

<b>Risk Number</b>	RM023		<b>Date of update</b>		03 September 2018					
<b>Risk Name</b>	Failure to respond to changes to demography, funding, and government policy, with particular regard to Adults Services.									
<b>Risk Owner</b>	James Bullion		<b>Date entered on risk register</b>		18 August 2017					
<b>Risk Description</b>										
Changes to demography, funding, and government policy can severely impact on the ability of Adult Social Services to support Norfolk residents. There is a risk that Adult Social Services fails to anticipate and act on changes to demography, funding and government policy. Cause: Changes to demography, funding and government policy. Event: The Council fails to plan and adapt to change effectively for the future. Effect: Outcomes for Norfolk citizens may worsen.										
<b>Original</b>			<b>Current</b>			<b>Tolerance Target</b>				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
5	5	25	4	5	20	2	4	8	Mar-20	Amber
<b>Tasks to mitigate the risk</b>										
<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>4) Close tracking of government policies, demography trends and forecasts.</p> <p>5) A new set of NCC corporate priorities which aims to address longer-term demand management in children's and adult services.</p>										
<b>Progress update</b>										
<p>1) Demand and demography modelling continues to be refined through the cost and demand model. Five main themes for transformation: Services for people with a learning disability; maximising digital technology; embedding strengths-based social work through Living Well; 3 conversations; health and social care integration and housing for vulnerable people.</p> <p>2) Sector based plans for providers which model expected need and demand associated with demographic and social change</p> <p>3a) Strengthened investment in prevention, through additional reablement, social prescribing, local initiatives for reducing social isolation and loneliness</p> <p>3b) Workforce – continued recruitment campaign to sustain levels of front line social workers and occupational therapy staff.</p> <p>3c) Better Care Fund targeted towards supporting people to stay independent, promoting and enabling closer integration and collaboration across health and social care.</p>										

<b>Risk Number</b>	RM13926		<b>Date of update</b>	03 September 2018						
<b>Risk Name</b>	Failure to meet budget savings									
<b>Risk Owner</b>	James Bullion		<b>Date entered on risk register</b>	30 April 2011						
<b>Risk Description</b>										
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.										
<b>Original</b>			<b>Current</b>			<b>Tolerance Target</b>				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
3	5	15	4	5	20	3	5	15	Mar-19	Red
<b>Tasks to mitigate the risk</b>										
<p>1) Efficiency and savings targets are being managed through the Promoting Independence Programme Board. In-year recovery plans have been developed for all operational teams to help address forecast overspend on purchase of care budgets.</p> <p>2) Monthly monitoring, locality team meetings and continued development of forecast to ensure timely focus on key budgets and any emerging issues.</p> <p>3) Norsecare Liaison Board to develop and monitor delivery of savings related to the Norsecare contract.</p> <p>4) County Council agreed budget for 2018-19 included investment and carried forward of unspent iBCF funds.</p> <p>5) Senior and concerted focus on transforming the Learning Disability (LD) service.</p> <p>6) Norfolk Future's programme in place, including Promoting Independence for vulnerable adults, smarter information and advice, towards a Norfolk housing strategy, Digital Norfolk, Commercialisation and Local Service Strategy. The programme will provide further support for delivery of savings.</p> <p>7) Monitoring of system changes that may impact on demand for social care services.</p>										
<b>Progress update</b>										
<p>1) Promoting Independence programme of work in place and delivery plan developed. Target demand model complete and focussed work on entry points, processes for older people and younger adults, cross-cutting Living Well project and commissioning projects. Savings totalling £27m in 2018-19 with £17m through demand management work. At Period 4 the service was on track to deliver £22m of savings in 2018-19.</p> <p>2) Finance and Performance Board have moved to a panel style approach providing senior management scrutiny along with locality finance meetings. All managers are expected to take responsibility for budget savings via 1-1's, accountability meetings, appraisals etc.</p> <p>3) Work continues with Norsecare to deliver savings.</p> <p>4) Social care funding has been received and plans agreed by NCC and health partners. In addition to funding to support protection of social care and to support market stability, there are invest to save projects that will both support discharge from hospital and wider demand management.</p> <p>5) Reshaped management of the LD service and dedicated younger adults workstream within the PI programme.</p> <p>6) The service has delivered savings in 2017/18 of £14.353m against a target of £14.213m. £10.728m of the savings have been delivered in line with the planned savings programme.</p>										

<b>Risk Number</b>	RM13931		<b>Date of update</b>		03 September 2018					
<b>Risk Name</b>	A rise in acute hospital admissions and discharges and pressure on acute services.									
<b>Risk Owner</b>	James Bullion		<b>Date entered on risk register</b>		30/06/2011 revised					
<b>Risk Description</b>										
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.										
<b>Original</b>			<b>Current</b>			<b>Tolerance Target</b>				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
3	4	12	4	4	16	2	3	6	Mar-19	Amber
<b>Tasks to mitigate the risk</b>										
<p>1) Integrated structure between NCC and NCHC allows Assistant Director's (AD) to make quick decisions and to flex resources to minimise impact.</p> <p>2) Integration programme developing new approaches to reduce delays and prevent admissions</p> <p>3) Daily participation in whole system escalation process.</p> <p>4) DTOC Improvement Plan is now in place</p> <p>5) Senior manager oversight of emerging issues.</p> <p>6) Careful management of reputational risk.</p>										
<b>Progress update</b>										
<p>1) Daily Capacity mapped and monitored and given high priority.</p> <p>2) Within Phase 3 (of the Integration Programme) we have concentrated on flow and capacity. We are also working closely with the Promoting Independence Programme Team to alter the role of the Occupational Therapist to focus on pre Care Act eligibility determination cases; bed based offer for short term placements, and the discharge to assess pathways to ensure people are not making life changing decisions in an acute setting.</p> <p>2b) The introduction of accommodation based reablement beds across Norfolk will aid the flow from the acute and community hospitals and reduce strain on the Purchase of Care budget and assist the department to meet DTOC targets.</p> <p>2c) Integrated managers taking an active role in developing new models with primary care to avoid admissions eg NEAT (Norwich Escalation avoidance Team) in Norwich.</p> <p>3) Work closely with health colleagues on silver calls (a silver call is daily whole system monitoring and an action planning call).</p> <p>3b) NCC initiated and held a MADE(multi agency discharge event)to focus on the 3 acute systems and how we work together to improve flow. An action plan has been developed to drive improvement.</p> <p>4) The DTOC Improvement Plan includes weekly meetings to monitor the figures and to take action as required.</p> <p>4b) A new AD post has been created within the integrated structure (using winter monies). The AD has produced the first ever joint winter plan and action plan.</p> <p>5) Director of Integrated Care coordinates senior manager oversight to effectively manage issues.</p> <p>6) SMT presence at A&amp;E delivery Board which helps to improve reputation.</p>										

<b>Risk Number</b>	RM14237		<b>Date of update</b>		03 September 2018					
<b>Risk Name</b>	Deprivation of Liberty Safeguarding									
<b>Risk Owner</b>	Lorna Bright		<b>Date entered on risk register</b>		08 May 2015					
<b>Risk Description</b>										
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.										
<b>Original</b>			<b>Current</b>			<b>Tolerance Target</b>				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
3	4	12	4	4	16	2	4	8	Mar-19	Red
<b>Tasks to mitigate the risk</b>										
<ol style="list-style-type: none"> <li>1) Reviewed staffing compliment</li> <li>2) Reviewed processes and systems to ensure cases are dealt with in a timely manner.</li> <li>3) Improved data quality and reporting to allow cases to be monitored.</li> <li>4) Liquid Logic may impact whilst staff become used to the new system.</li> </ol>										
<b>Progress update</b>										
<p>1) Limited Department of Health grant funds remain. SCCE (Social Care Centre of Expertise) are receiving e-dols, and therefore inputting the referrals. Three temporary 12 month posts were advertised with iBCF money : 1.5 FTE started in August 2018, a part time post will start in November and the remaining vacancy will be advertised externally.</p> <p>1b) Independent Best Interest Aassessor's (BIA's) are used for out of county reviews, relief BIA's are used regularly. Nine places for BIA training were made available in September 2018.</p> <p>2) Paper submitted to SMT and streamlining of tasks has been agreed i.e. Desktop reviews, reduced assessment timeframe and administrative tasks. Further paper required to address the backlog, however awaiting outcome of proposals in the Mental Capacity Act (amendment) Bill. Paper will be submitted in lieu of this with current costings.</p> <p>4) Liquid Logic has had an impact upon the team and management of workload due to the required process. A Business Support Officer is supporting the team to help with this.</p>										

<b>Risk Number</b>	RM14262		<b>Date of update</b>		03 September 2018					
<b>Risk Name</b>	The potential risk of shortfall between funding and pressures through integration of capital and revenue funding between the Council, health organisations and district councils									
<b>Risk Owner</b>	James Bullion		<b>Date entered on risk register</b>		16 June 2016					
<b>Risk Description</b>										
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										
<b>Original</b>			<b>Current</b>			<b>Tolerance Target</b>				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
3	5	15	3	5	15	2	4	8	Mar-19	Amber
<b>Tasks to mitigate the risk</b>										
<ol style="list-style-type: none"> <li>1) Section 75 agreements to manage forward planning and joint arrangements</li> <li>2) Partnership Boards in place attended by NCC.</li> <li>3) Transforming Care Plan project in place and NCC involvement on all workstreams.</li> <li>4) Introduction of the Improved Better Care Fund including planned use for additional social care grant.</li> <li>5) Regular monitoring and liaison with health partners on outstanding debt.</li> </ol>										
<b>Progress update</b>										
<ol style="list-style-type: none"> <li>1) Two year Section 75 agreements finalised in Autumn 2017.</li> <li>2) BCF plans in place and signed off.</li> <li>3) Transforming Care Plan (TCP) programme in place and baseline completed. Progress achieved with moving people from inpatient settings to community placements and targets being met. Further work completed on joint protocols, which have not been agreed. Work is progressing to develop criteria in line with operational processes. The TCP is engaging with the national cross system TCP working group to explore options for finance protocols.</li> <li>4) Three year iBCF plans in place (2017-20), which are being monitored through ASC committee, Health and Wellbeing Board and regular updates to Norfolk and Waveney Chief Officer Group. Some projects align with the STP programme of work. Evaluation criteria to enable sustainable funding places for new interventions are being developed, but securing on-going funding remains a risk. The Council agreed to the creation of an iBCF reserve to enable the planned multi year projects to be completed.</li> </ol>										

<b>Risk Number</b>	RM13923		<b>Date of update</b>		03 September 2018					
<b>Risk Name</b>	Risk of failing to deliver Promoting Independence, change programme for Adult Social Services in Norfolk									
<b>Risk Owner</b>	James Bullion		<b>Date entered on risk register</b>		30 April 2011					
<b>Risk Description</b>										
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										
<b>Original</b>			<b>Current</b>			<b>Tolerance Target</b>				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
4	3	12	3	4	12	2	4	8	Mar-19	Amber
<b>Tasks to mitigate the risk</b>										
<ol style="list-style-type: none"> <li>1) Robust programme management arrangements with properly resourced capacity and skills in place</li> <li>2) Defined suite of business cases which are prioritised and sequenced to maximise impact and make the best use of resources</li> <li>3) Clear leadership from senior managers to sponsor and champion changes</li> <li>4) Strong performance framework to measure and monitor the impact of change activities and to take action to address any issues</li> </ol>										
<b>Progress update</b>										
<ol style="list-style-type: none"> <li>1) Demand and demography modelling continues to be refined through the cost and demand model. A new in-house model is being finalised which will draw on latest activity data from Liquid Logic.</li> <li>2) Four main themes for transformation: Services for people with learning disabilities; maximising digital technology; embedding strengths-based social work through Living Well; 3 conversations; health and social care integration</li> <li>2b) Additional theme added for housing for vulnerable people.</li> <li>3) Additional corporate scrutiny through Norfolk Futures programme</li> <li>4) Key indicators monitored through performance reporting to Adults committee and P&amp;R Committee</li> </ol>										

<b>Risk Number</b>	RM 14261		<b>Date of update</b>		23 April 2018					
<b>Risk Name</b>	Staff behaviour and practice changes to deliver the Promoting Independence Strategy									
<b>Risk Owner</b>	James Bullion		<b>Date entered on risk register</b>		25 April 2016					
<b>Risk Description</b>										
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'										
<b>Original</b>			<b>Current</b>			<b>Tolerance Target</b>				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
3	5	15	3	4	12	2	4	8	Mar-19	Amber
<b>Tasks to mitigate the risk</b>										
1) Robust Organisational Development plan signed off by the Promoting Independence 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.										
<b>Progress update</b>										
1) Early evaluation survey of staff involved in innovation sites has been extremely positive, practitioners are engaged and responding positively to the new ways of working, which is also having a positive impact on staff morale and team engagement in the sites										
1b) 90% of additional capacity posts have been filled.										
2) Implementation of new supervision procedure and roll out of new supervision training.										
3) Manager Development programme continues - 5 cohorts have now completed.										

<b>Risk Number</b>	RM13925		<b>Date of update</b>	03 September 2018						
<b>Risk Name</b>	Lack of capacity in ICT systems									
<b>Risk Owner</b>	James Bullion		<b>Date entered on risk register</b>	30 April 2011						
<b>Risk Description</b>										
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 Liquid Logic.										
<b>Original</b>			<b>Current</b>			<b>Tolerance Target</b>				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
4	4	16	3	4	12	3	2	6	Mar-19	Amber
<b>Tasks to mitigate the risk</b>										
<ol style="list-style-type: none"> <li>1) As part of the Business Continuity plan steps are in place to mitigate any system loss and downtime.</li> <li>2) Discuss any IMT issues at the monthly IMT Programme Board.</li> <li>3) Develop the technology strategy for ASSD.</li> </ol>										
<b>Progress update</b>										
<ol style="list-style-type: none"> <li>1) Recovery steps are outlined in the Business Continuity plan. These are always reviewed following any serious incidents and updated where necessary.</li> <li>2) Any IMT issues are discussed at the IMT Programme Board.</li> <li>3) A technology strategy for Adults has been developed and reviewed by SOCITM (Society of IT Management).</li> <li>3b) A Steering Group has been formed to focus on Adult Social Services Technology Enabled Care (ASTECC). The group includes representation from Adults, IMT and Finance and will provide the overall development and direction of the Adults technology programme.</li> </ol>										

<b>Risk Number</b>	RM14247		<b>Date of update</b>		03 September 2018					
<b>Risk Name</b>	Failure in the care market									
<b>Risk Owner</b>	Sera Hall		<b>Date entered on risk register</b>		07 September 2015					
<b>Risk Description</b>										
The council contracts with independent care services for over £260m 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.										
<b>Original</b>			<b>Current</b>			<b>Tolerance Target</b>				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
4	3	12	4	3	12	3	3	9	Mar-19	Amber
<b>Tasks to mitigate the risk</b>										
<p>1) A Quality Assurance Framework is 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.</p> <p>2) Prioritising care workforce capacity within the learning and development programme.</p> <p>3) Revision of a market failure protocol based on established good practice.</p> <p>4) Liaison with Care Quality Commission to engage with their work with Norfolk care services.</p> <p>5) 'Open offer' to care providers to discuss business plans and financial issues with NCC experts to stabilise the market for provision of care.</p> <p>6) Procuring new domiciliary care contracts through a framework to maximise provider ability and willingness to work collaboratively on a 'patch' basis.</p> <p>7) Appropriate investment in the care market through the cost of care exercise.</p> <p>8) Effective management of market failure to ensure people's safety.</p> <p>9) New low tolerance quality improvement programme in place</p> <p>10) Successful recommissioning of failed services</p> <p>11) Strengthened emergency leadership and management capacity arrangements in place</p>										
<b>Progress update</b>										

## **Progress update**

- 1) Real time quality (risk) dashboard produced and being utilised.
- 2) Working with the Local Enterprise Partnership and Norfolk and Suffolk Care and Support.
- 3) Care failure protocol's in place and market resilience strategy under development.
- 4) Refreshed working arrangements with CQC and active work with providers to improve CQC compliance.
- 5) New 'patch' based contracts in place.
- 5a) 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.
- 5b) Proactive programme to settle increased fee rates as a result of National Minimum Wage regulation in the area of sleep ins.
- 5c) Provider dialogue process in place to ensure inflationary uplifts are correctly assessed and implemented.
- 5d) New commissioning and market shaping framework agreed by members driven by new sector based plans and sector engagement.
- 5e) Supporting the establishment of a formal care association for Norfolk.

<b>Risk Number</b>	RM 14260		<b>Date of update</b>		03 September 2018					
<b>Risk Name</b>	Failure of the care market (through the independent providers) due to difficulties in recruiting staff into the sector.									
<b>Risk Owner</b>	Sera Hall		<b>Date entered on risk register</b>		16 May 2016					
<b>Risk Description</b>										
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.										
<b>Original</b>			<b>Current</b>			<b>Tolerance Target</b>				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
4	4	16	4	3	12	2	4	8	Mar-19	Amber
<b>Tasks to mitigate the risk</b>										
<ol style="list-style-type: none"> <li>1) A Quality Assurance Framework provides a risk based approach to the market of care services.</li> <li>2) Robust procurement processes that ensure providers cost provision adequately.</li> <li>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.</li> <li>4) Development of a care contingency network and emergency provision.</li> <li>5) Clear communication needed with the market to publicise areas of need and future commissioning intentions.</li> </ol>										
<b>Progress update</b>										
<ol style="list-style-type: none"> <li>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.</li> <li>3b) Inclusion of Unison Ethical Care Charter in all new Home Support contracts.</li> <li>3c) 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.</li> <li>4) Emergency capacity which provides additional funding for providers put in place over winter and periods of increased demand.</li> <li>4b) Increase in capacity of in house resources.</li> <li>5) Ongoing work with framework providers to collaborate on constructing rounds, meeting needs and providing locality based networks</li> </ol>										

<b>Risk Number</b>	RM14314		<b>Date of update</b>	03 September 2018						
<b>Risk Name</b>	Delayed Transfers of Care (DTOC)									
<b>Risk Owner</b>	James Bullion		<b>Date entered on risk register</b>	05 December 2017						
<b>Risk Description</b>										
A significant increase in DTOC might jeopardise additional funding (iBCF) and have adverse consequences as well as for the quality of care This would further increase financial pressures on the health and social care system.										
<b>Original</b>			<b>Current</b>			<b>Tolerance Target</b>				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
4	4	16	4	5	20	3	4	12	Mar-19	Amber
<b>Tasks to mitigate the risk</b>										
<p>1) DTOC Improvement Plan is now in place</p> <p>2) Improved Better Care Fund is targetted, in part, on reducing DTOC</p> <p>3) Review of how care packages are sourced in the market to improve communication of needs and responsiveness of the care market</p> <p>4) Winter plan in place to support co-ordination between health and social care and improved management of surges in demand</p>										
<b>Progress update</b>										
<p>1) Performance reporting mechanism established.</p> <p>1b) Daily capacity mapped and monitored and given high priority</p> <p>1c) The DTOC Improvement Plan includes weekly meetings to monitor the figures and take action as required</p> <p>1d) Senior NCC presence at A&amp;E Delivery Board which helps to ensure an integrated and coherent approach</p> <p>2) Ongoing work with providers to increase capacity in the market to support safe discharges</p> <p>2b) Trusted assessor and enhanced homecare now in place</p> <p>2c) implementation of the High Impact Change Model being pursued in partnership with health</p> <p>2d) Multidisciplinary review of flow through the health and social care system which occurred in June has resulted in an action plan that will improve and will support the adoption of best practice, both in the hospital and social work teams</p>										