People and Communities Risk Register

To:	Children and Young People Committee
Meeting Date:	18 January 2022
From:	Executive Director: People and Communities
Electoral division(s):	All
Key decision:	No
Forward Plan ref:	n/a
Outcome:	Committee members are briefed on the risks in relation to People and Communities.
Recommendation:	The Committee is recommended to:
	Note the People & Communities risk register

Officer contact:
Name: Denise Revens
Post: People & Communities Governance Manager
Email: denise.revens@cambridgeshire,gov.uk
Tel: 01223 699692

Member contacts:
Names: Councillors Bryony Goodliffe and Maria King
Post: Chair/ Vice Chair
Email: bryony.goodliffe@cambridgeshire.gov.uk
            Maria.king@cambridgeshire.gov.uk
Tel: 01223 706398 (office)

1. Background

1.1 It is a requirement to present an annual Risk report to Committee every year. This year, this report captures the COVID risks in relation to operations, which has been integrated with the People & Communities Risk Register.

2. Main Issues

2.1 The People and Communities Risk Register contains the main strategic risks from across the whole Directorate which are reported to each of the relevant Committee's (Children and Young People, Adults and Communities & Partnership) on an annual basis and can be seen in Appendix 1.

2.2 The People & Communities Risk Register is regularly reviewed on a 6-weekly basis by People & Communities Senior Management and discussed bi-monthly at their Management Team meetings.

2.3 At the start and as expected, all COVID risks were rated red as they met or went over the Council's tolerable level of risk, however, in these extreme circumstances this was expected. Over time, alongside the recovery phases and business as usual the risks were amended as government guidance changes and as mitigating actions were being applied, which in the main brought the risks down to a much more tolerable level.

2.4 It should be noted that the rag rating of risks still does fluctuate slightly to reflect the current response to COVID and government announcement, as well as recovery phases. These are all generally within the Council's tolerable levels, with a small number being reported as RED rated. The risk register is reported in Appendix 1 and outlined below is a summary of the key changes and a summarised update on each risk.

No	Risk	Details	RISK RATING
1.	Financial pressures in P&C	Additional Covid funding has supported the Covid work during 20/21 & 21/22. There is some uncertainty about additional funding going forward which has made it difficult to forecast both demand, capacity and financial expectations.	16
2.	Failure of the Council's arrangements for safeguarding vulnerable children and adults	The national and regional shortage of experienced and qualified social workers, exacerbated by risks associated with staff sickness and self-isolation has impacted at the highest level of capacity at present. Services are still being delivered to ensure that clients are safe. However, please also see Risk 21 below.	15
3.	Increase of staff absence due to Covid	• Due to self-isolation requirements and the increase in Covid within our workforce, some staff highlighting exhaustion as a result of responding to the pandemic has meant that some critical services are facing a lack of staff.	16

No	Risk	Details	RISK RATING
		• Schools closure will impact upon frontline staff who may have to stay at home with their children. • Increase in staff turnover, placing more pressure onto services	
4.	Capacity across the whole system to adequately support COVID activities and continue to deliver services	Covid continues to have an impact as we continue to deliver services and adequately support the response to Covid. Continuing fallout from the Covid-19 pandemic increases demand on wide range of services to levels which they cannot meet need currently.	16
5.	Impact of potential post COVID surge in Adults service demand and changes in demand	Latent demand for services is increasing after the covid lockdown period with more complex issues being seen.	15
6.	Failure of Communities and Partnerships-led interventions to manage Covid leading to an increase in transmission rates	This work has been essential in delivering additional services which included: - self-isolation support - support for CEV residents - logistics support for key operations - vaccine confidence and hesitancy - other targeted interventions as required	8
7.	Lack of availability of appropriate equipment to continue services during covid	The Council has developed a central PPE hub (with 4 PPE spokes) to ensure all staff have access to appropriate PPE which the DHSC currently supplying all PPE to Local Authorities. DHSC LFT are supplied to Public Health and 'essential workers' have access to these as prioritisation has recently been agreed.	12
8.	Provider sustainability linked to financial Pressures has potential for provider failure	An increase in financial pressures for providers (i.e. PPE, Workforce and managing preventative controls) and workforce issues in terms of staff absence and recruitment, is making it difficult for providers to continue to provide capacity. Covid funding is due to cease at the end March 2022.	16
9.	Impact of the challenging financial position of key health partners	The challenging financial position of the CCG, increased tensions around targeting of financial resources, for example in some areas such as CHC and Learning Disability pooled budget. This risk might be further exacerbated by the temporary nature of D2A funding	12
10.	Insufficient availability and capacity of services at affordable rates	Covid has impacted on providers greatly which has led to Providers across the marketplace have increased rates: Home to school transport, Commissioned services, Children in Care costs, Learning Disability placements have increased. In addition, workforce has been an issue	16

No	Risk	Details	RISK RATING
	and provider sustainability	in terms of being able to provide enough capacity within the system to meet demand currently.	
11.	Insufficient Children in Care placements	There is a national shortage of placements for children in care, and particularly those older children and young people with more complex needs. We are continuing to work with our providers in order to seek to address this.	12
12.	Viability of Day Opportunities	Viability of Day Opportunities and challenges re Covid restrictions and IPC measures- due to low number of clients accessing the service, service capacity issues, provider affordability issues and increase in financial cost. This could result in an increase in the costs of care.	16
13.	Integrated Care System (ICS) being implemented by Health	The reorganisation of the health system in ICS, may impact on the way our services work with NHS services and current integrated arrangements. Members will be briefed during January 2022.	15
14.	Inadequate mental health provision	Now starting to see a significant increase in demand for mental health services and the increase in demand for the AMPH services. Child and Adolescent Mental Health Services are also experiencing a high level of demand which impacts on vulnerable children.	16
15.	Small increase in number of young people with most complex needs needing to come into care	Permanent re-opening of schools and partner agencies and end to lockdown to increase community support will help bring this back to pre-pandemic levels.	12
16.	Increased number of children in care	Ordinarily, an increased child protection population will be followed by an increase in numbers in care. We are seeing increased need from families where children are typically of mid-primary age - this is significant since this is the age range where children coming into care are most likely to remain in care through to age 18.	12
17.	Increase in Child Protection Plans	Sustained increase in numbers of children requiring child protection plans in order to manage risks in the community, increases workloads and reduces capacity to bring about effective change for families and their children	12
18.	Failure to work within regulation and/or regulatory frameworks	Currently able to meet regulations	12
19.	Increased demand on Domestic Abuse and Sexual Violence	Demand for services have increased and still dealing with latent demand	15

No	Risk	Details	RISK RATING
20	Increased Crime and Anti-Social Behaviour	Monitoring risk	8
21.	Failure to attract the right skills across the workforce	Recruitment and retention of staff across the board is significant across all areas of People & Communities. Currently unable to recruit the skill sets within each area particularly in Adults & Children's. Agencies are unable to meet requests currently and other arrangements are being put in place.	20
22.	Demand on Coroners Services	Recruitment has been successful and demand is currently being met	12
23.	Meeting demand for school places	There are currently sufficient school places in the county but we continue to have localised pressures.	12
24.	Unable to conduct adult care reporting due to business intelligence capacity	The BI team have delivered a small number of reports but have encountered unanticipated complications meaning delivery is now forecast to be phased across the remainder of this financial year and into the following year. Further critical changes such as to implement Liberty Protection Safeguards and new legislation around self funders could impact timelines still further. A lack of day to day management reports impacts on management of day to day risks. Impacts on business planning and BCF plans, and statutory data returns. Inability to join in with regional and national benchmarking runs the risk of reputational damage to both Councils. Inability to run audit samples impacts ability to quality assure practice. Preparations for national inspection to be introduced in the near future are also likely to be impaired.	20
25.	Insufficient capacity to manage organisational change	As changes across Covid continuously changes, so does the way our services need to operate.	12
26.	Failure of the Cambs Local / Peterborough Together Think Communities approaches	Covid response has accelerated the think communities approach and this has been positive. Now developing the approach further and how we can build on this work already across our partnerships	8

3.   Alignment with corporate priorities

3.1   Communities at the heart of everything we do

There are no significant implications for this priority.

3.2   A good quality of life for everyone
There are no significant implications for this priority.

3.3   Helping our children learn, develop and live life to the full
There are no significant implications for this priority.

3.4   Cambridgeshire: a well-connected, safe, clean, green environment
There are no significant implications for this priority.

3.5   Protecting and caring for those who need us
There are no significant implications for this priority.

4.   Significant Implications

4.1   n/a

5.   Source documents

5.1   None

6.   Accessibility

6.1   An accessible version of this report is available on request from the report author.

Appendix 1 - People & Communities Risk Register (January 2022)

LIKELIHOOD					
5					
4				**1**, **3**, **4**, **8**, **10**, **12**, **14**	**21**, **24**
3				**7**, **9**, **11**, **15**, **16**, **17**, **18**, **22**, **23**, **25**	**2**, **5**, **13**, **19**
2				**6**, **20**, **26**	
1					
	1	2	3	4	5

IMPACT

No	RISK	TRIGGERS	RAG	Controls / mitigation actions
1	Financial Pressures in People & Communities	COVID RELATED: A) COVID will impact on the forecast savings anticipated for 21/22 & 22/23 There is a risk across the whole P&C, including Childrens, Adults, Mental Health, Public Health to deliver and manage budgets and make savings. It is recognized that key partners are also under significant financial strain, which may impact on P&C if demand management is not managed or increases. High Needs Block - demand continuing to exceed funding	16	COVID RELATED: A) Business Planning has assessed the potential impact on finances in related to P&C savings through People & Communities Recovery Plans. 1. Review of SEND Provision and government's funding is being reviewed – SEND Action plan has delivered the majority but further are needed from Jan 2. Recruit alternatively qualified staff to support social workers, improved retention package 3. Delivery of the demand management programmes 4. Continue to raise with Central Government regarding additional funding required in Adults Services 5. SEND recovery plan is developed as pressures on home/school transport budget. Action plan developed on reducing demand – some activities not able to implement due to Covid and therefore savings target will not be reached. 6. Jointly funded packages of support 7. Early Help services are operating more effectively to meet demand 8. Transformation projects will contribute to making investment o save, this will include programmes such as the Adults Positive Challenge Programme / Demand Management (Think Communities work) / Front Door / Health and Social Care Integration 9. Work is ongoing on resolving issues with CCG over jointly funded packages of support (CHC, section 41 and section 117). Further action will be taken if back payments cannot be secured

No	RISK	TRIGGERS	RAG	Controls / mitigation actions
2	Failure of the Council's arrangements for safeguarding vulnerable children and adults	COVID Related: a) Lack of staff in safeguarding - due to an increase of those self-isolating or covid sickness increase (including booster absence). b) Reduction in referrals to safeguarding due to lack of visibility of adults due to the social distancing mandate which could lead to individuals to emotional and physical harm - Adults health and Social Work professionals don't have the opportunities to identify safeguarding issues as they are not going into care settings as frequently c) Adults & Children's Care providers (i.e. children's residential homes, care homes, domiciliary care etc) impacted by Covid due to the inability to apply infection control - turnover of staff; physical environment doesn't enable individual isolation; lack of PPE or appropriate use of PPE; Lack of staff due to self-isolation / sickness d) The ability to implement the effective control measures for children with disabilities to have respite care e) Lack of Children in care placements due to Covid F) Our ability to continue to deliver business as usual services while diverting resources to support care providers	15	COVID RELATED A): To seek agency Social Worker cover as a last resort to ensure safeguarding is prioritise. Ongoing monitoring of staff sickness to intervene prior to rates increasing COVID RELATED: B) * Safeguarding board regularly flooding social media with communications urging the public to report any safeguarding concerns and individuals suffering harm to make direct contact with Social care * Adults and children's social care have resumed face to face contact where possible Risk assessing when face-to-face visits are required, however, likelihood early intervention is reduced. * Care Home support team fully recruited to and supporting care homes directly * Making sure providers are briefed about Safeguarding issues * Liaising with CQC regarding any providers of need * Maintaining regular contact with local health team within adults to support early intervention COVID RELATED: C) * Additional government funding made available to support infection control measures, although this ends in March 2021. * Local Authorities reviewing options to help support this sector * Health and Social care Multi-disciplinary teams are established to support each care providers * Alternative online resources to maintain contact with service users COVID RELATED: D) * Reduced the number of children accessing the residential respite provision * Created bubbles of individual children and staff to reduce the spread of infection * Provided outreach support staff into the homes of children with disabilities where they are unable to access the respite provision

No	RISK	TRIGGERS	RAG	Controls / mitigation actions
		g) latent demand begins which increases workload and leads to potential capacity issues BAU RISKS: Children's Social Care: 1. Children's social care case loads are too high in some areas 2.Some over optimism in relation to risk period posed by Parents 3. Serious case review is triggered Adult Social Care (Inc. OPMH) 1. Care homes, supported living or home care agency suspended due to (safeguarding investigation 2. Outcomes of reported safeguarding concerns reveals negative practice 3. Increase in a notification of a concern 4. Decreased resource within adults MASH and/or Locality Teams 5. Lack of Resource in Contracts 6. Safeguarding Adult review		COVID RELATED: E) * Developing alternative placement provision in case this is needed COVID RELATED: F) * Business cases to increase reablement capacity / social work capacity being applied for (Social work agreed) Business as usual: 1. Multi-agency Safeguarding Boards and Executive Boards provides multi agency focus on safeguarding priorities and provides systematic review of safeguarding activity specific safeguarding situation between partners. 2. In Children's move to non-caseloading team Managers has increased oversight and challenge. Skilled and experienced safeguarding leads and their managers. 3. Comprehensive and robust safeguarding training, ongoing development policies and opportunities for staff, and regular supervisions monitor and instil safeguarding procedures and practice. 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 and safeguarding Adult Reviews 5. Robust process of internal Quality Assurance (QA framework) including case auditing and monitoring of performance 6. 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 7. Whistleblowing policy, robust Local Authority Designated Officer (LADO) arrangements and complaints process inform practice. 7a Clear 'People in Position of Trust' policy and guidance in relation to Adults 8. Regular monitoring of social care providers and information sharing meetings with other local organisations, including the Care Quality Commission

No	RISK	TRIGGERS	RAG	Controls / mitigation actions
				9. Joint protocols, practice standards and QA ensure appropriate joint management 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 Safeguarding Boards 11. Caseloads are reducing as the move away from the Unit model to specialist teams becomes embedded. Oversight & challenge from QA Service and the Local Safeguarding Board 12. Adults regular meeting to monitor progress and risks with CQC regulator 13. Family Safeguarding to keep families together and ensure children and adults services work jointly for the best outcome for the family 14. Managing demand and ensuring adults and children receive right intervention at the right time

No	RISK	TRIGGERS	RAG	Controls / mitigation actions
3	Increase of Staff absence due to Covid	• Due to self-isolation requirements and the increase in Covid within our workforce, some staff highlighting exhaustion as a result of responding to the pandemic has meant that some critical services are facing a lack of staff. . Potential Schools closure will impact upon frontline staff who may have to stay at home with their children.	16	• All staff are encouraged to take-up the vaccination and boosters at any opportunity • All staff to access Lateral Flow Tests on every visit to minimise the spread of Covid • Only essential staff are working within office bases • Staff who are off are encouraged to follow government guidance (testing now on Day 6 & day 7) meaning they can return to work more timely • Social distancing is continuing to be maintained • PPE is being worn by key frontline services who require it • Redeploying existing P&C staff as appropriate and temporarily
4	Capacity across the whole system to adequately support COVID activities and continue to deliver services	Covid continues to have an impact as we continue to deliver services and adequately support the response to Covid. Continuing fallout from the Covid-19 pandemic increases demand on wide range of services to levels which they cannot meet need currently.	16	• Services are prioritised as best as possible to meet demand and continue to respond to Covid • Business Continuity plans are reviewed regularly to ensure services continue during periods of disruptions • Redeployment process in place, should there be a need to support services to continue key services • Implementation of ISOS recommendation on re-modelling services 5-18 years old • Continually success with think communities agenda and building community capacity
5	Impact of potential post COVID surge in Adults service demand and changes in demand	Latent demand for services is increasing after the covid lockdown period with more complex issues	15	• Tracking of impact using Adults Positive Challenge flow metrics to identify changes in numbers of complexity. • Analysis of the impact during 20/21 to forecast changes which is to be expected

No	RISK	TRIGGERS	RAG	Controls / mitigation actions
6	Failure of Communities and Partnerships-led interventions to manage Covid leading to an increase in transmission rates	including: - self-isolation support - support for CEV residents - logistics support for key operations - vaccine confidence and hesitancy - other targeted interventions as required	8	• Cambs Local approaches is currently being adopted by the Council and other partner agencies. • Working together on key covid related activities and key strategic boards agreed to continue to ensure these approaches can be further embedded
7	Lack of appropriate equipment to continue services during covid	1. Low stocks of PPE and/or requirements changes 2. Lack of Lateral Flow Test (LFT) availability	12	• The Council has developed a central hub (with 4 PPE spokes) to ensure all staff have access to appropriate PPE • DHSC currently supplying all PPE to Local Authorities • DHSC LFT are supplied to Public Health and 'essential workers' have access to these as priotisation has been agreed • Schools have agreed to issue LFT for professionals visiting the school

No	RISK	TRIGGERS	RAG	Controls / mitigation actions
8	Provider sustainability linked to financial Pressures has potential for provider failure	COVID RELATED: A) An increased in financial pressures for providers (i.e. PPE, Workforce and managing preventative controls) B) Providers unable to continue to operate, due to the increase costs to meet Covid measures: - EARLY YEARS - Insufficient early years places available to meet demand - CARE PROVIDERS - Reduction in the number of providers able to provide care; Care costs increase as demand exceeds providers available; Financial warnings from providers Busines as usual: There is a risk that changes to legislation such as the sleep-in ruling, pension obligations and rises in minimum wage, combined with rates the Local Authority are able to afford will result in providers withdrawing from the market. Social care reforms present a financial risk to the LA Autumn Budget announce 6.6% National Living Wage (NLW) increase - which will present an inflationary risk to ASC provision	16	COVID RELATED: A) • Although additional national covid monies made available to mitigate, it not enough to cover the costs and short-term measure. • Looking at additional funding to help providers with retaining workforce COVID RELATED: B) • Commissioning teams in place to retain a close contact with key providers • Local Authority to maintain a close contact with providers (i.e. fortnightly forums, weekly sessions with providers where needed etc) • Continuity planning to ensure the LA can support appropriately, subject to the options paper above • Regular contact with settings • Reviewing financial standings of settings • Sustainability grant established to allocate when necessary to settings • Looking the DSG to check to frontload payments • Overview report has been developed to keep under review the number of Early Years providers are opening/not opening and monitoring is continuing (i.e. childminders showing most at risk) • Adults LA services supporting where needed if capacity issues occur in key care providers • Children homes providers and disruption to placements – keeping a monitoring eye Business as usual: Working with Providers to develop action plans
9	Impact of the challenging financial position of key	The challenging financial position of the CCG, increased tensions around targeting of financial resources, for example in some areas such as CHC and LD pooled budget. This risk might be further	12	Continue to work with CCG to track the impact of D2A changes Implement the joint funding tool Retain dedicated CHC workers

No	RISK	TRIGGERS	RAG	Controls / mitigation actions
	health partners	exacerbated by the temporary nature of D2A funding		
10	Insufficient availability and capacity of services at affordable rates and provider sustainability	1.Average number of Adults Social Care (ASC) attributable bed-day delays per month is above national average (aged 18+) as identified by People & Communities (P&C) performance dashboard 2. Delayed transfers of care from hospital attributable to adult social care as identified by People & Communities performance dashboard 3. Home care pending list 4. Gap in alternative to care services 5. Provider organisation report not having capacity to deliver services when we need them 6. Length of time services users wait for appropriate services 7. Care home providers reduce the numbers of nursing beds (due to difficulty recruiting qualified nurses) 8. Increase in demand for interim beds for domiciliary care 9. Reablement capacity cannot be deployed for preventative place-based work due to need to cover gaps or bridging for home care 10. Shortage of operators at reasonable rates 11. COVID leading to increased costs for providers and therefore becoming unaffordable to either operate or commission	16	1. Data regularly updated and monitored to inform service priorities and planning 2. Maintain an effective range of preventative services across all age groups and service user groups including adults and OP 3. Think Communities strategy details 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 11. Regular engage with commissioners and providers to put action plans in place to resolve workforce issues 12. Robust Controlling and monitoring procedures 13. Active involvement by commissioners in articulating strategic needs to the market 14. Risk-based approach to in-contract financial monitoring 15. Continued work with VCS for preventative actions

No	RISK	TRIGGERS	RAG	Controls / mitigation actions
11	Insufficient availability of affordable Children in Care (CIC) placements	COVID RELATED: A) Lack of Children in care placements due to Covid	12	Working with providers as much as possible Working on alternative provision should this be needed
12	Viability of Day Opportunities	Viability of Day Opportunities and challenges re Covid restrictions and IPC measures- due to low number of clients accessing the service, service capacity issues, provider affordability issues and increase in financial cost. This could result in an increase in the costs of care. Low number of clients attending day opportunities Financial Risk – costing the organisation more and reduced sources of additional income (i.e. member subscriptions) Provider Risk – low numbers leading to affordability of provision to stay available Service risk – staffing capacity to keep the services running Carers who have been unable to access the breaks that day service provide might be unable to continue caring leading to urgent demand for more expensive care and support options. Impact of emotional wellbeing of service users due to lack of alternatives for social contact.	16	Regular provider forums to engage with services and early identification of risks and challenges, services are being supported. Where services are re-opened current levels of funding remain available even though capacity is reduced Ensuring Day Services have access to public health messages, risk management protocols and social care teams to prioritise returning service users and to ensure they are operating safely. Resourcing required to pick up urgent review for service users and carers to address emerging risks. Process to be put in place with providers to better track current attendance at a service user level in order to have a better overview of impact the 1000+ individuals affected.
13	Integrated Care System (ICS) development	The reorganisation of the health system in ICS, may impact on the way our services work with NHS services and current integrated arrangements	15	• Close working relationships have been established and appropriate representation on key strategic meetings • Local Authority considerations will be discussed with Members in January 2022 further

No	RISK	TRIGGERS	RAG	Controls / mitigation actions
14	Inadequate mental health provision	Increase in demand for mental health services increase in demand for the AMPH's services	16	• National initiatives and support has been established and the CCC is promoting this where possible • Local support continues to be offered where needed • Services prioritising where possible • Recruitment of staff is underway
15	Small increases in number of young people with most complex needs needing to come into care		12	Permanent re-opening of schools and partner agencies and end to lockdown to increase community support to pre-pandemic levels
16	Increased number of children in case	Ordinarily, an increased child protection population will be followed by an increase in numbers in care. We are seeing increased need from families where children are typically of mid-primary age - this is significant since this is the age range where children coming into care are most likely to remain in care through to age 18.	12	• Family safeguarding model is shown to be more effective in working with families with complex needs • Permanent re-opening of schools and partner agencies and end to lockdowns to increase community support to pre-pandemic levels
17	Increase in Child Protection Plans	Sustained increase in numbers of children requiring child protection plans in order to manage risks in the community, increases workloads and reduces capacity to bring about effective change for families and their children	12	• Family safeguarding model is shown to be more effective in working with families with complex needs. • Additional funding in place to increase social worker capacity as need

No	RISK	TRIGGERS	RAG	Controls / mitigation actions
18	Failure to work within regulation and/or regulatory frameworks	COVID RELATED: Not meeting statutory requirements and/or to the same level due to Covid-19 and the need to adapt to meet the current need for those most vulnerable - Government guidance can be inconsistent and announcements and changes made with little or no notice (i.e. the new DASV Legislation) BAU RISKS: 1. Poor inspection and/or ombudsman results 2. Higher number of successful legal challenges to our actions/decisions 3. Low assurance from internal audit	12	COVID RELATED: Ensuring a link with public health to advise on changes as they are applied Business as usual: 1. 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. People & Communities 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
19	Increased demand on Domestic Abuse and Sexual Violence	The number of referrals increase	15	Workforce and procedural changes enables us to focus on the highest harm cases. Additional investment from Government aligned to the new Domestic Abuse (DA) Act.

No	RISK	TRIGGERS	RAG	Controls / mitigation actions
20	Increased Crime and Anti-Social Behaviour	There is a risk that broader social changes, financial pressures and national/international events lead to an increase in several crime types including Anti-Social Behaviour and an increase in community tensions. The consequence is increased costs across the public sector, increased fear of crime, reduced confidence in public sector and community tensions and conflict.	8	1) Maintain strong focus on daily risk management and longer term performance monitoring. 2) Continue to develop the Community and Safety model incorporating more partners where relevant.
21	Failure to attract the right skills across the workforce	Increase in staff leaving Unable to fill vacancies with Agency staff Recruitment of staff across the board is significant Unable to recruit the skillset's within each areas particularly in Adults & Children's COVID RELATED: A) Lack of Frontline capacity to meet the demand of post covid pressures B) Risk that a further surge over the summer if they remain required to self isolate when in contact with a covid positive person even when vaccinated - leading to capacity issues to deliver critical services There is a risk that the progress that has been made in relation to the recruitment of qualified social workers, team managers and senior officers slows down and the authority experiences a severe skill shortages again. Key NHS staff employed by CCC as part of the Learning Disability Partnership are	20	COVID RELATED: A) * Update BCP's to include a contingency * Increase contact with agencies for workforce to step in as required * Increase recruitment to ensure appropriate cover is available * Agreement at JMT in place to over-recruit to ensure we have additional capacity as necessary * Teaching staff have a reporting mechanism which can be monitored by DFE – LA analyse data * Transport vulnerability in passenger symptoms and – lack of capacity within the operators to cover staff COVID RELATED: B) * Pre-determined bubbles (squads) of staff so limiting the number of staff needing to self-isolate * Update BCP's to include a contingency * Increase contact with agencies for workforce to step in as required * Increase recruitment to ensure appropriate cover is available * Ensuring appropriate PPE is provided and worn * Education testing facilities in situ – reviewed weekly * Education's capacity to support test and trace in education will require more capacity

No	RISK	TRIGGERS	RAG	Controls / mitigation actions
		in short supply (i.e.OT's, LD Nurses) The east of England memorandum on agency social worker charge rates is vulnerable at present as a number of authorities are seeking permission to exceed payment rates. Failure of this would increase likelihood of higher turnover among our employed staff Teacher recruitment		
22	Demand on Coroners Service	COVID RELATED An increase in caseloads has resulted due to Covid.19. Caseloads are increasing and are more complex. Leading to cost implications, time, capacity issues and possible affecting the Council's reputation	12	• Recruitment of staff and demand decreasing • Expecting some high complex caseloads • Ensuring the relevant expertise is in place • Ensuring there are enough resources in place to meet demand

No	RISK	TRIGGERS	RAG	Controls / mitigation actions
23	Meeting demand for school places	There is a risk that the authority will fail to meet its legal requirement for every child of statutory school age to access a school 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) This is as a result of the impact of further inward migration as EU borders open up, increasing demand and a cut in Government funding for school places. The consequences are: 1) Significant additional costs incurred in terms of transport. 2) Impact on schools in terms of attendance, less engagement from parents and increased churn of pupils when places become available nearer to home - all having a significant impact on outcomes. 3) Potential legal action from parents for failure to meet legal requirements	12	1) Keep under review 2) Local and national lobbying (inc. EFA capital funding options, inc. Free Schools) 3) Continue to review options around reducing costs including modular technology, use of existing buildings and procurement savings 4) Plans for emergency places being developed including pulling forward schemes and additional mobiles 5) Continue to monitor in year admissions and trends around numbers leaving the city (new In Year admissions form being developed to improve data collection) 6) The School organisation plan and demographic forecast are regularly updated and reviewed by the council 7) Sufficient resources identified in the MTFS to support known requirements in the next three years if forecasts remain accurate. 8) Quality of relationships with schools means schools have over admitted to support the Council to meet identified need for places in this local area 9) Ongoing review of council's five year rolling programme of capital investment. Priority continues to be given to the identified basic need requirement for additional school places. 10) Annual school capacity review to the DfE completed in a way which aims to maximise the council's basic need funding allocation. 11) Admission Team run twice weekly cycle for allocated placements for families looking for places throughout the year
24	Unable to conduct adult care reporting due to business intelligence capacity	The BI team have delivered a small number of reports but have encountered unanticipated complications meaning delivery is now forecast to be phased across the remainder of this financial year and into the following year. Further critical changes such as to implement Liberty Protection Safeguards and new legislation around self funders could	20	Operational workarounds for operational data, although these take up front line worker and management time and impact productivity. Additional programme management and project management resource in order to scope clear roadmap and resourcing requirements.

No	RISK	TRIGGERS	RAG	Controls / mitigation actions
		impact timelines still further. A lack of today management reports impacts on management of day to day risks. Impacts on business planning and Better Care Fund plans, and statutory data returns. Inability to join in with regional and national benchmarking runs the risk of reputational damage to both Councils. Inability to run audit samples impacts ability to quality assure practice. Preparations for national inspection to be introduced in the near future are also likely to be impaired.		
25	Insufficient capacity to manage organisational change		12	• People & Communities Management Team review business plans and capacity across services Programme and project governance in place with escalation process • Commissioning work plans established • Increased communications with staff COVID: All Council services are seeing change to every part of the organization, allowing there to be a coherent approach to overcoming challenges and identifying new opportunities.

No	RISK	TRIGGERS	RAG	Controls / mitigation actions
26	Failure of the Cambs Local / Peterborough Together Think Communities approaches	Failure of the Cambs Local / Peterborough Together Think Communities approaches to address inequalities, reduce social immobility, and manage and reduce demand for statutory services.	8	- Covid response has accelerated the think communities approach and this has been positive. Now developing the approach further and how we can build on this work already across our partnerships. - New unified Approach operating Model and business case developed and going through Scrutiny process alongside P&C Recovery plans - Demand Management Hub work being developed - Establishment and development of an integrated 'Think Communities' Strategy and plan - Think Communities approach being developed and implemented at pace, to create a new collaborative operating model that is place-based, enabling savings and demand management to be achieved across the system