

**NORTH YORKSHIRE COUNTY COUNCIL
AUDIT COMMITTEE**

24 SEPTEMBER 2015

**INTERNAL CONTROL MATTERS FOR THE HEALTH & ADULT SERVICES
DIRECTORATE**

**Report of the
Corporate Director – Health & Adult Services**

1.0 PURPOSE OF THE REPORT

1.1 To provide details of the **Risk Register** for the HAS Directorate.

2.0 BACKGROUND

2.1 The Audit Committee is required to assess the quality and effectiveness of the corporate governance arrangements operating within the County Council. In relation to the HAS Directorate the Committee receives assurance through the work of internal audit (detailed in a separate report to the Committee), details of the Statement of Assurance provided by the Corporate Director, together with the Directorate Risk Register.

3.0 DIRECTORATE RISK REGISTER

3.1 The **Directorate Risk Register** (DRR) is the end product of a systematic process that initially identifies risks at Service Unit level and then aggregates these via a sieving process to Directorate level. A similar process sieves Directorate level risks into the Corporate Risk Register.

3.2 The Risk Prioritisation System used to derive all Risk Registers across the County Council categorises risks as follows:

Category 1 and 2 are high risk (RED)

Category 3 and 4 are medium risk (AMBER)

Category 5 is low risk (GREEN)

These categories are of course relative not absolute assessments - equally the Risk Register at Directorate level is designed to identify the dozen or so principal risks that may impact on the achievement of performance targets etc. for the Directorate as a whole in the year – it is not a full Register of all the risks that are managed in the Directorate.

- 3.3 The detailed DRR is shown at **Appendix A**. This shows a range of key risks and the risk reduction actions designed to minimise them together with a ranking of the risks both at the present time and after mitigating action.
- 3.4 A summary of the DRR is also attached at **Appendix B**. As well as providing a quick overview of the risks and their ranking, it also provides details of the change or movement in the ranking of the risk since the last review in the left hand column.
- 3.5 A six month update review of the register will take place in December 2014/January 2015.
- 3.6 The new risks that have been added to the risk register since September 2014 (date of last progress report to the Committee) are as follows:
- 3/229 - Complex Needs Pressures
 - 3/226 - Transformation
 - 3/220 - Cultural Change
 - 3/228 - Extra Care Housing
- 3.7 The risks that have been deleted from the Directorate risk register since September 2013 are as follows:
- 3/187 - Preparedness for Implementation of the Care Act
 - 3/188 - Maintaining Service Delivery
- 3.8 The following risk descriptions have been reworded to reflect changes in the, but around the original subject area and are therefore not classed as new risks:
- 3/162 - Major Failure due to Quality and/or Economic Issues in the Care Market
 - 3/218 - Managing Effective Outcomes for Individuals
 - 3/164 - Information Governance and Health and Safety
 - 3/180 - Partnership and Integration with the NHS
 - 3/27 - Safeguarding Arrangements
- 3.9 The significant actions that were achieved include the following:
- HAS 2020 Transformation and Efficiency Programme (incl. the MTFs) – there has been good progress made including the Leadership team monitoring progress and delivery of the change and savings programme to ensure delivery against key objectives and within available resources.
 - The Care Act – The first phase of the Care Act Implementation around the changes brought in for April 2015 were successfully introduced, with work on-going monitoring the changes and seeking to refine and improve efficiency. The April 2016 Care Act requirements have been delayed for 4 years to April 2020.
 - Information Governance – lessons are being learnt as a result of breaches that occur and corrective action has been taken, regular building

information governance sweeps are undertaken with improved results; regular training is delivered and not less than quarterly governance papers are considered by the Leadership team.

- Major Failure due to Quality and/or Economic Issues in the Care Market – the Leadership team and HAS Executive receive monthly reports on these issues and monitor and challenge progress against key objectives.
- Partnership and Integration with the NHS – work continues on a number of fronts with different partners. Of particular note are the Care Hubs in Selby and Malton as well as joint work with Harrogate and Rural District CCG on new models of care through their successful initial Vanguard bid.
- Deprivation of Liberty Supreme Court Ruling – the service has responded to the 13 fold increase in demand for assessment and careful management of the workload is undertaken with additional budget requirements identified and resourced.

3.10 Any ranking changes of the risks are shown on the left hand side of the Summary report **Appendix B**. As mentioned above, the HAS 2020 Transformation and Efficiency Programme (incl. the MTFs) risk, the Partnership and Integration with the NHS risk and the Workforce Planning and Development including Cultural Change risk have substantially changed and are therefore shown as 'new'. Please see the table at the bottom of the appendix for an explanation of the left hand column.

4.0 **STATEMENT OF ASSURANCE**

4.1 The Audit Committee received a draft Statement of Assurance from the Corporate Director of Health and Adult Services in June 2014. This statement has subsequently been reviewed to include relevant updates in developments and improvements and is attached at **Appendix C**.

4.2 It is usual practice to report on progress against the Statement of Assurance. However, given that the Statement has only just been produced, there is no update possible at this stage.

5.0 **RECOMMENDATION**

5.1 That the Committee note the Risk Register for the Health and Adult Services Directorate and provide feedback or comments thereon.

RICHARD WEBB
Corporate Director – Health & Adult Services
September 2014

Report prepared by Paul Cresswell – Assistant Director- Resources
Tel no. 01609 532141

Risk Register: **Month 0 (August 2015) detailed**
 Report Date: **7 September 2015 cat**

Phase 1 - Identification											
Risk Number	3/217	Risk Title	3/217 - Deprivation of Liberty (DoLs) Supreme Court Ruling				Risk Owner	CD HAS		Manager	HAS AD C&S HAS AD Q&E
Description	Failure to manage increase in workload as a result of the DoLs Supreme Court judgment resulting in financial and reputational issues including potential legal action					Risk Group	Legislative		Risk Type	C&S 1/219	
Phase 2 - Current Assessment											
Current Control Measures		Resources and capacity have been increased; action plan in place in line with ADAS recommendations; regular quarterly report on activity, performance and finance provided to Leadership Team; statutory process implemented; action plan reviewed following external review						Effectiveness			
Probability	H	Objectives	H	Financial	H	Services	H	Reputation	H	Category	1
Phase 3 - Risk Reduction Actions											
						Action Manager	Action by	Completed			
Reduction	3/191 - Continue to monitor resources and capacity issues					HAS AD C&S		Thu-30-Jun-16			
Reduction	3/193 - Continue to provide regular briefings to HASLT, staff and providers					HAS AD C&S		Thu-30-Jun-16			
Reduction	3/255 - Maintain horizon scanning for future developments					HAS AD C&S		Thu-30-Jun-16			
Reduction	3/320 - Maintain communication with key partners					HAS AD C&S		Thu-30-Jun-16			
Reduction	3/1951 - Update action plan					HAS AD C&S		Tue-30-Jun-15	Sat-31-Jan-15		
Phase 4 - Post Risk Reduction Assessment											
Probability	H	Objectives	H	Financial	H	Services	H	Reputation	H	Category	1
Phase 5 - Fallback Plan											
										Action Manager	
Fallback Plan	3/556 - A further review of the action plan, with external support may be sought. Escalation to senior management with potential options for mitigation.								HAS AD C&S		



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Risk Register: **Month 0 (August 2015) detailed**
 Report Date: **7 September 2015 cat**

Phase 1 - Identification											
Risk Number	3/162	Risk Title	3/162 - Major Failure due to Quality and/or Economic Issues in the Care Market.				Risk Owner	CD HAS		Manager	HAS AD Q&E
Description	Major failure of provider/key providers results in the Directorate being unable to meet service user needs. This could be caused by economic performance or resource capabilities. The impact could include loss of trust in the Care Market, increased budgetary implications and issues of service user safety.				Risk Group	Legislative		Risk Type	Q&E 2/159		
Phase 2 - Current Assessment											
Current Control Measures			Regular review and monitoring contracts; standard contract terms; approvals process; regular meetings to share best practice; experienced staff; regular communication with providers; bulletins; customer feedback; Engagement Group; legal services; CQC; Financial Services & insurance consultation; market analysis; capacity planning; alerts system including brokerage; Service Unit & provider BCPs; QA Framework developed; guidance and ongoing training for purchasing staff; engage with AD ASS; reg meetings with Q&M, Health Commissioner and police; robust comms with CCGs; quality monitoring embedded in Dir perf monitoring; market position statement					Effectiveness			
Probability	H	Objectives	M	Financial	M	Services	M	Reputation	H	Category	I
Phase 3 - Risk Reduction Actions											
						Action Manager	Action by	Completed			
Reduction	3/153 - Carry out Phase II of the domiciliary care repurchase and ensure the national living wage issues are addressed					HAS AD Q&E	Fri-30-Jun-17				
Reduction	3/247 - Continue to produce a market position statement					HAS AD Com	Wed-31-Aug-16				
Reduction	3/254 - Jointly with Health continue to monitor baseline assessments QA framework and risk profiles of providers; targets are reviewed at quarterly officer meetings					HAS AD Q&E	Wed-31-Aug-16				
Reduction	3/369 - Review and refresh the market development board and ensure ongoing quarterly meetings, market analysis and mapping and information sharing take place					HAS AD Q&E	Thu-31-Dec-15				
Reduction	3/371 - Continue with regular engagement meetings with CQC locally and engage with CQCs national programme of identifying providers where there is significant risk of failure					HAS AD Q&E	Wed-31-Aug-16				
Reduction	3/1962 - Undertake review of the actual cost of care exercise to incorporate the impact of the national living wage					HAS AD Q&E	Thu-31-Dec-15				
Reduction	3/1963 - Continue to engage in ADASS work to manage major problems occurring, such as financial issues in the care provider market and ensure robust contingency planning and to learn lessons from serious case reviews at a national level					HAS AD Q&E	Wed-31-Aug-16				



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Reduction	47/221 - Work with Veritau on audits of individual suppliers		HAS AD Q&E	Thu-30-Jun-16	
Phase 4 - Post Risk Reduction Assessment					
Probability	H	Objectives	M	Financial	M
		Services	M	Reputation	M
				Category	2
Phase 5 - Fallback Plan					
					Action Manager
Fallback Plan	3/523 - Make client safe, crisis meeting, implement relevant steps, consultation with senior staff and relevant organisations (e.g. Police CQC). Effective communication to relevant parties, utilise contingency plan(s).				HAS AD Q&E



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Phase 1 - Identification											
Risk Number	3/218	Risk Title	3/218 - Managing effective outcomes for individuals				Risk Owner	CD HAS	Manager	HAS AD C&S	
Description	Failure to meet targets in line with the Care Act resulting in poor outcomes for individuals and internal and external criticism, reputational issues.					Risk Group	Performance	Risk Type	C&S 1/17		
Phase 2 - Current Assessment											
Current Control Measures			HASLT; C&SLT; embedded performance management; budgetary management; needs assessment questionnaire; individual targets for workers					Effectiveness			
Probability	M	Objectives	H	Financial	M	Services	H	Reputation	H	Category	2
Phase 3 - Risk Reduction Actions											
						Action Manager	Action by	Completed			
Reduction	1/76 - Develop the reablement pathway					HAS AD C&S	Thu-30-Jun-16				
Reduction	1/77 - Ensure actions for personalisation are embedded in 2020 Programme and Vision					HAS AD C&S	Thu-30-Apr-15	Thu-30-Apr-15			
Reduction	1/78 - Set targets through robust service planning aligned to 2020 Vision and Health & Wellbeing Strategy					HAS AD C&S	Mon-30-May-16				
Reduction	1/79 - Hold bi-monthly CSM forums					HAS AD C&S	Thu-30-Jun-16				
Reduction	1/107 - Continue to embed the Dignity and Respect agenda					HAS AD C&S	Thu-30-Jun-16				
Reduction	1/317 - Ensure effective assessment and review processes are maintained throughout the transformation programme					HAS AD C&S	Thu-30-Jun-16				
Reduction	3/206 - Undertake review of management and operational delivery of social care mental health services					HAS AD C&S	Wed-31-Aug-16				
Phase 4 - Post Risk Reduction Assessment											
Probability	M	Objectives	H	Financial	M	Services	M	Reputation	H	Category	2
Phase 5 - Fallback Plan											
										Action Manager	
Fallback Plan	1/15 - Take action to balance budget, reset performance and efficiency targets, look at capacity plan								HAS AD C&S		



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Phase 1 - Identification											
Risk Number	3/164	Risk Title	3/164 - Information Governance and Health and Safety				Risk Owner	CD HAS		Manager	AD SR (HAS) & Proc
Description	Failure to ensure that good and safe governance arrangements in respect of data security and health and safety are in place throughout the Directorate					Risk Group	Legislative		Risk Type	SR&Proc 6/193	
Phase 2 - Current Assessment											
Current Control Measures			Info Gov - Monitoring of mandatory eLearning for all staff; information management through key messages and intranet; application of Caldicott principles; information governance procedures; Corporate laptop and security encryption; continued use of information asset register; implementation of process if/when data breaches occur including cascading lessons learnt; implementation of secure data transfer methods; developing robust information sharing protocols; Corporate Information Governance Group and Directorate Group (DIGG); Periodic update at HASLT performance board; regular security sweeps, asset owner training completed H & S - Coporate H & S policy, and action plan						Effectiveness		
Probability	M	Objectives	L	Financial	M	Services	L	Reputation	H	Category	2
Phase 3 - Risk Reduction Actions											
							Action Manager	Action by	Completed		
Reduction	3/147 - Coninue to implement Caldicott 2 where possible					AD SR (HAS) & Proc		Wed-31-Aug-16			
Reduction	3/148 - Continue to implement awareness raising campaign					AD SR (HAS) & Proc		Wed-31-Aug-16			
Reduction	3/159 - Monitor completion of mandatory e-learning courses					AD SR (HAS) & Proc		Sun-31-May-15	Sun-31-May-15		
Reduction	3/227 - Continue to ensure use of secure methods of data transfer					AD SR (HAS) & Proc		Wed-31-Aug-16			
Reduction	3/364 - Review disposal arrangements of documents following issue of refreshed corporate policy and guidance					AD SR (HAS) & Proc		Tue-31-May-16			
Reduction	3/365 - Review of 'lessons learned' reports following any breach					AD SR (HAS) & Proc		Wed-31-Aug-16			
Reduction	3/366 - Arrange quarterly risk management and health and safety group meetings and include monitoring of action plan					AD SR (HAS) & Proc		Mon-30-Nov-15			
Reduction	3/367 - Ensure wider HAS leadership team H&S training is carried out					AD SR (HAS) & Proc		Sat-31-Oct-15			
Reduction	6/124 - Progress data sharing issues with Health colleagues to ensure the benefits of this are realised					AD SR (HAS) & Proc		Wed-31-Aug-16			
Reduction	6/130 - Ensure 'lessons learned' reports are completed following any breach					AD SR (HAS) & Proc		Sun-31-May-15	Sun-31-May-15		



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Phase 4 - Post Risk Reduction Assessment											
Probability	M	Objectives	L	Financial	M	Services	L	Reputation	H	Category	2
Phase 5 - Fallback Plan											
										Action Manager	
Fallback Plan	3/36 - Media management, staff disciplinary, work with Information Commissioner's Office and HSE when necessary									AD SR (HAS) & Proc	



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Phase 1 - Identification											
Risk Number	3/180	Risk Title	3/180 - Partnership and Integration with the NHS				Risk Owner	CD HAS	Manager	HAS AD Integration HAS AD C&S Dir Public Health HAS AD Q&E	
Description	Failure to develop and implement new models of care that will provide better outcomes for patients and local communities. This failure will have a negative impact on the development of integrated services, delay the transformation of HAS services, give rise to increased costs to HAS and cause the loss of opportunities that joint provision may have.					Risk Group	Partnerships	Risk Type	Corp 20/47		
Phase 2 - Current Assessment											
Current Control Measures			Effective HWB partnership with clear governance providing strategic leadership. HASLT locality delivery model in place and active membership of local transformation boards strengthening local partnerships and shaping integration. Joint programmes with CCGs inc Vanguard and Pioneer designing new service models. ;Better Care Fund Schemes implemented and other new models of care programmes inc Vanguard in development; CHC review set up internally					Effectiveness			
Probability	M	Objectives	M	Financial	H	Services	M	Reputation	H	Category	2
Phase 3 - Risk Reduction Actions											
						Action Manager	Action by	Completed			
Reduction	3/151 - Ensure S75 agreement signed by CCGs 2015/16 (ongoing)					AD SR (HAS) & Proc	Wed-31-Aug-16				
Reduction	3/155 - Ensure Better Care Fund plan signed and agreed with Government					HAS AD Integration	Thu-30-Apr-15	Sat-31-Jan-15			
Reduction	3/160 - Complete and implement the Governance Review of HWB and ICB					HAS AD Integration	Thu-30-Apr-15	Sun-30-Nov-14			
Reduction	3/192 - Complete the scope of the CHC review					HAS AD C&S	Mon-30-Nov-15				
Reduction	3/207 - Develop and implement the new Locality Delivery Team model for working with CCGs to co-lead transformation joint priorities and transformation					HAS AD Integration	Tue-30-Jun-15	Mon-31-Aug-15			
Reduction	3/208 - Ensure NHS partners are fully aware of the democratic and political environment they are operating within (ongoing)					CD HAS	Wed-31-Aug-16				
Reduction	3/209 - Actively monitor relationships, priorities and communications and ensure that HAS managers are fully engaged at appropriate level and review at HAS WLT on a regular basis (ongoing)					CD HAS	Wed-31-Aug-16				
Reduction	3/230 - Develop a risk sharing agreement (Risk Share) for the Better Care Fund					AD SR (HAS) & Proc	Tue-31-Mar-15	Thu-30-Apr-15			
Reduction	3/329 - Develop a new Health and Well-being Strategy					CD HAS	Tue-30-Jun-15	Mon-31-Aug-15			



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Reduction	3/381 - Implement board development programme for HWB (ongoing)	HAS AD Integration	Wed-31-Aug-16								
Reduction	3/382 - Establish effective reporting arrangements to HWB for JHWS and BCF	HAS AD Integration	Sun-31-Jan-16								
Reduction	3/383 - Lead negotiations to achieve full protection of adult social care BCF spend 2016/17	AD SR (HAS) & Proc HAS AD Integration	Thu-31-Mar-16								
Reduction	3/384 - Establish joint NHS and NHS leadership to design new models of care in all CCG localities incl. Vanguard (HaRD) Ambitious for Health	CD HAS	Thu-31-Mar-16								
Reduction	3/385 - Review the impact on HAS of new models of care locality operating models	HAS AD Integration	Thu-31-Mar-16								
Reduction	3/386 - Continue to improve the Locality Delivery Team model for working with CCGs on transformation	HAS AD Integration	Wed-31-Aug-16								
Phase 4 - Post Risk Reduction Assessment											
Probability	M	Objectives	M	Financial	H	Services	M	Reputation	H	Category	2
Phase 5 - Fallback Plan											
Fallback Plan	3/532 - Escalation to CMB and Executive Members, further engagement with senior tiers in NHS locally, regionally and nationally.									Action Manager	
										CD HAS	



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Phase 1 - Identification											
Risk Number	3/229	Risk Title	3/229 - Complex Needs Pressures				Risk Owner	CD HAS		Manager	AD SR (HAS) & Proc
Description	Failure to develop better analysis of data relating to increased complex needs of those eligible for service results in budget and service pressures beyond that anticipated through targeted prevention initiatives					Risk Group	Financial		Risk Type	Dir Only	
Phase 2 - Current Assessment											
Current Control Measures			Detailed monthly budget monitoring of all HAS spending; statistical analysis of data around service users; comparison and checking of data across teams to assist improvements and consistency;						Effectiveness		
Probability	M	Objectives	M	Financial	H	Services	M	Reputation	M	Category	2
Phase 3 - Risk Reduction Actions											
							Action Manager	Action by	Completed		
Reduction	3/379 - Carry out fundamental budget review which models cost drivers, demand and complexity of cases					AD SR (HAS) & Proc		Mon-30-Nov-15			
Reduction	3/380 - Monitor performance against the model at team level and investigate anomalies					AD SR (HAS) & Proc		Wed-31-Aug-16			
Phase 4 - Post Risk Reduction Assessment											
Probability	M	Objectives	M	Financial	H	Services	M	Reputation	M	Category	2
Phase 5 - Fallback Plan											
									Action Manager		
Fallback Plan	558 - Monitor and review complex needs and put in place appropriate action plan								CD HAS		

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Phase 1 - Identification											
Risk Number	3/226	Risk Title	3/226 - Transformation				Risk Owner	CD HAS		Manager	HAS AD C&S
Description	Failure to carry out transformation of the care and support offer in a timely way such that savings are made, significant change and improvement is implemented and personal independence is maximised					Risk Group	Change Mgt		Risk Type		
Phase 2 - Current Assessment											
Current Control Measures			Corporate and HAS 2020 Governance arrangements including reporting to & monitoring by Directorate & Corp Programme Board; dedicated staff; Transformation Board; HAS Programme Briefs Produced; EIAs being developed; Exec members involved in programme development; HAS LT members assigned to specific programme activity; HAS Vision						Effectiveness		
Probability	M	Objectives	H	Financial	H	Services	H	Reputation	H	Category	2
Phase 3 - Risk Reduction Actions											
							Action Manager	Action by	Completed		
Reduction	1/155 - Design and implement a Prevention Framework and action plan which models the investment needed and savings to be achieved by shifting to community sustainability, prevention and reablement models						HAS AD C&S Public Health Consultant	Thu-30-Jun-16			
Reduction	1/359 - Engage with NHS commissioners and providers to agree process for the assessment pathway						HAS AD C&S	Fri-31-Jul-15	Mon-31-Aug-15		
Reduction	1/360 - Develop and deliver the customer service centre work around transformation						HAS AD C&S	Thu-30-Jun-16			
Reduction	3/157 - Develop a new enablement and reablement pathway, agreed in principle with NHS partners						HAS AD C&S	Wed-31-Aug-16			
Reduction	3/363 - Support the assessment pathway programme and specifically the reablement restructure through workforce planning and development						HAS LT	Wed-31-Aug-16			
Phase 4 - Post Risk Reduction Assessment											
Probability	L	Objectives	M	Financial	H	Services	M	Reputation	M	Category	3
Phase 5 - Fallback Plan											
										Action Manager	
Fallback Plan											

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Phase 1 - Identification												
Risk Number	3/27	Risk Title	3/27 - Safeguarding Arrangements					Risk Owner	CD HAS	Manager	HAS AD C&S HAS AD Q&E	
Description	Failure to have an effectively monitored, robust, Safeguarding regime and partnership arrangements in place and ensure that we fulfil our wider lead authority role (under the Care Act) results in risk to service users, inability to reach required standard on CQC and adverse effect on Directorate reputation.						Risk Group	Partnerships	Risk Type	C&S 1/14		
Phase 2 - Current Assessment												
Current Control Measures			Detailed action plan; Safeguarding review for the County; revised Safeguarding Boards and sub groups linked to new Care Act provisions; Safeguarding general manager and team; strengthening of Safeguarding policy team; case file audit and review; training plan; best interest assessors in post; better understanding & embedding of Mental Capacity Act; independent chair to Safeguarding Board in place; risk enablement panel developed; countywide safeguarding general manager in place; testing of initial performance metrics for Safeguarding Board has taken place						Effectiveness			
Probability	M	Objectives	H	Financial	H	Services	M	Reputation	H	Category	2	
Phase 3 - Risk Reduction Actions												
Reduction	2/83 - Review of Board structure to ensure compliance with the Care Act						Action Manager	HAS AD Q&E	Action by	Fri-31-Jul-15	Completed	Fri-31-Jul-15
Reduction	2/85 - Implementation of new policies and procedures reflecting new Care Act duties						Action Manager	HAS AD Q&E	Action by	Thu-31-Dec-15	Completed	
Reduction	2/161 - Continued vigilance to ensure our supervisory body role adheres to good practice and national guidance, evidenced by regular reports to HASLT and members						Action Manager	HAS AD Q&E	Action by	Thu-30-Jun-16	Completed	
Reduction	3/145 - Continue to ensure partners are fully engaged with Safeguarding boards centrally and locally, particularly new health partners (CCGs) - ongoing, two board development days held						Action Manager	HAS AD C&S	Action by	Tue-31-May-16	Completed	
Reduction	3/187 - Continue to work with Quality and Engagement team to improve quality assurance; risk assessment tool to be launched						Action Manager	HAS AD C&S HAS AD Q&E	Action by	Wed-30-Sep-15	Completed	
Reduction	3/217 - Develop and implement new safeguarding board performance framework						Action Manager	HAS AD C&S	Action by	Thu-30-Apr-15	Completed	Thu-30-Apr-15
Reduction	3/321 - Ongoing joint work with CYPs to carry out review of approach to domestic abuse and Prevent						Action Manager	HAS AD C&S	Action by	Thu-31-Mar-16	Completed	
Reduction	3/387 - Agree and implement a protocol for the relationship between Adults Social Care (and Children's Trust) and the Health and Wellbeing Board						Action Manager	HAS AD Integration	Action by	Wed-31-Aug-16	Completed	



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Reduction	3/1959 - Develop an information framework for serious incident data, eg drug death etc				AD SR (HAS) & Proc	Sat-31-Oct-15					
Reduction	3/1961 - Ongoing work to implement the concordat following Winterbourne View				HAS AD C&S	Tue-31-May-16					
Phase 4 - Post Risk Reduction Assessment											
Probability	L	Objectives	H	Financial	H	Services	M	Reputation	H	Category	3
Phase 5 - Fallback Plan											
										Action Manager	
Fallback Plan	3/33 - Escalate to Safeguarding Board / Mgt Board and carry out necessary review and action improvement plans, lessons learned from any serious case reviews										HAS AD C&S



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Phase 1 - Identification											
Risk Number	3/220	Risk Title	3/220 - Cultural Change				Risk Owner	CD HAS		Manager	HAS HoHR
Description	Failure to change the Directorate culture at the same time as implementing the HAS Vision and the 2020 Transformation Programme for HAS by 2020 resulting in financial challenges and unmet savings, staff unclear about their roles and an inability to implement new ways of working					Risk Group	Personnel		Risk Type	Dir Only	
Phase 2 - Current Assessment											
Current Control Measures			Leadership Forum, Wider Leadership team, Workforce strategy and OD Plan; Care Act training delivered; Directorate restructure complete; Directorate Vision developed; business cases developed and programmes being implemented for assessment pathway and targeted prevention; Make Every Contact Count training developed; comprehensive staff engagement and communication plan developed;						Effectiveness		
Probability	M	Objectives	M	Financial	H	Services	M	Reputation	M	Category	2
Phase 3 - Risk Reduction Actions											
							Action Manager	Action by	Completed		
Reduction	3/201 - Leadership to communicate and consult the transformation programme						HAS AD C&S	Wed-31-Aug-16			
Reduction	3/232 - Embed the locality leadership model including delivery of training programme						HAS LT	Wed-31-Aug-16			
Reduction	3/233 - Ensure effective liaison with the Stronger Communities team to maximise access to community assets and delay use of mainstream services						HAS LT	Wed-31-Aug-16			
Reduction	3/234 - Ensure effective targeted prevention activity to maximise access to community assets and delay use of mainstream services						HAS AD C&S	Wed-31-Aug-16			
Reduction	3/322 - Review current integrated arrangements for Mental Health services and explore future options						HAS AD C&S HAS HoHR	Wed-31-Aug-16			
Reduction	3/323 - Roll out Make Every Contact Count training to the Directorate workforce						Dir Public Health HAS HoHR	Fri-31-Mar-17			
Reduction	3/326 - Implement the Directorate Vision						HAS LT	Wed-31-Aug-16			
Reduction	3/341 - Implement a comprehensive staff engagement and communication plan						HAS HoHR	Wed-31-Aug-16			
Reduction	3/343 - Ensure development and delivery of staff training programmes to support culture change including identification of appropriate resource						HAS HoHR	Wed-31-Aug-16			
Reduction	3/372 - Ensure leadership and management continue to evolve methods of effective communication to enable involvement and feedback from staff and co-production with service users and partners						HAS LT	Wed-31-Aug-16			
Phase 4 - Post Risk Reduction Assessment											
Probability	L	Objectives	M	Financial	H	Services	M	Reputation	M	Category	3



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Phase 5 - Fallback Plan		Action Manager
Fallback Plan	3/531 - Continue to prioritise resources to ensure continuity of service for front line service users	CD HAS



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Phase 1 - Identification											
Risk Number	3/228	Risk Title	3/228 - Extra Care Housing				Risk Owner	CD HAS	Manager	HAS AD Com	
Description	Failure to effectively deliver the Extra Care Programme and EPH reprovion resulting in suboptimal financial savings, potential challenge to EPH reprovion proposals, poor project management of Extra Care Scheme Development					Risk Group	Strategic	Risk Type	47/151		
Phase 2 - Current Assessment											
Current Control Measures			Robust needs assessment (independently tested), Programme management structure, use of experienced external advisors in respect of legal, finance and procurement services, governance arrangements, member support, programme manager recruited,					Effectiveness			
Probability	M	Objectives	M	Financial	H	Services	M	Reputation	H	Category	2
Phase 3 - Risk Reduction Actions											
						Action Manager	Action by	Completed			
Reduction	3/373 - Complete and launch the successful procurement of Framework partners outcome					HAS AD Com	Wed-30-Sep-15				
Reduction	3/374 - Develop call off contract timetable and align with necessary consultations					HAS AD Com	Sat-31-Oct-15				
Reduction	3/375 - Review process for EPH reprovion to ensure fit for purpose					HAS AD Com	Sat-31-Oct-15				
Reduction	3/376 - Ensure agreement of process for mini procurements					HAS AD Com	Sat-31-Oct-15				
Reduction	3/377 - Identify specific issues and requirements for each Scheme					HAS AD Com	Tue-31-Mar-20				
Reduction	3/378 - Develop bespoke programme for each Scheme					HAS AD Com	Tue-31-Mar-20				
Phase 4 - Post Risk Reduction Assessment											
Probability	L	Objectives	L	Financial	H	Services	L	Reputation	M	Category	3
Phase 5 - Fallback Plan											
										Action Manager	
Fallback Plan	557 - Continually review progress and changes in market conditions and Partner circumstances and make appropriate adjustments to the Programme								HAS AD Com		



Health and Adult Services Directorate

Risk Register: **Month 0 (August 2015) detailed**
 Report Date: **7 September 2015 cat**

Phase 1 - Identification											
Risk Number	3/184	Risk Title	3/184 - Workforce Planning and Development				Risk Owner	CD HAS	Manager	HAS HoHR	
Description	Failure to appropriately plan and fulfil workforce requirements and / or develop staff in line with transformation agenda resulting in reduction in quality of service and transformation objectives not achieved					Risk Group	Personnel	Risk Type	Dir Only		
Phase 2 - Current Assessment											
Current Control Measures		Workforce Strategy and OD Plan refreshed and agreed by HAS LT, HR representation on each 2020 programme board, draft staff engagement and communication plan, Care Act training delivered, Directorate restructure complete, Directorate Vision launched via Powerpoint communication, HAS Transformation Board, regular DJCC meetings with Unison, training plan in place, ASYE implemented,						Effectiveness			
Probability	M	Objectives	M	Financial	H	Services	M	Reputation	M	Category	2
Phase 3 - Risk Reduction Actions											
							Action Manager	Action by	Completed		
Reduction	3/164 - Support the independent and voluntary sector to develop its workforce's skills sets						HAS HoHR	Wed-31-Aug-16			
Reduction	3/218 - Continue to implement the Directorate Training Plan which encompasses all the key changes facing Operational Staff and equips Heads of Service and CSMs to ensure delivery						HAS AD C&S HAS HoHR	Wed-31-Aug-16			
Reduction	3/231 - Ensure Directorate Managers are provided with training in people management processes, reorganisation and redundancy processes and change management.						HAS HoHR	Wed-31-Aug-16			
Reduction	3/263 - Ensure use of Insight is embedded with Directorate managers and exceptions and performance issues are identified through quarterly reports to HAS LT and SHRA input to management teams						HAS LT	Wed-31-Aug-16			
Reduction	3/324 - Implement the resourcing strategy to support continuity of staffing in EPHs until they are replaced by Extra Care and then reablement and personal care at home						HAS AD C&S HAS HoHR	Wed-31-Aug-16			
Reduction	3/325 - Continue to develop and implement a skill mix in assessment teams to meet the additional resource requirements as a result of the Care Act implementation						AD SR (HAS) & Proc HAS AD C&S HAS HoHR	Wed-31-Aug-16			
Reduction	3/340 - Provide HR and WD advice and support to Managers leading Transformation Projects (ongoing)						HAS HoHR	Wed-31-Aug-16			
Reduction	3/363 - Support the assessment pathway programme and specifically the reablement restructure through workforce planning and development						HAS LT	Wed-31-Aug-16			
Reduction	3/1964 - Continue to engage with and contribute to all 2020 North Yorkshire workstreams (ongoing)						HAS LT	Wed-31-Aug-16			
Phase 4 - Post Risk Reduction Assessment											
Probability	M	Objectives	M	Financial	M	Services	L	Reputation	L	Category	4



Health and Adult Services Directorate

Risk Register: **Month 0 (August 2015) detailed**
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Phase 5 - Fallback Plan		Action Manager
Fallback Plan	3/531 - Continue to prioritise resources to ensure continuity of service for front line service users	CD HAS



Health and Adult Services Directorate

Risk Register: **Month 0 (August 2015) detailed**
 Report Date: **7 September 2015 cat**

Phase 1 - Identification											
Risk Number	3/227	Risk Title	3/227 - Targeted Prevention				Risk Owner	CD HAS	Manager	HAS AD C&S	
Description	Failure to develop, recruit to and implement a targeted prevention service resulting in unmet savings, increase in long term care need, greater demand on care budget and reputational damage					Risk Group	Performance	Risk Type	C&S 1/221		
Phase 2 - Current Assessment											
Current Control Measures			Successful initial recruitment campaign; working group (incl vol & comm sector and health); high profile; included in care and support vision; funding from Scarborough CCG; phased savings plan					Effectiveness			
Probability	L	Objectives	M	Financial	M	Services	H	Reputation	M	Category	3
Phase 3 - Risk Reduction Actions											
							Action Manager	Action by	Completed		
Reduction	1/335 - Finalise recruitment to posts						HAS C&S Ho TP	Wed-30-Sep-15	Tue-15-Sep-15		
Reduction	1/351 - Have procedures and processes agreed by C&SLT						HAS C&S Ho TP	Wed-30-Sep-15	Tue-15-Sep-15		
Reduction	1/352 - Start induction and training programmes for managers and staff						HAS C&S Ho TP	Wed-30-Sep-15	Tue-15-Sep-15		
Reduction	1/353 - Ensure close working with a range of partners						HAS C&S Ho TP	Thu-30-Jun-16			
Reduction	1/354 - Commence service implementation						HAS C&S Ho TP	Sat-31-Oct-15			
Reduction	1/355 - Work with communications on service branding						HAS C&S Ho TP	Wed-30-Sep-15			
Reduction	1/356 - Commence academic evaluation of service (by Univ of York)						HAS C&S Ho TP	Fri-30-Sep-16			
Phase 4 - Post Risk Reduction Assessment											
Probability	L	Objectives	M	Financial	M	Services	H	Reputation	M	Category	3
Phase 5 - Fallback Plan											
									Action Manager		
Fallback Plan											



Health and Adult Services Directorate

Risk Register: **Month 0 (August 2015) detailed**
 Report Date: **7 September 2015 cat**

Phase 1 - Identification											
Risk Number	3/167	Risk Title	3/167 - Public Health				Risk Owner	CD HAS		Manager	Dir Public Health
Description	Failure to deliver a distinctive public health agenda for North Yorkshire and carry out the statutory public health functions resulting in failure to maximise health gain in the County, inability to effectively commission public health services, develop and implement strategies and manage the Public Health grant					Risk Group	Partnerships		Risk Type	PH 5/196	
Phase 2 - Current Assessment											
Current Control Measures			Recruitment to public health team; Secured project management support for major service commissioning; Regular Public Health business and team meetings; Consultant link roles with NYCC Directorates; CCGs and Districts; Public Health service plan developed; Consultation on public health commissioning intentions; MOU for Advice Service with CCGs in place; Joint Contracts group with CYC; Health and Wellbeing Board; H & W Strategy; Link to relevant Em Planning/Health Protection structures in place; Leading work on the Prevention Framework; PH team performance monitoring mechanism in place; updated JSNA in place; development of financial framework; recommissioned most of the Public Health services					Effectiveness			
Probability	L	Objectives	M	Financial	H	Services	M	Reputation	M	Category	3
Phase 3 - Risk Reduction Actions											
						Action Manager	Action by	Completed			
Reduction	5/246 - Continue to ensure Public Health statutory functions are met					Dir Public Health	Thu-30-Jun-16				
Reduction	5/247 - Develop the Public Health Advisory Service for CCGs					Dir Public Health	Sat-31-Oct-15				
Reduction	5/248 - Ensure 2020 Finance considers Public Health needs and that Public Health team are aware of impact on resource and finance risk (development of 5 year indicative framework)					Int Fin Acc	Thu-30-Jun-16				
Reduction	5/249 - Explicitly embed Public Health in the Councils mainstream strategies and policies eg. trading standards, education, children social care, LEP (ongoing) and embed within the HAS locality model					Dir Public Health	Thu-30-Jun-16				
Reduction	5/251 - Continue to ensure sufficient capacity and skills in the Public Health team and in the interim, explore alternative solutions to release more time for consultant level work					Dir Public Health	Thu-30-Jun-16				
Reduction	5/252 - Continue to work closely with CoY Council especially around contracting and professional networks					Dir Public Health	Thu-30-Jun-16				
Reduction	5/254 - Develop more detailed business plan and financial arrangements (5 year indicative framework being developed) for the Public Health budget with sign off by CMB and HAS Exec					AD SR (HAS) & Proc Dir Public Health	Sat-31-Oct-15				
Reduction	5/313 - Ensure good systems are in place for monitoring our performance against the PHOF (first phase completed December 2014); reported as part of the Council's performance framework					Dir Public Health	Thu-30-Jun-16				

Health and Adult Services Directorate

Risk Register: **Month 0 (August 2015) detailed**

Report Date: **7 September 2015 cat**

Reduction	5/314 - Report on quarterly basis to HAS LT and PH Business team	Dir Public Health	Thu-30-Jun-16								
Reduction	5/318 - Progress the issues of unsigned PH contracts and raise concerns at Directorate level	Dir Public Health	Wed-30-Sep-15								
Reduction	5/345 - Ensure partners are aware of implications of in-year grant fund cut	Dir Public Health	Thu-30-Jun-16								
Phase 4 - Post Risk Reduction Assessment											
Probability	L	Objectives	M	Financial	M	Services	M	Reputation	M	Category	5
Phase 5 - Fallback Plan											
										Action Manager	
Fallback Plan	3/526 - Implement alternative arrangements to ensure public health functions are delivered.									Dir Public Health	



Health and Adult Services Directorate

Risk Register: **Month 0 (August 2015) summary**
 Report Date: **7 September 2015 - cat**

Identity			Person		Classification											Fallback Plan				
Change	Risk Title	Risk Description	Risk Owner	Risk Manager	Pre						RR		Post					FBPlan	Action Manager	
					Prob	Obj	Fin	Serv	Rep	Cat	RRs	Next Action	Prob	Obj	Fin	Serv	Rep	Cat		
◀▶	3/217 - Deprivation of Liberty (DoLs) Supreme Court Ruling	Failure to manage increase in workload as a result of the DoLs Supreme Court judgment resulting in financial and reputational issues including potential legal action	CD HAS	HAS AD C&S HAS AD Q&E	H	H	H	H	H	1	5	30/06/2015	H	H	H	H	H	1	Y	HAS AD C&S
▼	3/162 - Major Failure due to Quality and/or Economic Issues in the Care Market.	Major failure of provider/key providers results in the Directorate being unable to meet service user needs. This could be caused by economic performance or resource capabilities. The impact could include loss of trust in the Care Market, increased budgetary implications and issues of service user safety.	CD HAS	HAS AD Q&E	H	M	M	M	H	1	8	31/12/2015	H	M	M	M	M	2	Y	HAS AD Q&E
◀▶	3/218 - Managing effective outcomes for individuals	Failure to meet targets in line with the Care Act resulting in poor outcomes for individuals and internal and external criticism, reputational issues.	CD HAS	HAS AD C&S	M	H	M	H	H	2	7	30/04/2015	M	H	M	M	H	2	Y	HAS AD C&S
◀▶	3/164 - Information Governance and Health and Safety	Failure to ensure that good and safe governance arrangements in respect of data security and health and safety are in place throughout the Directorate	CD HAS	AD SR (HAS) & Proc	M	L	M	L	H	2	10	31/05/2015	M	L	M	L	H	2	Y	AD SR (HAS) & Proc
◀▶	3/180 - Partnership and Integration with the NHS	Failure to develop and implement new models of care that will provide better outcomes for patients and local communities. This failure will have a negative impact on the development of integrated services, delay the transformation of HAS services, give rise to increased costs to HAS and cause the loss of opportunities that joint provision may have.	CD HAS	HAS AD Integration HAS AD C&S Dir Public Health HAS AD Q&E	M	M	H	M	H	2	15	31/03/2015	M	M	H	M	H	2	Y	CD HAS
◀▶	3/229 - Complex Needs Pressures	Failure to develop better analysis of data relating to increased complex needs of those eligible for service results in budget and service pressures beyond	CD HAS	AD SR (HAS) & Proc	M	M	H	M	M	2	2	30/04/2015	M	M	H	M	M	2	Y	CD HAS



Health and Adult Services Directorate

Risk Register: **Month 0 (August 2015) summary**
 Report Date: **7 September 2015 - cat**

Identity			Person		Classification											Fallback Plan					
Change	Risk Title	Risk Description	Risk Owner	Risk Manager	Pre						RR		Post					FBPlan	Action Manager		
					Prob	Obj	Fin	Serv	Rep	Cat	RRs	Next Action	Prob	Obj	Fin	Serv	Rep	Cat			
		that anticipated through targeted prevention initiatives																			
▼	3/226 - Transformation	Failure to carry out transformation of the care and support offer in a timely way such that savings are made, significant change and improvement is implemented and personal independence is maximised	CD HAS	HAS AD C&S	M	H	H	H	H	2	5	31/07/2015	L	M	H	M	M	3	Y		
▼	3/27 - Safeguarding Arrangements	Failure to have an effectively monitored, robust, Safeguarding regime and partnership arrangements in place and ensure that we fulfil our wider lead authority role (under the Care Act) results in risk to service users, inability to reach required standard on CQC and adverse effect on Directorate reputation.	CD HAS	HAS AD C&S HAS AD Q&E	M	H	H	M	H	2	10	30/04/2015	L	H	H	M	H	3	Y	HAS AD C&S	
▼	3/220 - Cultural Change	Failure to change the Directorate culture at the same time as implementing the HAS Vision and the 2020 Transformation Programme for HAS by 2020 resulting in financial challenges and unmet savings, staff unclear about their roles and an inability to implement new ways of working	CD HAS	HAS HoHR	M	M	H	M	M	2	10	31/08/2016	L	M	H	M	M	3	Y	CD HAS	
▼	3/228 - Extra Care Housing	Failure to effectively deliver the Extra Care Programme and EPH reprovion resulting in suboptimal financial savings, potential challenge to EPH reprovion proposals, poor project management of Extra Care Scheme Development	CD HAS	HAS AD Com	M	M	H	M	H	2	6	30/09/2015	L	L	H	L	M	3	Y	HAS AD Com	
▼	3/184 - Workforce Planning and Development	Failure to appropriately plan and fulfil workforce requirements and / or develop staff in line with transformation agenda resulting in reduction in quality of service and transformation objectives	CD HAS	HAS HoHR	M	M	H	M	M	2	9	31/08/2016	M	M	M	L	L	4	Y	CD HAS	



Health and Adult Services Directorate

Risk Register: **Month 0 (August 2015) summary**
 Report Date: **7 September 2015 - cat**

Identity			Person		Classification											Fallback Plan					
Change	Risk Title	Risk Description	Risk Owner	Risk Manager	Pre						RR		Post					FBPlan	Action Manager		
					Prob	Obj	Fin	Serv	Rep	Cat	RRs	Next Action	Prob	Obj	Fin	Serv	Rep	Cat			
		not achieved																			
◀▶	3/227 - Targeted Prevention	Failure to develop, recruit to and implement a targeted prevention service resulting in unmet savings, increase in long term care need, greater demand on care budget and reputational damage	CD HAS	HAS AD C&S	L	M	M	H	M	3	7	30/09/2015	L	M	M	H	M	3	Y		
▼	3/167 - Public Health	Failure to deliver a distinctive public health agenda for North Yorkshire and carry out the statutory public health functions resulting in failure to maximise health gain in the County, inability to effectively commission public health services, develop and implement strategies and manage the Public Health grant	CD HAS	Dir Public Health	L	M	H	M	M	3	11	30/09/2015	L	M	M	M	M	5	Y	Dir Public Health	

Key	
▲	Risk Ranking has worsened since last review.
▼	Risk Ranking has improved since last review
◀▶	Risk Ranking is same as last review
- new -	New or significantly altered risk



NORTH YORKSHIRE COUNTY COUNCIL

STATEMENT OF ASSURANCE 2014/15 BY CORPORATE DIRECTOR – HEALTH AND ADULT SERVICES

The County Council is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for and used economically, efficiently and effectively. In discharging this accountability, all Members and senior officers of the County Council are responsible for putting in place proper risk management processes and internal controls to ensure the proper stewardship of the resources at its disposal.

As a Corporate Director and member of the Management Team, I have corporate responsibility for maintaining a system of sound internal controls and risk management processes within the County Council and service management responsibility for maintaining a system of sound internal controls and risk management processes within the Health and Adult Services Directorate that support the achievement of both Corporate and the Directorate's objectives.

The system of internal controls is based on an ongoing process designed to identify the principal risks to the achievement of these objectives, to evaluate the nature and extent of those risks and to manage them efficiently, effectively and economically.

The system of internal controls is designed to manage rather than eliminate the risk of failure to achieve these objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness.

As a Corporate Director, I have responsibility for reviewing the effectiveness of the system of internal control and risk management processes in the Health and Adult Services Directorate. My review of the effectiveness of the system of internal controls has taken into account the following:-

- adequacy and effectiveness of management review processes
- outcomes from the formal risk assessment and evaluation process (Directorate Risk Register)
- relevant self-assessments of key service areas within the Directorate
- relevant internal audit reports and results of follow ups regarding implementation of recommendations
- outcomes from reviews of services by other bodies including Inspectorates, external auditors etc.
- the framework of controls that operate in relation to individual partnerships where some aspects of the necessary controls are the responsibility of the partner to operate / apply

I confirm that Health and Adult Services Directorate has a full set of business continuity plans and that they will continue to be refreshed as and when necessary and at least on an annual basis.

I also confirm that Health and Adult Services Directorate understands the importance of keeping sensitive information secure and has the appropriate policies and procedures in place

I am satisfied that a sound system of internal control has been in place for the financial year ended 2014/15 in the Health and Adult Services Directorate. Nevertheless, during the year my review work has identified some areas for further development and these are set out in the *attached schedule*. I propose to take steps to address the matters so identified which should enhance the system of internal controls. I will be monitoring to ensure their effective implementation and operation.

I also understand that this Statement of Assurance will be relied upon by those Members and Officers signing the Annual Governance Statement 2014/15 (the "Document") and by the Audit Committee reporting on the Document.

I therefore confirm that I am not aware of any material statement in, or omission from, the Document which would make the Document misleading. In respect of the Directorate for which I am responsible I can confirm that I have made due and careful inquiry and that the statements relating to my Directorate, in particular those contained in Section 3 of the Document, fairly represent the key elements of the internal control environment within my Directorate. I also confirm that there are no matters relating to my Directorate omitted from Section 7 of the Document which, in my view, merited inclusion.

The assurances given above are all based upon the information that has been made available to me.

Signed:

Corporate Director – Health and Adult Services

Date:

**AREAS FOR FURTHER DEVELOPMENT IDENTIFIED
HEALTH AND ADULT SERVICES DIRECTORATE**

	Areas for Development as Identified in 2015/16	Action Proposed	AGS Inclusion?
A	<p>Demand outstrips budget provision for adult social care HAS have developed a resource predictive model based on nationally approved population and demographic trend analysis.</p>	<p>These tools and techniques will be used to enhance management information and particularly:</p> <ul style="list-style-type: none"> a) Monitor the forecasting model to predict the pattern and anticipated cost which could occur within the County. b) Continue to draw down from the incremental budget provision of £3m per annum from within the MTFS as required and validated. c) Monitor the trend information on a quarterly basis to ensure awareness of cost and volume changes relating to service delivery. d) Inform a Fundamental Budget Review that will take place in 2015 with the Integrated Finance Team to fully consider cost drivers alongside activity data and related issues. 	
B	<p>Implementation of Change and the Improvement Agenda and the linked budget savings As an integral part of the Council's overall 2020 North Yorkshire Programme HAS has an ambitious efficiency and transformational programme which seeks to:</p> <ul style="list-style-type: none"> • make cost savings by improving service outcomes and redesigning service delivery • reduce demand for high cost services as well as disinvesting in traditional forms of service delivery. • invest in prevention services and supporting people at home. • increase the range of supported 	<ul style="list-style-type: none"> a) An on-going programme approach to managing and monitoring the savings projects and significant service change within HAS is in place and will feed into the 2020 North Yorkshire Programme Board. This enables monitoring of the achievement of individual projects and oversight of the overall programme. b) The Programme will assess the adequate Corporate project management and business change support that is required – in 	

	<p>accommodation through Extra Care.</p>	<p>conjunction with Resources colleagues</p> <p>c) The HAS Leadership Team will receive monthly reports to allow the monitoring of progress and identification of interdependencies and risks. It will also monitor and review progress and delivery of the change and savings programme to ensure delivery against key objectives and within available resources.</p> <p>d) HAS will continue to play a key role in shaping the Councils' approach to cross cutting issues. These include the 'Stronger Communities' approach and the 'Customer' cross cutting workstream within the 2020 North Yorkshire Programme.</p>	
<p>C</p>	<p>Market Forces Market forces lead to increases in the cost of care that may not be able to be contained within budgets, or threaten market disruption, and service continuity.</p>	<p>a) Continue to undertake dialogue with the independent sector through the Market Development Board and other relevant/ successor bodies. This is a forum comprising representatives from the independent sector, voluntary sector, health and NYCC.</p> <p>b) Continue to monitor agreed medium term rates for residential and nursing care, the impact of market forces. Undertake Cost of Care Exercise in 2015/16 with independent expert support.</p> <p>c) Continue the procurement process on domiciliary care, learning from phase 1 and evaluating different options.</p> <p>d) Continue to work with the market to provide more creative solutions and services rather than relying</p>	

		on the traditional approaches to meeting people's support requirements.	
D	<p>Deprivation of Liberty (DoLs)– Supreme Court ruling</p> <p>Following a High Court Judgement referred to as the 'Cheshire West judgement', the interpretation of the meaning of Deprivation of Liberty was significantly expanded. As a result there has been a significant increase in the number of DoLS assessments and authorisations undertaken by HAS staff for people in residential care homes, hospice as well as care homes.</p>	<p>a) A series of measures have been introduced to deal with the 13 fold increase in workload. These include additional internal resources, further training of assessors and negotiation with outside assessors.</p> <p>b) Assumptions have been made based upon first year experience and have been used to inform a budget for 2015/16. These assumptions will be subject to regular review by the HAS Leadership Team and changes made where required and appropriate.</p>	
E	<p>Working with the NHS</p> <p>The Council is working with the NHS to establish new financial and operational working arrangements arising from the changes through the Better Care Fund (BCF).</p>	<p>a) The 15/16 BCF is operational with appropriate legal agreements in place.</p> <p>b) Regular financial and scheme delivery monitoring takes place on a countywide and locality basis</p> <p>c) Governance is established to allow escalation of issues and consideration of in year revisions to the plan.</p> <p>d) Modelling of the implications of the Government commitment to 7 day NHS services is undertaken</p>	