Board. 3) Workstream sponsors engaged and owning priorities. Temporary business lead roles appointed for two of the workstreams. 4) Initial set of high level measures agreed – effectively a set of 'vital signs' for the programme. Requires targets to be set against these, and metrics disaggregated to workstream and project level.	2	4	8	31/03/2018	Amber	James Bullion	Debbie Bartlett	31/05/2017
D	Adult Social Services Department	RM 14261	Staff behaviour and practice changes to deliver the Promoting Independence Strategy	A significant change in staff behaviour and social care practice is required to deliver the Promoting Independence Strategy. Failure to make the culture change needed across the workforce would greatly impact the transformation of the service and its ability to deliver associated budget savings'	25/04/2016	3	5	15	3	4	12	1) Robust OD plan signed off by the PI Programme Board. 2) Reviewing staff supervision and process and training. 3) Management Development Programme for Team Managers and Practice Consultants will be rolled out throughout the year.	1) Mandatory Strengths Based Assessment and Signs of Wellbeing approach has been rolled out to staff. 2) Review complete - will come back to SMT to agree actions mid May. 3) Programme is currently being developed.	2	4	8	31/03/2018	Amber	James Bullion	Lucy Hohnen	31/05/2017
D	Support & Development	RM13925	Lack of capacity in ICT systems	A lack of capacity in IT systems and services to support Adult Social Services delivery, in addition to the poor network capacity out into the County, could lead to a breakdown in services to the public or an inability of staff to process forms and financial information in for example Care First.	30/04/2011	4	4	16	3	4	12	1) As part of the Business Continuity plan steps are in place to mitigate any system loss and downtime. 2) To ensure effective Integration, staff must have access to the relevant systems regardless of where they are located. Please also refer to Risk RM019	1) Recovery steps are outlined in the Business Continuity plan. These are always reviewed following any serious incidents and updated where necessary. 2) ICT Capacity and solutions for integrated working are discussed at the Integration Programme Board. Issues are being progressed as a key priority. NCHC staff now have access to NCC Outlook calendars. We are working with NCHC to arrange NCC staff having access to NCHC Outlook calendars.	3	2	6	31/03/2018	Amber	James Bullion	Sarah Rank	31/05/2017
D	Information Management	RM14085	Failure to follow data protection procedures	Failure to follow data protection procedures can lead to loss or inappropriate disclosure of personal information resulting in a breach of the Data Protection Act and failure to safeguard service users and vulnerable staff, monetary penalties, prosecution and civil claims.	30/09/2011	3	5	15	3	4	12	1) New staff not allowed computing access until they have completed the data protection and information security e-learning courses. 2) Mandatory refresher training and monitoring rates of completion of training. 3) Monthly reports to CLT around data breaches 4) An Information Compliance Group (with representation across each department) meet on a bi-monthly basis and reports back any issues to the Information Management Board.	2) Reminders to individual staff to complete Data Protection e-Learning courses are sent out and managers are informed of staff who have not completed the e-learning course. The refresher e-learning course will shortly be moving from every three year's to two year's in line with guidance received from the ICO. 4) The ICO has recently carried out an audit on how NCC is complying with data protection. The ICO has concluded that "there is a reasonable level of assurance that processes and procedures are in place and delivering data protection compliance". As a result of the ICO audit, Norfolk Audit Services have carried out a council wide QA audit. Once this is received we will review and implement any recommendations.	1	3	3	31/03/2018	Green	Lorna Bright	Sarah Rank	31/05/2017
D	Adult Social Services Commissioning	RM14290	Negative outcome of the Judicial Review into fee uplift to care providers	A successful Judicial Review being brought by a group of residential care providers may result in additional costs for 2015/16 which were not anticipated in budget planning for the year.	07/09/2015	3	4	12	3	4	12	1) Following the Older People residential and nursing care cost of care exercise and consultation process, the outcome and revised usual prices was recommended to the Adult Social Care Committee on 29th April 2016. 2) Work is continuing with the market to discuss annual increases to fees	1) The 2016/17 uplifts were recommended to Committee and agreed following consultation 2) Project in place to review working age adults fee framework	1	4	4	31/03/2018	Amber	James Bullion	Susanne Baldwin	31/05/2017

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D	Adult Social Services Commissioning	RM14247	Failure in the care market	The council contracts with independent care services for over £200m of care services. Risk of failure in care services would mean services are of inadequate quality or that the necessary supply is not available. The council has a duty under the Care Act to secure an adequate care market. If services fail the consequence may be risk to safeguarding of vulnerable people. Market failure may be faced due to provider financial problems, recruitment difficulties, decisions by providers to withdraw from provision, for example. Further reductions in funding for Adult Social Care significantly increases the risk of business failure.	07/09/2015	4	3	12	4	3	12	1) A Quality Assurance Framework in place which provides a risk based approach to the market of care services, collating intelligence from a range of sources and triangulating to identify services for targeted intervention 2) Prioritising care workforce capacity within the learning and development programme 3) Revision of a market failure protocol based on established good practice 4) Liaison with Care Quality Commission to engage with their work with Norfolk care services 5) Procuring new domiciliary care contracts 6) Appropriate investment in the care market 7) Effective management of market failure	2) A recruitment and retention project is underway which was launched in March 17. 2b) New real time quality (risk) dashboard produced 3) Market resilience strategy under development 4) Refreshed working arrangements with CQC 4b) Revised and improved carers service that will support informal carers - being procured for delivery in Sept 17. 5) New 'patch' based contracts procured in the North, East and West of the county with a roll out to Norwich and South during 2017. 5) We are in the process of procuring new domiciliary care contracts. 6) Stabilisation of provider market and channelling of investment proposed as part of the improved Better Care Fund. 7) Provider engagement and dialogue included in the 'cost of care' exercise which will support accurate identification of costs of provision and ensure investment targeted appropriately	2	3	6	31/03/2018	Amber	Sera Hall	Steve Holland	31/05/2017
D	Adult Social Services Commissioning	RM 14260	Failure of the care market (through the independent providers) due to difficulties in recruiting staff into the sector.	The council invests over £54m through approximately 120 independent providers in provision of homecare to over 4000 vulnerable people at any one time. Failure of the care market (through the independent providers) due to problems recruiting staff into the sector may result in a risk to safeguarding of vulnerable people, delays in discharging people from hospital and inappropriate admissions to hospitals and care homes. Problems recruiting into and retaining care workers in the care sector are particularly acute in the west and north of the county but are experienced across the county as a whole.	16/05/2016	4	4	16	4	3	12	1) A Quality Assurance Framework provides a risk based approach to the market of care services 2) Ensure robust procurement processes that ensure providers cost provision adequately 3) Work with providers, workforce professionals and other partners to develop and implement a workforce development plan and to ensure workforce terms and conditions are equitable 4) Development of a care contingency network and emergency provision 5) Clear communication needed with the market to publicise areas of need and future commissioning intentions	2) Market testing conducted using open technique (providers set bid price) 3) An executive board has been created to take responsibility for the promotion and delivery of a sector skills action plan and this includes a clear accountability structure with named leads for each priority 3b) Inclusion of Unison Ethical Care Charter in all new Home support contracts 3c) We have a website for care workers which includes information and advice around the caring profession. There is also a recruitment portal for providers to advertise vacancies and a promotional campaign in order to make the profession more attractive. 4) Plans to develop and implement resilience measures including emergency provision are being developed and will be proposed to SMT 5) Market Position Statement for 2017/18 will be finalised in June 2017.	2	3	6	31/03/2018	Amber	Sera Hall	Steve Holland	31/05/2017
D	Integration	RM13936	Potential for integration to adversely affect delivery of statutory responsibilities or impact on reputation	Pressure on integrated staff could have an adverse impact on joint teams regarding capacity and take them away from departmental priorities impacting on reputation / ability to deliver.	30/06/2011 - revised 18/04/2016	3	5	15	2	5	10	1) Pressure closely monitored by AD's and escalated to Director Integrated Services. 2) Integration Programme Board monitors and considers implications and costs across both organisations. 3) Issues can be escalated to S75 Monitoring Board (membership includes Committee Chair and Executive Director) for resolution.	1) SMT (Senior Managers Integration Team) regularly discuss capacity issues and take action. 2) The Integration Board (in May) discussed costs and benefits of Integration for each Organisation. 2b) NAS have recently carried out an audit on Management accountability to social care. We are currently waiting for the report. 3) Issues are escalated as and when necessary.	1	5	5	31/03/2018	Green	James Bullion	Lorraine Barrett	31/05/2017
D	Adult Social Services Department - Commissioning	RM14238	Failure in our responsibilities towards carers.	The failure of Adult Social Services to meet its statutory duties under the Care Act will result in poorer outcomes for service users and have a negative impact on our reputation. Funding reductions by health and other partners may adversely impact on provision of countywide carers services	27/05/2015	2	3	6	2	3	6	1) Co-production with providers and users of service resulted in revised carers services specification 2) Maintaining existing health investment in commissioned services 3) Strong engagement and dialogue with Carers Council 4) Competitive procurement of Carers Service to deliver in Sept 2017 5) Proposed investment as part of the improved Better Care Fund for enhanced support for carers. 6) Review of our offer to carers around respite, direct payments and commissioned services.	1) Revised carers services specification agreed by SMT 2) We have secured continued health investment in commissioned services 3) Continue to have a strong dialogue with the Carers Council 4) Competitive procurement of Carers Service has commenced. 5) This is currently being proposed. 6) Work has now commenced on this and the revised offer should be known within the next month.	1	1	1	31/03/2018	Amber	Sera Hall	Emma Bugg	31/05/2017
D	Transformation	RM14149	Impact of the Care Act	Impact of the Social Care Act/Changes in Social Care funding (significant increase in number of people eligible for funding, increase in volume of care - and social care - and financial assessments, potential increase in purchase of care expenditure, reduction in service user contributions)	27/11/2013	4	3	12	1	5	5	1) Project for Implementation of the Care Act. Ensure processes and resources in place to deliver Government requirements. Estimate financial implications. 2) Keep NCC Councillors informed of issues and risks.	1) Project delivered necessary changes for April 2015 (part one of the Care Act). On 17 July 2015 the Government announced that Part Two of the Care Act is deferred until 2020. 2) ASC Committee members agreed to keep this on the risk register until government guidance was clearer. No further information has been received from Government.	1	3	3	31/03/2020	Green	Janice Dane	Janice Dane	31/05/2017

C	Adult Social Care Committee	RM14079 and RM020a	Failure to meet the long term needs of Norfolk citizens	If the Council is unable to invest sufficiently to meet the increased demand for services it could result in worsening outcomes for service users, promote legal challenges and negatively impact on our reputation. With regard to the long term risk, bearing in mind the current demographic pressures and budgetary restraints, the Local Government Association modelling shows a projection suggesting local authorities may only have sufficient funding for Adult's and Children's care.	11/10/2012	5	5	25	4	5	20	<p>1) Implementation of Promoting Independence Strategy. This strategy is shaped by the Care Act with its call to action across public services to prevent, reduce and delay the demand for social care. The strategy aims to ensure that demand is understood and managed, and there is a sustainable model for the future.</p> <p>2) As part of the strategy, a shift of spend towards targeted prevention, reablement services, enablement, and strengthened interim care.</p> <p>3) Implementation of Better Care Fund plans which promote integration with the NHS and protect, sustain and improve the social care system.</p>	<p>1) Promoting Independence change programme established. First set of change activities prioritised and agreed; robust and extended (to 5 years) target demand model in place to model scenarios and set volume and saving targets.</p> <p>2) Business cases for change prioritised to address key shifts which need to be made; underpinned by and aligned to commissioning and de-commissioning. Critical enabler is embedding strengths-based practice.</p> <p>3) Initial plans for investment of additional Better Care Fund monies discussed with Health and Wellbeing Board; clear alignment with Promoting Independence and STP expectations. Significant delays in publication of national guidance on BCF which has delayed production of a local two year BCF Plan. When finalised this will include an Integration Plan with objectives linked to STP.</p> <p>3b) Performance management arrangements for the BCF to provide additional assurance and progress on shared BCF targets including reablement, and reductions in residential care.</p>	2	4	8	31/03/2030	Amber	James Bullion	Debbie Bartlett	31/05/2017
D	Safeguarding	RM14287	Potential failure to meet the needs and safeguarding of adults in Norfolk.	There is a national risk that Adults Social Service do not provide adequate safeguarding controls.	14/12/2016	2	5	10	2	5	10	<p>1) Multiagency Safeguarding Policy & Local Procedures in place.</p> <p>2) Adults Safeguarding Board in place.</p> <p>3) Delivery of Safeguarding training to providers.</p> <p>4) Appropriate checks / vetting of staff.</p> <p>5) Serious case reviews actioned where appropriate.</p> <p>6) Any recommendations made by Safeguarding Adults Review's (SAR's) are monitored by the Safeguarding Adults Review Group and also disseminated 1/4ly to all managers via the Quarterly Managers Forum (QMF).</p>	<p>1) Multiagency safeguarding policy and procedure refreshed and updated by the Learning, Improvement and Policy sub group of the Norfolk Safeguarding Adults Board (NSAB). Now published on the NSAB and publicised among partners.</p> <p>2) Board is well established and has an independent chair.</p> <p>3) Specific training for providers is delivered (at a cost) via the commissioned training provider, St Thomas'. The NSAB can also signpost providers to safeguarding training.</p> <p>4) Enhanced DBS checks are carried out for all customer-facing staff in ASSD.</p> <p>5) ASSD has a representative on the multiagency Safeguarding Adult's Review (SAR) Group and the group is attended by NPLaw. There is a robust process in place for evaluating cases referred to the SAR Group against the SAR criteria. Claire Crawley (Senior Policy Advisor for the Department of Health) has visited the NSAB and has given advice on the interpretation of the SAR criteria and the importance of identifying and actioning learning.</p> <p>6) The SAR Group holds and monitors action plans for each SAR and is developing a thematic approach. They also have a standing item on the NSAB agenda to update the board on progress with actions, and any forthcoming reviews. The Head of Service (for Safeguarding) presents learning from SARs and reviews this alongside the relevant locality Assistant Director/Head of Operations. The learning is used as a platform for a more detailed look at a particular theme for ASSD.</p>	2	4	8	31/03/2018	Green	Lorna Bright	Helen Thacker	31/05/2017