

PEOPLE & COMMUNITIES RISK REGISTER

To: **Adults Committee**

Meeting Date: **15 November 2018**

From: **Executive Director, People & Communities: Wendi Ogle-Welbourn**

Electoral division(s): **All**

Forward Plan ref: **N/A** *Key decision:* **No**

Purpose: **To provide an annual update of the current People and Communities Risk Register**

Recommendation: **The Committee is asked to note and comment on the people and communities risk register**

| <i>Officer contact:</i> | | <i>Member contacts:</i> | |
|--------------------------------|--|--------------------------------|--|
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1. BACKGROUND

- 1.1 Cambridgeshire County Council have a corporate risk register and this is reported to the Audit and Accounts Committee as part of Performance report and reviewed annually at the General Purposes Committee.
- 1.2 In addition to the Corporate Risk Register, People and Communities have their own risk register which highlights the key strategic risks across People and Communities and links to the corporate risk register.

2. MAIN ISSUES

- 2.1 The People and Communities Risk Register contains the main strategic risks from across the whole Directorate which include Adults and these are reported to the Adults Committee on an annual basis and can be seen in Appendix 1. The main focus for Adults Committee would be the following risk areas:
 - 1. Safeguarding
 - 2. Partnership agreements with NHS being agreed
 - 3. Recruitment and retention of the social care workforce
 - 4. Market capacity
 - 5. Demand Management
- 2.2 Overall, the strategic risks have remained similar to that of last year, but with more emphasis on recruitment and retention of social care workforce across both Adults and Childrens. In addition to a greater focus on market capacity to meet need, mainly within Adult services.
- 2.2 The People and Communities Risk Register is reviewed by Senior Officers on a monthly basis and there is also a mechanism which captures and monitors more operational risks across People and Communities.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

There are no significant implications for this priority.

3.2 Helping people live healthy and independent lives

There are no significant implications for this priority.

3.3 Supporting and protecting vulnerable people

There are no significant implications for this priority.

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

There are no significant implications within this category.

4.2 **Procurement/Contractual/Council Contract Procedure Rules Implications**

There are no significant implications within this category.

4.3 **Statutory, Legal and Risk Implications**

There are no significant implications within this category.

4.4 **Equality and Diversity Implications**

There are no significant implications within this category.

4.5 **Engagement and Communications Implications**

There are no significant implications within this category.

4.6 **Localism and Local Member Involvement**

There are no significant implications within this category.

4.7 **Public Health Implications**

There are no significant implications within this category.

This is a monitoring report and does not require relevant sign off

SOURCE DOCUMENTS

| Source Documents | Location |
|--|--|
| Cambridgeshire County Council Corporate Risk Register | tom.barden@cambridgeshire.gov.uk |

Appendix 1 – People & Communities Risk Register:

People & Communities Risk Summary

Entity: CCC People and Communities (including children), Risk Register open, Current Risk version, Risk is open, Residual Risk Level is at or greater than 1, Residual Risk Level is at or less than 25

| | | | | | |
|-------------|---|----|------|--------|-----|
| Likelihood | 5 | | 89 | | |
| | 4 | | 413 | 10 | |
| | 3 | | 15 | 235711 | 112 |
| | 2 | | 1617 | 14 | |
| | 1 | | 6 | | |
| | | 12 | 3 | 4 | 5 |
| Consequence | | | | | |

| Risk | Risk | Triggers | Residual Risk Level | Risk Appetite | Control |
|------|---|--|---------------------|---------------|--|
| 1 | Failure of the Council's arrangements for safeguarding vulnerable children and adults | <p>Children's Social Care:</p> <p>1. Children's social care caseloads reach unsustainable levels as indicated by the unit case load tool</p> <p>2. More than 25% of children whose referral to social care occurred within 12 months of a previous referral</p> <p>3. Serious case review is triggered</p> <p>Adult Social Care (Inc. OPMH)</p> <p>1. Care homes, supported living or home care agency suspended due to a SOVA (safeguarding of vulnerable adults) investigation</p> <p>2. Serious case review is triggered</p> <p>3. Outcomes of reported safeguarding concerns reveals negative practice</p> | 15 | 10 | <p>1. Multi-agency Safeguarding Boards and Executive Boards provides multi agency focus on safeguarding priorities and provides systematic review of safeguarding activity</p> <p>2. Skilled and experienced safeguarding leads and their managers.</p> <p>3. Comprehensive and robust safeguarding training, ongoing development policies and opportunities for staff, and regular supervisions monitor and instil safeguarding procedures and practice.</p> <p>4. Continuous process of updating practice and procedures, linking to local and national trends, including learning from local and national reviews such as Serious Case Reviews.</p> <p>5. Multi Agency Safeguarding Hub (MASH) for both Adults and Children supports timely, effective and comprehensive communication and decisions on how best to approach specific safeguarding situation between partners.</p> <p>6. Robust process of internal Quality Assurance (QA framework) including case auditing and monitoring of performance</p> <p>7. Whistleblowing policy, robust Local Authority Designated Officer (LADO) arrangements and complaints process inform practice</p> <p>8. Regular monitoring of social care providers and information sharing meetings with other local organisations, including the Care Quality Commission</p> <p>9. Joint protocols, practice standards and QA ensure appropriate joint management and case transfer between Children's Social Care and Enhanced and Preventative Services</p> <p>10. Coordinated work between multi-agency partners for both Adults and Childrens. In particular Police, County Council and other agencies to identify child sexual exploitation, including supporting children and young people transitions to adulthood, with the oversight of the LSCB.</p> |

| Risk | Risk | Triggers | Residual Risk Level | Risk Appetite | Control |
|------|--|--|---------------------|---------------|---|
| | | | | | 11. Audits, reviews and training provided to school staff, governors and settings. All schools must have child protection training every 3 years. Education CP Service supports schools and settings with safeguarding responsibilities |
| 2 | Failure to provide our legal requirement for every child of statutory school age to access a place and within a 'reasonable' distance from their home (less than 2 miles for 4 to 8 year olds and up to 3 miles for 9 to 16 year olds) / Cut in Government funding for school places | 1.Demand on places outstrips sufficiency | 12 | 12 | <p>1) The School Organisation plan and demographic forecasts are presently being updated for review and publication by Council. The School Organisation Plan provides details, by area, of the Council's response to the demographic changes affecting the county.</p> <p>2) Sufficient resources identified in MTFP to support known requirements in the next 3 years if forecasts remain accurate</p> <p>3) Quality of relationship with schools means schools have over-admitted to support the Council with bulge years</p> <p>4) On-going review of the Council's five year rolling programme of capital investment. Priority continues to be given to the identified basic need requirement for additional school places</p> <p>5) Annual School Capacity Review to the Department for Education (DfE) completed in a way which aims to maximise the Council's basic need funding allocation.</p> |
| 3 | Insufficient capacity to manage organisational change | 1. Staffing restructures result in loss of project and support staff | 12 | 9 | <p>1. Resource focussed appropriately where needed to deliver savings.</p> <p>2. P&C Management Team review business plans and check that capacity is aligned correctly.</p> <p>3. Programme and project boards provide governance arrangements and escalation processes for any issues</p> <p>4. Commissioning work plans regularly reviewed by Management Team.</p> <p>5. P&C Management Team monitors achievement of savings on a monthly basis - including ensuring capacity is provided</p> |
| 4 | Failure to attract or | 1. Spend on agency staff within | 12 | 12 | 1. Extensive range of qualifications and training available to |

| Risk | Risk | Triggers | Residual Risk Level | Risk Appetite | Control |
|------|---|---|---------------------|---------------|---|
| | retain a sufficient social care workforce | social care workforce is above target as identified by Strategic Recruitment and Workforce Development Board 2. High turnover of social care staff as identified by Strategic Recruitment and Workforce Development Board 3.High vacancy rates of identified key social care roles as identified by Strategic Recruitment and Workforce Development Board | | | staff to enhance capability and aid retention 2. Increased use of statistical data to shape activity relating to recruitment and retention 3. ASYE programme ensures new social workers continue to develop their skills, knowledge and confidence. 4. Frontline managers support their own professional development through planning regular visits with frontline services 5. Cross directorate Social Care Strategic Recruitment and Workforce Development Board and Social Work Recruitment and Retention Task and Finish Group proactively address the issue of social care recruitment and retention. 6. Improved benefits and recognition schemes in place |
| 5 | Insufficient capacity of Early Help Services to support children, young people and families | 1. The number of children and families on the 'prioritisation list' increases | 12 | 9 | 1. Children's Centres services are available locally to families at Children Centres, clinics, pre-school settings and community facilities including libraries 2. Targeted parenting programmes and specialist activity groups (such as for those with anxiety or confidence difficulties) 3. Think family principles embedded in all services working with children, adults and families 4. Advice and coordination team at the MASH (early help hub) increases responsiveness 5. Ensure eligible families take up the offer of free education for 2 year olds and wider support and intervention with families is planned in an integrated way across early childhood sector |
| 6 | Insufficient availability of supported housing | 1. Closure of supported housing schemes | 3 | 3 | Following public consultation, the Government has published its findings which confirm no fundamental |

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|------|--|---|---------------------|---------------|--|
| | schemes due to the impact of Government funding changes | 2. Proportion of adults with learning disabilities in their own home or with family below target (P&C Performance board) 3. Housing associations /providers suspend building of new schemes due to viability concerns | | | changes to the way that supported housing costs are to be funded. This means that there is greater confidence in the market, and that any negative financial implications for the council are unlikely to materialise. |
| 7 | Insufficient availability of affordable Looked After Children (LAC) placements | 1. The number of children who are looked after is above the number identified in the LAC strategy action plan 2. % LAC placed out of county and more than 20 miles from home as identified in P&C performance dashboard 3. The unit cost of placements for children in care is above targets identified in the LAC strategy action plan | 12 | 12 | 1. Regular monitoring of numbers, placements and length of time in placement by P&C management team and services to inform service priorities and planning 2. Maintain an effective range of preventative services across all age groups and service user groups 3. Looked After Children Strategy provides agreed outcomes and describes how CCC will support families to stay together and provide cost effective care when children cannot live safely with their families. 4. Community resilience strategy details CCC vision for resilient communities 5. P&C management team assess impacts and risks associated with managing down costs 6. Edge of care services work with families in crisis to enable children and young people to remain in their family unit |
| 8 | Insufficient availability of care services at affordable rates | 1. Average number of ASC attributable bed-day delays per month is above national average | 15 | 15 | 1. Data regularly updated and monitored to inform service priorities and planning 2. Maintain an effective range of preventative services |

| Risk | Risk | Triggers | Residual Risk Level | Risk Appetite | Control |
|------|--|--|---------------------|---------------|---|
| | | (aged 18+) as identified by P&C performance dashboard 2. Delayed transfers of care from hospital attributable to adult social care as identified by P&C performance dashboard 3. Home care pending list | | | across all age groups and service user groups including adults and OP 3. Community resilience strategy details CCC vision for resilient communities 4. Directorate and P&C Performance Board monitors performance of service provision 5. Coordinate procurement with the CCG to better control costs and ensure sufficient capacity in market 6. Take flexible approach to managing costs of care 7. Market shaping activity, including building and maintaining good relationships with providers, so we can support them if necessary 8. Capacity Overview Dashboard in place to capture market position 9. Residential and Nursing Care Project has been established as part of the wider Older People's Accommodation Programme looking to increase the number of affordable care homes beds at scale and pace. 10. Development of a Home Care Action Plan |
| 9 | Vulnerable aspects of the care market are fragile and therefore lack of market capacity to meet need | 1. Provider organisation report not having capacity to deliver services when we need them 2. Length of time services users wait for appropriate services 3. Care home providers reduce the numbers of nursing beds (due to difficulty recruiting qualified nurses) | 15 | 12 | 1. Support Home Care providers to develop recruitment and retention strategies 2. Workforce offer to the provider organisations based on the Skills for Care Learning and Development matrix. This includes Care Certificate, vocational qualifications (Level 2 - 5) and Social Care Commitment. 3. Assess impacts and risks to recruitment associated with managing down costs 4. Regular monitoring of provider staff members and vacancy levels of LD and LAC placements by Access to Resources Team 5. Home Care Development Manager in post who works with Homecare providers to develop workforce. 6. Access to Resources Team consider and challenge staff pay in tendering process |

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|------|---|--|---------------------|---------------|--|
| | | | | | 7. Regular engage with commissioners and providers to put action plans in place to resolve workforce issues 11. Robust Controlling and monitoring procedures 12. Effective use of PQQs (pre-qualifier questionnaires) 13. Active involvement by commissioners in articulating strategic needs to the market 14. Risk-based approach to in-contract financial monitoring 15. New specifications for Voluntary and Community Sector (VCS) infrastructure support contract focuses on business development activity, consortia working, commissioning and procurement activity. 16. Closer working between compliance agencies, & CCC (E.G. Env Health, H & S, Police, Fire service, CQC, Safeguarding etc.) 17. Provide support to failing care homes to improve standards 18. Robust performance management and processes to manager providers 19. Managing Provider Failure Process in place to ensure care and support needs of those receiving services continue to be met if an provider fails 20. Early Warning Dashboard in place, to alert to likelihood of provider failure |
| 10 | Partnership agreements with NHS are not agreed between partners | 1. S75 with CPFT for mental health Social Workers is not signed off 2. S75 with CCG for pooled budget for LDP has not been agreed | 16 | 16 | 1. Options and alternatives are being explored by Head of Mental Health and Assistant Director Commissioning |
| 11 | Children and young people do not reach their potential (educational attainment) | 1. The attainment gap between vulnerable groups of CYP and their peers of school age are below targets identified in P&C performance dashboard 2. End of key stage 2 and 4 attainment targets are below those | 12 | 12 | 1. Good governance of Accelerating Achievement and School Improvement strategies and action plans, checking progress and challenging performance, involving executive and service management 2. Cambridgeshire School Improvement Board focused on securing improvements in educational outcomes in schools by ensuring all parts of the school system working together |

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| | | identified in the P&C performance dashboard 3.Percentage of 16-19 years old who are NEET increases as identified in P&C performance board) | | | 3. Effective monitoring, challenge, intervention and support of school and setting 4. Develop all children's services to include educational achievement as a key outcome 5. 18-25 team supports care leavers to remain in education or helps them find employment or training 6. A joint approach to support and promote good mental health for CYP has been developed with and for schools and a programme is in place which is supported by Learning, Public Health and voluntary partners 7.Provides support and guidance to schools to support the stability of educational placements and transition to post 16 for LAC 8. Cambridgeshire School Improvement Board improves educational outcomes in schools by all parts of the school improvement system working together. 9. Residual Information, Advice and Guidance function overseen by the local authority focuses on the most vulnerable |
| 12 | Failure of information and data systems, particularly with the implementation of MOSAIC | 1. Amount of time P&C Business Systems (Social Care, LEA, Case Management) are working and available (uptime) is below Service Level Agreement (SLA) levels 2 System availability due to infrastructure issues (network, end-user devices, SAN etc.) is below | 15 | 15 | 1. Individual Services Business Continuity Plans. 2. LGSS IT Disaster Recovery Plan 3. LGSS IT service resilience measures (backup data centre, network re-routing). 4. Version upgrades to incorporate latest product functionality 5. Training for P&C Business systems prior to use 6. Information sharing agreement |

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| | | SLA levels. 3 Amount of time data-sharing with partners is impossible as a result of system failure. | | | 7. Backup systems for mobile working 8. Backup systems for P&C Business Systems 9. Corporate (Information Governance Team) monitor data handling and security position and improvements 10. Robust MOSAIC programme has been established and a clear plan for implementation is in place |
| 13 | Failure of key partnerships | 1. Section 75 agreements not adhered to 2. Joint commissioning arrangements break down 3. Break down of key partnership groups (e.g. LSCB or Public Services Board) | 12 | 12 | 1. Local Safeguarding Children's Board (LSCB) and Adult Safeguarding Board have oversight of multi-agency safeguarding arrangements 2. Data sharing protocol agreed through Public Service Board 3. Cambridgeshire Executive Partnership Board oversees joint working between adults social care and health and monitors Better Care Fund 4. Joint commissioning unit monitors and oversees joint commissioning of child health service 5. School Improvement Board improves educational outcomes in schools by all parts of the school improvement system working together. 6. MASH brings together children's social care, the Police, Probation, the Fire Service, NHS organisations, key voluntary sector organisations, Peterborough City Council and adult social care providing multi agency focus on safeguarding priorities and provides systematic review of safeguarding activity 7. Clear communication strategies in place 8. Monitoring and performance management of contracts 9. Effective governance and monitoring of Section 75 agreements and joint commissioning arrangements through Monitoring and Governance Groups and Committees. 10. Newly developed Communities and Partnerships Committee aims to enhance the development of working across partnerships |

| Risk | Risk | Triggers | Residual Risk Level | Risk Appetite | Control |
|------|--|---|---------------------|---------------|---|
| 14 | Failure to work within regulation and/or regulatory frameworks | 1. Poor inspection and/or ombudsman results 2. Higher number of successful legal challenges to our actions/decisions 3. Low assurance from internal audit | 8 | 8 | 1. LGSS legal team robust and up to date with appropriate legislation. 2. Service managers share information on changes in legislation by the Monitoring Officer, Government departments and professional bodies through Performance Boards 3. Inspection information and advice handbook available which is continually updated 4. Code of Corporate Governance 5. Community impact assessments required for key decisions 6. Programme Boards for legislative change (e.g. Care Act Programme Board) 7. Training for frontline staff on new legislation 8. Involvement in regional and national networks in children's and adults services to ensure consistent practice where appropriate 9. P&C have made arrangements for preparing within Inspections 10. Next Steps Board oversees preparation for Ofsted inspections of services for children in need of help and protection |
| 15 | Failure of the council to prevent and delay demand for statutory interventions | Increased cost pressures in both adult social care and children's services, and resultant increases in packages and interventions. Reduction in positive outcomes for residents. | 9 | 9 | 1. Formal demand management approach led by the Communities and Safety Service Directorate, and overseen by the Communities and Partnerships Committee. 2. Development and agreement of the Think Communities strategy – a public sector system wide approach to designing and delivering services with and for communities, and developing community based alternatives to statutory interventions. 3. Continued investment in, and monitoring of, VCS activity to ensure it is aligned to our overall demand management objectives. |

| Risk | Risk | Triggers | Residual Risk Level | Risk Appetite | Control |
|------|---|---|---------------------|---------------|--|
| | | | | | 4. Regular monitoring of preventative demand management activity, to ensure it remains relevant and is meeting need. |
| 16 | Increased prevalence of adolescent young people entering the criminal justice system. | Existing preventative activity does not meet the needs and behaviours of young people. High demand for some crime types resulting in reduced levels of intervention from some of our partners. | 6 | 6 | 1. Continued development of the shared services Youth Offending Service with Peterborough, ensuring best practice is shared and resources are flexed where they are most needed. 2. Development of the statutory youth justice board to ensure a system wide approach is taken to supporting adolescent young people. 3. Continued development of positive interventions, including National Citizen Service, to engage proactively with young people. |
| 17 | Increased demand for domestic abuse and sexual violence services. | Increased prevalence of DASV incidents being reported to the council and the police. | 6 | 6 | 1. System wide governance of DASV services by a multiagency partnership group. 2. Review existing service provision to ensure it meets current and forecast demand. 3. Strengthen the relationships between social care and DASV services to ensure a seamless pathway is in place. |