

ADULTS, HEALTH & COMMISSIONING, INCLUDING PUBLIC HEALTH RISK LOG

The below table is taken from the Corporate Risk Management Policy and outlines how risks are scored on the likelihood and impact of each risk. Scores of 16 or above are in excess of the Council’s tolerated risk level and will be highlighted as a red risk; any red risks must be escalated to CLT.

VERY HIGH	5	10	15	20	25
HIGH	4	8	12	16	20
MEDIUM	3	6	9	12	15
LOW	2	4	6	8	10
NEGLIGIBLE	1	2	3	4	5
IMPACT LIKELIHOOD	VERY RARE	UNLIKELY	POSSIBLE	LIKELY	VERY LIKELY

ADULTS, HEALTH & COMMISSIONING, INCLUDING PUBLIC HEALTH MATRIX OF RISKS

The below matrix provides an overview of the current risk scores for all risks relating to Adults Services. The letters indicate which risk it relates too.

VERY HIGH		4	12		
HIGH	8	1, 2, 7,	9, 11	3	
MEDIUM			5, 6,	10	
LOW					
NEGLIABLE					
IMPACT					

LIKELIHOOD	VERY RARE	UNLIKELY	POSSIBLE	LIKELY	VERY LIKELY
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The Risk	1: Joint Commissioning arrangements and services are adversely impacted as a result of partner organisation/s financial failure.
Risk owner/s	Patrick Warren-Higgs, Executive Director for Adults, Health and Commissioning and Richard Hills, Service Director for Commissioning
Residual Risk level:	Likelihood = 2 Impact = 4 Score = 8 Direction of risk = Remains the same
Triggers:	<ul style="list-style-type: none"> Financial instability of partner organisation resulting in unilateral and rapid cuts in services and spend Problems with the section 75 arrangements Political instability of partner organisation
Consequences:	<ul style="list-style-type: none"> Arrangements and services are negatively impacted
Controls:	<ol style="list-style-type: none"> <u>Close Monitoring and Oversight</u> <ul style="list-style-type: none"> Maintain close monitoring and oversight of joint contracts to ensure any risks and issues arising are identified and managed at the earliest possible point <u>Review current commissioning arrangements and risks</u> <ul style="list-style-type: none"> Review all jointly commissioned arrangements and identify potential financial and service risks. Work in a prioritised way to either contractually mitigate risks and/or develop alternative commissioning arrangements
Review date:	22 nd November 2024: Risk reviewed by Patrick Warren-Higgs and Sarah Bye.
Next review date:	February 2025

The Risk	2: A serious incident occurs, preventing services from operating and/or requiring a major/ critical incident response
Risk owner/s:	Patrick Warren-Higgs, Executive Director for Adults, Health and Commissioning
Residual Risk level:	Likelihood = 2 Impact = 4 Score = 8 Direction of risk = Remains the same
Triggers:	<ul style="list-style-type: none"> Loss of large quantity of staff or key staff Loss of premises (including in-house Provider services) Loss of IT equipment, data or access

	<ul style="list-style-type: none"> • Cyber attack • Back up digital recovery solution fail • Loss of a key Provider or Partner • Loss of utilities or fuel • Major incident e.g. flood, fire, public health pandemic • Partnership responsibilities within major incidents aren't fully understood leaving gaps in responses
Consequences:	<ul style="list-style-type: none"> • Loss of system access
Controls:	<p>1. <u>Business Continuity Plans</u></p> <ul style="list-style-type: none"> • All services and teams have up to date BCP's in place which provide a clear plan for how services will respond in the event of a critical incident • BCP's are reviewed and updated annually - to comply with new corporate templates and process • BCP templates for Mosaic are available in the event of system downtime • Adults on-call rota is in place with updated contact details available – under review • All managers to attend appropriate BCP training including regular refreshers <p>2. <u>IT Systems</u></p> <ul style="list-style-type: none"> • ASC Lead working with corporate System Lead at times of stability and challenge to mitigate system issues and impacts to workforce • ASC Systems and digital board in place where corporate partners collaborate and are held to account for IT systems delivery • BCPs are enacted including manual recording processes <p>3. <u>Response to Provider Failure</u></p> <ul style="list-style-type: none"> • Tried and tested response to provider failure is in place and has mitigated risks to individuals and the council • Cross system response available to support clinical need of individuals displaced by provider failure • Contract Monitoring and proactive support to providers with oversight of an operational leadership team comprising of Health and Social care staff is in place <p>4. <u>Adults with care and support needs list</u></p> <ul style="list-style-type: none"> • BI report for people with care and support needs who may be at risk is available in the event of a critical incident • On-call managers are able to locate and download the people who draw on services who may be at risk list • Plan to test use of people at risk list in simulation exercise
Review date:	22 nd November 2024: Risk reviewed by Patrick Warren-Higgs and Sarah Bye
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The Risk:	3: Arrangements to support people with Learning Disabilities result in poor outcomes due to uncertainty of decoupling of funding arrangements via section 75 agreement
Risk owner/s:	Patrick Warren Higgs, Executive Director for Adults, Health and Commissioning, Richard Hills, Service Director for Commissioning and Sally Shaw, Service Director of Adult Social Care
Residual Risk level:	Likelihood = 4 Impact = 4 Score = 16 Direction of risk: Increased likelihood score from 3 to 4.
Triggers:	<ul style="list-style-type: none"> • Due to care packages support not being reviewed systematically over a number of years has resulted in neither partner understanding what they are responsible to fund. • We are not achieving best outcomes for people with learning disabilities and autism as governance arrangements between the council and health do not support the right conversations and decision making. • Notice has been served on the section 75 arrangement and also to the management arrangement to CPFT • Not yet established with the ICB the future state of the service, nor milestones and timescales to do so. • We may not be able to put a new set of financial arrangement in place to ensure we can make the correct contribution to care cost and pay providers. • Final decisions regarding delivery and funding models cannot be reached in a timely way which results in uncertain funding and relationships between commissioning authorities. • Financial instability of partner organisation resulting in unilateral and rapid cuts in services and spend. • Political instability of partner organisation
Consequences:	<ul style="list-style-type: none"> • People who use LDP services not having seamless service provision through an integrated arrangement, their experience and poorer outcomes.
Controls:	<ol style="list-style-type: none"> 1) <u>Action via the s75 agreement</u> <ul style="list-style-type: none"> • Notice period end date agreed with ICB. • Legal advice in place to support ending agreement. • Cross system governance arrangement agreed to establish oversight of the exit process. • Internal programme board established with senior representation from several Council departments 2) <u>External review</u> <ul style="list-style-type: none"> • Review by Red Quadrant complete indicating that the current split needs to be substantially changed in order to accurately reflect our respective responsibilities. • The Council and ICB have separately commissioned organisation to independently carry out 600 partly or fully funded Health packages 3) <u>Internal preparation and readiness</u> <ul style="list-style-type: none"> • Dedicated programme and project resources in place • Internal programme Board established and associated workstreams well established • Further defining of financial implications is ongoing as reviews of health/social care funded package are completed

	<ul style="list-style-type: none"> • Mechanism for monitoring actions, risks and outcomes in place • Ongoing engagement with people with lived experience • 4) Ongoing relationship building with health colleagues • Strategic group chaired by Exec DASS and Chief Nurse (ICB) is established to support joined up decision making about the future model • Working hard with partners including the ICB, acute and place based accountable bodies in the North and South, as well as CPFT to build stronger relationships. • Seeking appropriate advice and agreed approach to the Council's position in relation to LDP decoupling to avoid/manage escalation wherever possible • Escalation through the Council's Chief Executive to ICB Chief Executive, alongside NHSE on specific issues as appropriate. • Working closely with providers to give clarity on future models, and demand for services. <ul style="list-style-type: none"> • Maintaining regular communications with people who use services and their families/carers, to provide assurance on continuity of care • 5) Close monitoring and oversight • Maintain close monitoring and oversight of joint contracts to ensure any risks and issues arising are identified and managed at the earliest possible point. • 6) Review current commissioning arrangements and risks • Review all jointly commissioned arrangements and identify potential financial and service risks. • Work in a prioritised way to either contractually mitigate risks and / or develop alternative commissioning arrangements.
Review date:	22 nd November 2024: Risk reviewed with Patrick Warren-Higgs and Sarah Bye
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The Risk:	4: Potential reputational damage and legal challenge when the Council cannot provide assurance and is not always able to intervene to prevent / mitigate harm, due to legal and ethical limitations of working with adults.
Risk owner/s:	Patrick Warren-Higgs, Executive Director for Adults, Health and Commissioning, Sally Shaw, Service Director for Adult Social Care and Kirstin Clarke, Service Director for Adult Social Care.
Residual Risk level:	Likelihood = 2 Impact = 5 Score = 10 Direction of risk: Remains the same
Triggers:	<ul style="list-style-type: none"> • Capacity to meet incoming demand of safeguarding activity is lacking creating delays in responsiveness within the ASC system to safeguarding concerns and at times the volume require response prioritisation. • Individual choice and control to continue to live with risks. • Assessment and legislative routes, processes and forms create delays in implementing potential risk mitigations. • Legal routes and process create delay in implementing potential mitigations.

	<ul style="list-style-type: none"> Other professionals and organisations may be the lead for aspects of risk mitigation and not Adult Social Care and their responsiveness is outside of ASC's control.
Consequences:	<ul style="list-style-type: none"> An adult with mental capacity who has care and support needs experiences or continues to experience harm, abuse, or neglect as they refuse to engage in or accept potential mitigation options. An adult with care and support needs experiences abuse and or neglect which results in fatality or severe injury that the Council is unaware of until after the serious incident occurs. Negative impacts to Council reputation. Negative CQC assessment rating and ongoing impacts of this.
Controls:	<ol style="list-style-type: none"> <u>Comprehensive and robust safeguarding training.</u> <ul style="list-style-type: none"> The ASC workforce has access to safeguarding training (appropriate to individual roles) which includes training around inherent jurisdiction and capacitated adults, which is reviewed annually as a minimum to ensure the ASC workforce can recognise and respond to safeguarding concerns. ASC has robust processes and assurance in place that are regularly reviewed. Safeguarding training opportunities and mandatory requirements are clear and monitored across ASC. There are informal and formal opportunities for staff, through regular supervisions, CPD (Continuing Professional Development) sessions, practice workshops, facts sheets, to build knowledge and confidence around safeguarding procedures and practice. Continued learning from Safeguarding Adult Reviews and internal/external Serious Incidents <p>Effectiveness: Good</p> <u>Front Door and Immediate Responsiveness</u> <ul style="list-style-type: none"> Robust and responsive front door Responsive Prevention and Early Intervention offer Community Duty Teams in place for urgent, same day responses. MASH able to triage new safeguarding concerns daily and implement immediate safety planning. High risk cases that meet the three-stage statutory test are allocated an enquiry lead, to complete safeguarding enquiry and implement ongoing safety plan where required. Ability of ASC system to move assessment and care management capacity to meet demand. Adult Social Care will enact the Multi-Agency Risk Management (MARM) meetings to engage wider professionals and organisations. <p>Effectiveness: Good</p> <u>Quality Assurance</u> <ul style="list-style-type: none"> Robust process of internal quality assurance (QA framework) including safeguarding case auditing and monitoring of practice and processes. Safeguarding Adult Board (SAB) monitors effectiveness of partnership safeguarding practice and process via the Quality Effectiveness Group.

	<p>Effectiveness: Good</p> <p>4. <u>Multi Agency Safeguarding Hub (MASH)</u></p> <ul style="list-style-type: none"> The MASH provides a robust single point of access (except for Hospital activity) for incoming safeguarding activity across ASC and system partners, providing a consistent response to SA (Safeguarding Adult) concerns and enquiries. <p>Effectiveness: Good</p> <p>5. <u>People in Position of Trust policy</u></p> <ul style="list-style-type: none"> Clear 'People in Position of Trust' policy and guidance in relation to adults <p>Effectiveness: Good</p> <p>6. <u>Practice processes and procedures.</u></p> <ul style="list-style-type: none"> Robust safeguarding procedures and practice guidance in place which clearly depict the customer journey for those adults with care and support needs that are at risk of abuse and or neglect. For those adults with care and support needs that do not meet the three-stage statutory safeguarding test system partners are able to use the Multi-Agency Risk Management (MARM) process to discuss and engage individuals at risk and agree risk mitigation plans and safety plans. ASC have fortnightly provider Temperate Check meetings where concerns relating to care providers are shared, actions are discussed and agreed to mitigate the identified risks. ASC has a continuous process of updating practice and procedures, linking to local and national trends, including learning from local and national reviews such as Safeguarding Adult Reviews. <p>Effectiveness: Good</p> <p>7. <u>Provider Monitoring.</u></p> <ul style="list-style-type: none"> Regular monitoring of social care providers and information sharing meetings with other local organisations, including the Care Quality Commission and ICB are in place. ASC have a structure in place to raise, discuss and address provider quality concerns across the health and social care system. If improvements are not made, escalation routes are in place and progress and risks are continually shared with the CQC regulator. <p>Effectiveness: Good</p>
Review date:	22 nd November 2024: Risk reviewed by Patrick Warren-Higgs and Sarah Bye
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The Risk:	5. Relationships and governance across Integrated Care System (ICS) do not support the best outcomes for our population
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Risk owner/s:	Patrick-Warren Higgs, Executive Director for Adults, Health and Commissioning
Residual Risk level:	Likelihood = 3 Impact = 3 Score = 9 Direction of travel: Remains the same.
Triggers:	<ul style="list-style-type: none"> • The reorganisation of the health system in ICS may impact on the way our services work with NHS services and current integrated arrangements. • Governance arrangements do not support effective decision making. • Challenging finances across the system lead to a reduction of preventative investments. • Inability to achieve joined up data sharing agreements across the local health system and lack of resource (analytical and leadership time) to implement shared work using shared data. • Separation of CCC and PCC Public Health Teams has destabilised some of the system wide work. • Failure to agree and deliver on system priorities
Consequences:	<ul style="list-style-type: none"> • Impact of this implementation changes the way LA services work currently. • Impact on capacity and workload for senior managers. • Worse population health outcomes. • Opportunities for prevention are missed leading to escalating need for health and social care. • Ineffective use of funds (duplication of what we are commissioning) across Cambridgeshire.
Controls:	<ol style="list-style-type: none"> 1. <u>Attendance at Boards</u> <ul style="list-style-type: none"> • CEO and Director of Public Health representation at ICS Board. • Ensure LA priorities are fed into ICS governance/boards at all levels • Work to ensure the correct representation on other Boards on going. • Participation in system-wide boards and groups to promote public health as a system priority and support the wider work of the healthcare system. 2. <u>Working Relationships</u> <ul style="list-style-type: none"> • Building positive working relationships across all levels continues • Some progress is being made to clarify governance and decision making • Local Authority considerations have been discussed with Members. • ICS implemented from 1st July 2022 - LA engaging with key ICS implementation and strategic meetings. • Proactive working being undertaken beneath Board level to drive progress in key work streams i.e. Hospital Discharge and CHC • CCC continues to invest in relationship building in the ICS/ICB 3. <u>Ensuring that the two local authority Public Health teams in Cambridgeshire and Peterborough continue to adopt a system wide approach where appropriate to improving health outcomes.</u> <ul style="list-style-type: none"> • Identifying how Public Health teams across both Cambridgeshire and Peterborough collaborate, where relevant, to support the system most effectively.

	<p>4. <u>Produce MOUs</u></p> <ul style="list-style-type: none"> Ongoing work to produce MOUs to clarify roles and responsibilities between the local authority and partner organisations. <p>5. <u>Ensure effective engagement across system wide partnerships</u></p> <ul style="list-style-type: none"> Review partnership assessments. Working with partners to establish joint objectives. Establish key measures to demonstrate effectiveness of partnership.
Review date:	22 nd November 2024: Risk reviewed and updated with Patrick Warren-Higgs and Sarah Bye
Next review date:	February 2025

The Risk:	6. Providers leave the market and are unable to continue services leading to insufficient availability and capacity
Risk owner/s:	Patrick Warren-Higgs, Executive Director for Adults, Health and Commissioning and Richard Hills, Service Director for Commissioning
Residual Risk level:	<p>Likelihood = 3</p> <p>Impact = 3</p> <p>Score = 9</p> <p>Direction of risk: Decreased following review.</p>
Triggers:	<ul style="list-style-type: none"> Continued increase in financial pressures for providers (i.e. Significant inflation (CPI, NLW) and costs of fuel/energy, workforce and managing preventative controls) - Providers unable to continue to operate, due to the increased costs Reduction in the number of providers able to provide care; Care costs increase as demand exceeds providers available; Financial warnings from providers There is a risk that inflationary rises, and the changes to pay rates alongside the fees the Local Authority are able to afford will result in providers withdrawing from the market. Increased complexity and population growth. Provider failure due to inability to recruit an appropriately trained workforce. Competition amongst different partners for workforce with similar skills.
Consequences:	<ul style="list-style-type: none"> Shortage of operators at reasonable rates Inflationary pressures leading to increased costs for providers and therefore becoming unaffordable to either operate or commission Additional pressure on the wider health and social care system.
Controls:	<p>1. <u>Appropriate monitoring and plans</u></p> <ul style="list-style-type: none"> Data regularly updated and monitored to inform service priorities and planning Working with Providers to develop action plans Maintain an effective range of preventative services across all age groups and service user groups including adults and older people Directorate Performance Board monitors performance of service provision

	<ul style="list-style-type: none"> • Capacity Overview Dashboard in place to capture market position • Regular engage with commissioners and providers to put action plans in place to resolve workforce issues • Robust monitoring procedures • Active involvement by commissioners in articulating strategic needs to the market • Increased engagement with CQC for market oversight • Market sustainability plan • CQC monthly meetings • Wicked issues communications • CQC alerts • Fee uplift discussions • Inspection steps including contract monitoring and Provider of Concern processes • Failure management standard operating procedure in place <p><u>2. Development of Provider action plans</u></p> <ul style="list-style-type: none"> • Continued work with Voluntary & Community Sector (VCS) for preventative actions • Market shaping activity - including maintaining good relationships with providers, so support can be provided where needed • Strong contract management • Uplift strategy <p><u>3. Funding</u></p> <p>Use additional national funding to mitigate cost pressures, we do this by:</p> <ul style="list-style-type: none"> • Take flexible approach to managing costs of care • Risk-based approach to in-contract financial monitoring • Coordinate procurement with the ICS to better control costs and ensure sufficient capacity in market <p><u>4. Market Shaping</u></p> <ul style="list-style-type: none"> • Residential and Nursing Care Project has been established as part of the wider Older People's Accommodation work • Programme to increase the number of affordable care homes beds at scale and pace. • Development of a Home Care Strategy <p><u>5. Joint commissioning models that utilise scarce workforce resources most effectively.</u></p> <ul style="list-style-type: none"> • Recommissioning opportunities and place-based working will facilitate more effective use of scarce workforce resources.
Review date:	22 nd November 2024: Risk reviewed by Patrick Warren-Higgs and Sarah Bye.
Next review date:	February 2025

The Risk:	7: Increasing demand for Adult Social Care decreases responsiveness of services and places pressure on the financial envelope of the Council.
Risk owner/s:	Patrick-Warren Higgs, Executive Director for Adults, Health and Commissioning and Kirstin Clarke, Service Director for Adult Social Care.

Residual Risk level:	Likelihood = 2 Impact = 4 Score = 8 Direction of risk: Remain the same.
Triggers:	<ul style="list-style-type: none"> • Demand into ASC overtakes growth assumptions within allocated financial envelopes. • New customers in without prior ASC support continues to grow and preventative options do not meet individual need. • Complexity of needs places pressure on costs per package and areas such as bed-based care. • Partnership Agency changes can adversely impact ASC budgets for example ICB and D2A processes into bed-based care or FNC (Funded Nursing Care) application or Police and Right Care, Right Person.
Consequences:	<ul style="list-style-type: none"> • Poor experience of ASC experienced by individuals with care and support needs or unpaid carers. • Increasing waiting lists and wait time within Adult Social Care. • Increase in complaints. • Poor CQC rating because of poor responsiveness and wait lists • Provider Failure/Closure diverts ASC resources away from core ASC activity.
Controls:	<ol style="list-style-type: none"> 1. <u>Data Analysis, Reporting, Prediction and System Assurance.</u> The organisation engages in the on-going process of data analysis and review to understand current and predict future trends to support good assurance such as: <ul style="list-style-type: none"> • Oversight via Finance and Performance Board which meets monthly to review waiting list performance and agree any actions required • Data Delivery Board meets monthly, to ensure data reporting meets requirements and sets priorities. • Forecasting ASC spend monthly monitors trends and growth in service provision and projects future in year financial spend providing early warning to changing trends and growth. Regular reporting and monitoring provide leaders with the data to amend in year and future year plans to ensure responsive services and decrease potential pressure on the financial envelope. Effectiveness: Good 2. <u>Systems and Process in Place.</u> <ul style="list-style-type: none"> • Robust arrangements in place to respond to provider failure which has mitigated risks to individuals and the council • Cross system response available to support clinical need of individuals displaced by provider failure • Contract Monitoring and proactive support to providers with oversight of an operational leadership team comprising of Health and Social care staff is in place • System wide Provider Monitoring processes in Place (Operational Leadership Team) to share intelligence and ensure wider system quality and safety. Effectiveness: Good 3. <u>Utilising funding streams available to maximise capacity to meet demand.</u> <ul style="list-style-type: none"> • Utilising available one-off grants to support wait times and waiting list numbers, ASC and Commissioning have drawn up plans to use one off grant monies such as the MSIF to support the reduction of waiting lists and waiting numbers across the ASC system. • Teams and Services utilise their capacity to ensure responsiveness is equitable across the County.

	<ul style="list-style-type: none"> There is a specific improvement plan and funding secured and in place for the DOLs (deprivation of liberty) backlogs that has had oversight from CLT. <p>Effectiveness: Good</p> <p>4. <u>Data reporting, management and Improvement Plans</u></p> <ul style="list-style-type: none"> Waiting list data on all areas of operation is monitored monthly via Operational Meetings. AAT team additional resourcing and oversight of prioritisation by Service Director is in place 2024/25. DoLs (deprivation of liberty) additional resource signed off by Committee for 24/25 and 25/26. Tracking data improved for LDP Health waiting list via Power BI dashboards Reviews waiting list project and use of an agency has been undertaken to improve overdue review position. Use of Market Sustainability and Improvement plan to secure resource to address wait lists Improvement plan also includes threshold assessments for people in care, OT waiting list, LD Health waiting lists linked to section 75 agreements, care and support plan delays, including brokerage of increases or changes to care packages, financial assessment, and financial data entry delays Strengthening of Early Intervention and Prevention offer via initiatives to secure the right staffing resource and review of customer journey to increase our ability to prevent or delay the need for long term services Continue demand Management at the front door using VS and universal preventive services e.g. Community Navigators to reduce the pressure. <p>Effectiveness: Good</p>
Review date:	22 nd November 2024: Risk reviewed and updated by Patrick Warren-Higgs and Sarah Bye
Next review date:	February 2025

The Risk:	8: The Workforce across Adults, Health and Commissioning is under capacity and may not have the level of maturity of experience to deliver business needs.
Risk owner/s:	Patrick Warren-Higgs, Executive Director for Adults, Health and Commissioning
Residual Risk level:	<p>Likelihood = 1</p> <p>Impact = 4</p> <p>Score = 4</p> <p>Direction of risk: Remains the same.</p>
Triggers:	<ul style="list-style-type: none"> We do not have and/or are unable to recruit enough staff to fulfil our statutory responsibilities A lack of qualified workers in the job market Decrease in employee retention Low levels of employee engagement Ineffective workforce planning Receive a poor rating in CQC enhanced assurance. Insufficient strategic management control and planning No capacity or correct skills to manage organisational change

	<ul style="list-style-type: none">• Long standing vacancies in Health roles where LA holds responsibility under Section 75 agreement• Insufficient number of AMHPs to provide a safe services and cover rota• The separation of the public health directorate leading to 50% reduction in workforce and skills gaps.
Consequences:	<ul style="list-style-type: none">• Insufficient workforce to adequately meet quality and demand• Unable to respond to public health emergency• Unable to support delivery of the HWB Strategy• Unable to support partnership working• Loss of Public Health training site accreditation for Public Health registrars

Controls:**1. Employee Engagement**

- Exit interviews to capture information about why people leave
- Establishment of a staff engagement group in response to staff feedback as part of external assurance activity
- Welcome induction sessions with the Executive Director for all new starters
- Communication channels in place – Practice newsletter, Fortnightly update from ED, Regular Teams Live events for all adults' employees
- Staff Survey results to be analysed and action plan produced to increase staff satisfaction and therefore retention
- Care Professionals Academy has been launched for adult social care providers and professionals to access training, benefits and information from the council which supports staff with training and qualifications.

2. Health/LA agreement

- Review of Section 75 arrangements

3. Induction, Training and Development

- Increased number of Apprenticeship supported for OT and SWs
- Commitment to 6 protected CPD days for professionally registered staff
- Insufficient consultant capacity to supervise public health registrars

4. Retention

- Retention payment scheme in place for hard to recruit teams
- ASYE Scheme in place to support newly qualified social workers
- Apprenticeship Schemes supported and expanded.
- 20 apprentice Social Worker opportunities have been launched.
- Establishment of a staff engagement group in response to staff feedback as part of external assurance activity
- Comprehensive wellbeing offer
- Use of ringfenced grants to secure the workforce, such as supporting enhancements for 7 day working through the hospital discharge fund
- Twice yearly Pay Progression Panel for social workers.
- Use of secondments, interims, agency workers etc, to fill any remaining vacancies.

5. Vacancy tracker

- Oversight of vacancies via a recruitment tracker and HR data completed monthly with oversight from Adults Leadership Team and FAP.

6. Workforce Strategy

- Funding secured to develop an ASC specific workforce strategy, forecasting future need, setting out recommendations and actions to retain, succession plan and ensure pipelines of future workers – due to deliver summer 2024
- Horizon scanning and review of other LA offers as part of recruitment campaigns
- Keeping up to date on national/ local trends & through ADASS network for hard to recruit professions

7. Recruitment

- In the process of recruiting to an AMHP Manager secondment.
- Re-evaluation of consultant salary scales to ensure competitive benchmarking with other local authorities and health organisations

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The Risk:	9. Adults, Health and Commissioning unable to deliver commissioned services within budget
Risk owner/s:	Patrick Warren-Higgs, Executive Director for Adults, Health and Commissioning and Richard Hills, Service Director for Commissioning
Residual Risk level:	Likelihood = 3 Impact = 4 Score = 12 Direction of risk: Remains the same
Triggers:	<p>There is a continued risk across the whole of ASC to manage budgets and deliver savings, because of:</p> <ul style="list-style-type: none"> • reliance on government funding grants such as MSIF to deliver BAU • growing demand on services • significant inflationary and workforce pressures on the provider market, impacting on the cost of care • Some capacity constraints, resulting in higher costs to place care, particularly in relation to specialist care • key partners are also under significant strain, which may impact on AHC directorate if demand management is not managed or increases • Fair cost of care funding cut during the MTFS cycle. • We cannot provide appropriate accommodation, or the right level of care and support be identified in a crisis for the most challenging individuals, this includes a lack of LD hospital beds. • Individuals are placed in settings that are not able to fully meet their needs, including extended use of section 136 suite or other place of safety, including extended use of section 136 suite or other place of safety. • The business planning for the next 3 years has savings targets for ASC. These targets will increase the risk to commissioning of staying within budget. • Our commitment to real living wage as opposed to the national living wage puts additional pressure on our ability to commission within budget.
Consequences:	<ul style="list-style-type: none"> • Poorer outcomes for adults
Controls:	<ol style="list-style-type: none"> 1. <u>Additional Funding</u> <ul style="list-style-type: none"> • Continue to raise with Central Government regarding additional funding required in Adults Services • Work is ongoing on resolving issues with ICP over jointly funded packages of support (Continuing health care (CHC), section 41 and section 117). Further action will be taken if back payments cannot be secured. • Work is ongoing with the ICP to review the arrangements associated with the Learning Disabilities (Pool) and associated risk share agreements. 2. <u>Finance, Activity & Performance Board</u>

	<ul style="list-style-type: none"> • Performance & Activity is under regular review alongside financial data and savings delivery • CCC Commissioning Board in place to review commissioned services and services planned to be re-commissioned. • Uplift Board in place to manage uplift requests from providers <p>3. Managing Demand</p> <ul style="list-style-type: none"> • Transformation projects will contribute to making investment to save, this will include programmes such as the Adults Positive Challenge Programme / Demand Management / Front Door / Health and Social Care Integration • Early Help Services are operating more effectively to meet demand <p>4. Robust Business Planning Process</p> <ul style="list-style-type: none"> • ALT development of Adults Business and Service Plans • ALT dedicated Business Planning Sessions planned
Review date:	22 nd November 2024: Risk reviewed and updated by Patrick Warren-Higgs and Sarah Bye
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The Risk:	10. Insufficient resource to maintain service levels
Risk owner/s:	Patrick Warren-Higgs, Executive Director for Adults, Health and Commissioning and Val Thomas, Acting Director of Public Health
Residual Risk level:	<p>Likelihood = 4 Impact = 3 Score = 12 Direction of risk: Remains the same</p>
Triggers:	<ul style="list-style-type: none"> • Future Public Health grant allocations are insufficient to cover inflationary pressures. • Insufficient internal staffing capacity to meet current service levels, ambitions of the health and wellbeing strategy, and sufficiently monitor contract performance. • Inability to sustain current staffing due to ending of short-term grant funding or cessation of externally funded posts. • Increase in reserves due to de-coupling process could lead to reduction in future grant allocations.
Consequences:	<ul style="list-style-type: none"> • Worse health outcomes for service users if there is a reduction in services offered due to insufficient funding. • Population health outcomes do not improve and potentially worsen • Additional pressures on the wider health and social care system. • Health inequalities are not reduced and could widen further.
Controls:	<p>1. <u>Management of reserve spend</u> Description: Active management of reserve spends to reduce the risk of significant underspend. Effectiveness: Good Critical success factors: Reserves fell across 23/24</p> <p>2. <u>Ongoing Work with service providers</u></p>

	<p>Description: Working with service providers to identify more efficient service delivery, e.g., hybrid/digital delivery models, revised skill mix.</p> <p>Effectiveness: Good</p> <p>Critical success factors: Efficiencies found in some areas, for example the healthy child programme.</p> <p><u>3. Public Health prioritisation tool</u></p> <p>Description: PH Prioritisation tool will be used to assess internal commissions both current and future to ensure value for money as requested by OHID & CLT.</p> <p>Effectiveness: Good</p> <p>Critical success factors: Prioritisation tool in place.</p> <p><u>4. Appointment Description: Following appointment of substantive DPH, the service will be reviewed to support delivery of public health objectives.</u></p> <p>Effectiveness: Reasonable</p> <p>Critical success factors: of substantive Director for Public Health</p> <p><u>5. Working with partners</u></p> <p>Description: Working with partner organisations to maximise the added value of service provision.</p> <p>Effectiveness: Good</p> <p>Critical success factors: Additional funding secured from the ICB, for services across public health including Weight management the MASH, shared analyst posts, Probation service etc.</p>
Review date:	22 nd November 2024: Risk reviewed by Patrick Warren-Higgs and Sarah Bye
Next review date:	February 2025

The Risk:	11. There is a risk that the council and partnership response to future outbreaks/pandemics (including new variants of Covid-19) of infectious disease will be insufficient.
Risk owner/s:	Patrick Warren-Higgs, Executive Director for Adults, Health and Commissioning and Val Thomas, Acting Director of Public Health
Residual Risk level:	<p>Likelihood = 3</p> <p>Impact = 4</p> <p>Score = 12</p> <p>Direction of risk: Remains the same</p>
Triggers:	<ul style="list-style-type: none"> • Insufficient comprehensive CPLRF lessons learnt process is conducted. • Insufficient national steer as to the expectations of local authorities regarding health protection moving forward. • Insufficient system resilience and system resource to respond to a future outbreak. • Insufficient resource within the local authority to mobilise quickly in the event of a future outbreak. • Reduction in resource in UKHSA has resulted in reduced leadership for outbreak management.
Consequences:	<ul style="list-style-type: none"> • Worse health outcomes for the population of Cambridgeshire if another outbreak of a pandemic pathogen occurs. • Avoidable morbidity and mortality occur. • Increased pressure on the wider health and social care system and other partner organisations who would be affected.

Controls:	<p>1. <u>Lessons learned exercise</u> Description: Support for and participation in CPLRF lessons learned exercise. Effectiveness: Good Critical success factors:</p> <p>2. <u>Resource allocation</u> Description: Allocation of resource for resilience measures, such as FFP3 fit testing capacity. Effectiveness: Good Critical success factors:</p> <p>3. <u>Portal registration</u> Description: CCC registered with UKHSA's data sharing 'All Hazards Portal' Effectiveness: Good Critical success factors:</p> <p>4. <u>Planning exercises</u> Description: Participation in system-wide planning exercises. Effectiveness: Good Critical success factors:</p> <p>5. <u>Production of a local Pandemic Plan</u> Description: Pandemic Plan approved and adopted by CPLRF Effectiveness: Good</p>
Review date:	22 nd November 2024: Risk reviewed by Patrick Warren-Higgs and Sarah Bye
Next review date:	February 2025

The Risk:	12. There are reputational and legal impacts when the Council's arrangements for Safeguarding Adults with Care and Support needs fail.
Risk owner/s:	Patrick Warren-Higgs, Executive Director for Adults, Health and Commissioning and Kirstin Clarke, Service Director for Adult Social Care
Residual Risk level:	<p>Likelihood = 3 Impact = 5 Score = 15 Direction of risk: Remains the same</p>
Triggers:	<ol style="list-style-type: none"> 1. Inability to recruit, train and retain the level of skills required across the workforce to support safeguarding activity. 2. Governance arrangements for safeguarding are not robust or fail. 3. There is non-compliance within safeguarding practice guidance or processes. 4. Assurance measures fail or are not robust. 6. Internal organisational change impacts system safety. 7. External system/regulatory changes impact system safety. 8. Major incident results in spike in demand for services and/or inability to access Council systems, records, or buildings.

	9. Commissioned Services fail placing increased demand on the system and safety is compromised
Consequences:	<p>1. Negative consequences are experienced by those with care and support needs and unpaid carers.</p> <p>2. People lose trust in Council services and/or commissioned services.</p> <p>3. Council is deemed to have failed in statutory duties.</p> <p>4. CQC rating is impacted.</p> <p>5. Decrease in government funding.</p> <p>6. Legal challenges against the Council</p> <p>7. Increase in complaints against the council, including LGSCO.</p>
Likelihood factors:	<p>1) Vacancy Rates Vacancy rates in Safeguarding and Operational teams impacting on capacity to undertake safeguarding activity.</p> <p>2) Volume of safeguarding referrals Increasing volume of safeguarding referrals, some of which are inappropriate, requiring triage and management.</p> <p>3) Wider System Changes that impact Adult Social Care Provider changes, with Registered Manager and Leadership changes, without oversight on implications from Adult Social Care. Police response to those living risky lives.</p> <p>4) Provider changes Partnership agencies may change systems or process which impacts adversely on ASC such as Right Care Right Person, impacting on increased activity within ASC and lack of available.</p> <p>5) Regulator Regulator not maintaining regular oversight on providers and engaging with Adult Social Care in a timely way.</p>
Controls:	<p>1) <u>Adult Social Care Assurance.</u></p> <p>The organisation engages in the ongoing process of revising its practices and procedures to align with emerging local and national trends.</p> <p>This includes learning from local and national reviews such as Serious Case Reviews to continuously improve safeguarding measures. Critical Success Factors: Regular reporting and providing practitioners with tools and support for following best practices are critical success factors. Regular reporting includes monthly highlight reports that are shared with the Head of Service, MASH governance reports that are submitted to the MASH Governance Board. Annual self-assessments are submitted to the SAB Board which cover all safeguarding. We have the thematic audit cycle completed by Quality Standards and Practice Team and reported to Practice Governance Board, each team has service level improvement plans, and we have monthly managerial audits with a quarterly report and action plan - all held by Quality Standards and Practice Team and team managers are accountable for these. These are reported to Practice Governance Board.</p> <p>Adult Social Care Practice Update newsletter is circulated fortnightly and is sent out to all staff within the Adults, Health and Commissioning directorate, keeping staff up to date with relevant information to support them and those they work with.</p>

Assurance: Good assurance of effectiveness comes from the Eastern Region Sector Led Improvement Programme, Adults practice governance board, LGA (Local Government Association) Peer Review with associated improvement plans, and preparations for CQC readiness over the next 12 months.

Effectiveness: Good

2) Skilled ASC Workforce

To ensure high quality safeguarding, staff receive comprehensive training, ongoing professional development opportunities, and regular supervisions that reinforce safeguarding procedures and best practices, enabling them to maintain professional registration.

Critical Success Factors: A dedicated safeguarding training resource, with robust training programmes, annually reviewed, available multi-agency policies, themed audits are undertaken, robust training programs available, and an adult practice governance board provide assurance and oversight.

The CCC Safeguarding training strategy outlines the training offered along with safeguarding training that is essential to each role across adult social care. Work is being completed on monitoring training compliance rates, and teams are asked to complete a manual check of all MCA / Safeguarding training.

Assurance:

There is a dedicated resource for safeguarding training within Learning and Development, Safeguarding has a focused training strategy document which is refreshed annually linking in operational / practice needs with Learning and Development colleagues. The Principle Social Worker has close oversight of this.

Effectiveness: Good

3) Multi Agency Safeguarding

Multi-agency Safeguarding Boards and Executive Boards provides multi agency focus on safeguarding priorities and provides systematic review of safeguarding activity. Coordinated work between multi-agency partners. Police, County Council, Health and other agencies who are key members of the Board and subgroups.

Critical Success Factors: Regular reports are submitted to the SAB Board including MASH Governance reports, and annual self-assessments and shared working outcomes

Assurance: SAB annual report highlighting progress against priority areas shared with Adults & Health Committee.

Effectiveness: Good

4) Internal Quality Assurance

Robust process of internal Quality Assurance (QA framework) including case auditing and monitoring of performance.

Critical Success Factors: Regular auditing and reporting. Ability to highlight good practice and areas for improvement, robust service level improvement plans developed as needed. Annual safeguarding thematic audit, monthly managerial audits and quarterly reports to Practice Governance Board. Team level action plans held by managers and meet with Principal Social Worker to discuss on a quarterly basis.

Assurance: Monthly Management Audits. Annual programme of Themed Audits. Adults practice governance board. Agreed Improvement Plan with Senior Responsible Leads.

Effectiveness: Good

5) Commissioned Services

	<p>Regular monitoring of social care providers and information sharing meetings with other local organisations, including the Care Quality Commission and ICB are in place. ASC have a structure in place to raise, discuss and address provider quality concerns across the health and social care system. If improvements are not made, escalation routes are in place and progress and risks are continually shared with the CQC regulator. Critical Success Factors: Regular auditing and reporting. Ability to support providers at risk. Assurance: Contracts monitoring team, care home support team & provider of concern process. Effectiveness: Good</p> <p><u>6) Coordinated work with system partners and agencies</u> Coordinated work between multi-agency partners for both Adults and Children’s. 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 Safeguarding Boards. Critical Success Factors: Effective and safe implementation. We have a number of task and finish groups - for example transitional safeguarding, MCA we have regular system wide groups - QEG. Assurance: SAB and key statutory partners. Effectiveness: Good</p> <p><u>7) Information Sharing with regulatory bodies.</u> Continue to work with the CQC to share information. Critical Success Factors: Regular reporting. Assurance: Contracts monitoring team. Effectiveness: Good</p> <p><u>8) Manage demand</u> Managing increasing demand and acuity to ensure adults receive right support at the right time. Regular DMT's to discuss and escalate issues. Critical Success Factors: Daily monitoring of referrals and waiting time is in place to reduce waiting times and review priority levels to provide proportionate and time critical responses to those at risk. Assurance: Escalation to CLT as required. Effectiveness: Good.</p>
Review date:	14 th November 2024: Risk reviewed and updated by members of ALT and Patrick Warren-Higgs.
Next review date:	February 2025