

**NORTH YORKSHIRE COUNTY COUNCIL  
AUDIT COMMITTEE**

**25 OCTOBER 2019**

**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 outline some of the key service risks and governance developments within the Directorate
- 1.2 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 KEY GOVERNANCE DEVELOPMENT AND RISK ISSUES**

- 3.1 There are a number of key governance developments in the forthcoming year which may impact on the Directorate. A summary of these are set out in more detail below:

**3.2 MTFs: 2020, Beyond 2020 Savings and Budget Pressures**

- 3.2.1 Adult Social Care accounts for over 41% of County Council spend and this share has increased since 2010 due to the relative protection of these budgets. £18.5m savings have been made countywide in the service since 2015, with a further £7.5m to be delivered by 2022 – at this stage. The current financial year has a target of £4.4m. While overall this programme remains on target, the Directorate continues to face budget pressures relating to increasing demand, issues within the care market and the need to play a part in reducing Delayed Transfers of Care. The focus of the NHS is moving away from Delayed Transfers of Care, with an expectation improved performance will be maintained, to reducing Length of Stay. This has potential to create additional

pressures. Temporary (and reducing) funding has been allocated through the Improved Better Care Fund (IBCF) and Winter Funding to assist with some of these pressures but there is currently no guarantee of these continuing beyond 2020 and this limits the step changes we would wish to make on care worker pay and structural reform of the market. The added conditions around DTOC also provide uncertainty.

3.2.2 A significant issue for the council is the ongoing overspend within Care and Support. This was £4m in 2017-18 and £4.7m in 2018-19. Despite growth of £2m and inflation, is estimated at this stage to be £5m in 2019-20.

3.2.3 We are also planning for significant reductions in the public health grant which will mean reductions to public health budgets and in contributions to other council spend that contribute to public health outcomes. We are in negotiation with our providers to deliver these savings and have agreed to enter into section 75 agreements with Harrogate District Foundation Trust and York Teaching Foundation Trust to deliver Health Child Programme and sexual health services, respectively.

### **3.3 Reducing Budget Pressures**

3.3.1 We continue to look at areas where we can reduce costs, while at the same time delivering in-year savings of more than £4m. These can be split into three main areas:

#### Practice

3.3.2 Although our emphasis on prevention has helped us to mitigate against the increasing demand and cost pressures, we will ensure that our decision-making is consistent across the Council. We will also ensure that our practice continues to have a “strength-based approach.” This is where we understand what a person’s needs are but also what support they themselves and others can give. It is a more collaborative way of working which concentrates on what people can – rather than cannot – do. We will continue to develop and implement a programme of work to ensure decision making is appropriate and consistent across the county.

#### Productivity

3.3.3 We will ensure that standards of productivity are high right across the entire Council. We will make best use of technology. To minimise the number of assessments which end before completion (one in four), we will strengthen our so-called “front door” arrangements. This is where we can quickly make decisions about which route to take with different social care contacts and referrals and therefore reduce unproductive effort.

#### Market

3.3.4 Increasing demands (such as the ageing population profile and increased care needs) place more pressure on local care systems and help to drive up costs.

3.3.5 Over 91% of new residential admissions cost us more than our agreed rates with providers in Harrogate. This equates to £8m. Across NYCC the position is 51% and £15m.

3.3.6 Since April 2017 average residential costs have increased by 21.45%, nursing costs by 52.65%. NYCC rates have increased by 7.8% and 8.3% respectively in this time.

3.3.7 In addressing each of these areas, we will bring forward actions to reduce costs, including consideration of policy in some cases, as well as practice and commercial possibilities. Our revised approach includes:

- Developing a business case to determine the viability of developing a complex care dementia village in Harrogate
- Revised approach to the Actual Cost of Care exercise which sets the Councils recommended funding levels each year for the care market
- New approach to Supported Living to improve accommodation and reduce inequalities across the care pathway
- A one year negotiated settlement for 2020/21 outside of the ACOC process
- Development of a quality pathway to support the care market more proactively

### **3.4 Workforce Issues**

3.4.1 There is a risk to workforce and service continuity around current EU workers where they do not apply for post-Brexit settled status. This will be both direct for HAS and the wider sector (18 and 105 workers currently identified respectively) And also indirect, where we face competition for non-UK EU nationals from the hospitality and retail sectors.

3.4.2 We are encouraging awareness amongst such workers to ensure sign-up to settled status where required.

3.4.3 As well as workforce issues, the demand within the market may also lead to pay inflation and we will monitor both of these issues over the next year.

### **4.0 DIRECTORATE RISK REGISTER**

4.1 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.

4.2 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.

- 4.3 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.
- 4.4 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.
- 4.5 A six month update review of the register will take place in February 2020
- 4.6 There has been one new risk added to the risk register since October 2018 (date of last progress report to the Committee) follows:
- 4.7 One risk has been deleted from the Directorate risk register since October 2018. This was around Transformation of Care and Support as the service has embedded new approaches, achieving savings while maintaining personal independence.
- 4.8 The significant actions that were achieved include the following:
  - Financial Pressures/Transformation – review of revised practice within the care pathway and development of action plan to tackle overspend
  - Major Failure due to Quality and/or Economic Issues in the Care Market – recruitment to quality and improvement team
  - Workforce Planning and Development – development and implementation of programme to enable managers to take ownership of and prioritise their responsibilities, and hold them to account, so that their roles are carried out efficiently
  - Deprivation of Liberty (DoLs) Supreme Court Ruling – implementation of actions following the LEAN review
  - Partnership and Integration with the NHS – review of governance arrangements of Health and Wellbeing Board (required to deliver joint Health and Wellbeing Strategy); launch of Harrogate and Rural Alliance
- 4.10 Any ranking changes of the risks are shown on the left hand side of the Summary report **Appendix B**.

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  
25 October 2019

## Health and Adult Services Directorate

## APPENDIX A

Risk Register: **Month 0 (August 2019) – detailed**

Next Review Due: **February 2020**

Report Date: **10<sup>th</sup> September 2019 (pw)**

Phase 1 - Identification											
<b>Risk Number</b>	3/264	<b>Risk Title</b>	3/264 - Confident and consistent practice				<b>Risk Owner</b>	CD HAS	<b>Manager</b>	HAS AD C&S (Asmt.)	
<b>Description</b>	Failure to establish the workstreams and processes needed to embed the confident and consistent practice programme across the county resulting in poor outcomes for individuals, missed opportunities to change and improve the service, inability to realise budgetary savings and criticism					<b>Risk Group</b>	Change Mgt	<b>Risk Type</b>	C&S 1/222		
Phase 2 - Current Assessment											
<b>Current Control Measures</b>			Programme developed;								
<b>Probability</b>	H	<b>Objectives</b>	H	<b>Financial</b>	H	<b>Services</b>	H	<b>Reputation</b>	H	<b>Category</b>	I
Phase 3 - Risk Reduction Actions											
							<b>Action Manager</b>	<b>Action by</b>	<b>Completed</b>		
<b>Reduction</b>	1/360 - Robustly review and take learning from various practice areas						HAS AD C&S (Asmt.)	Sun-31-May-20			
<b>Reduction</b>	1/444 - Ensure consistent decision making to improve outcomes for people and ensure value for money – undertake diagnostic of decision making across the pathway.						HAS AD C&S (Asmt.)	Sun-31-May-20			
<b>Reduction</b>	1/446 - Implementation and review of new safeguarding operational guidance and practice						HAS AD C&S (Asmt.)	Sun-31-May-20			
<b>Reduction</b>	1/511 - Use technology better to reduce operational costs (travel to meetings etc.)						HAS AD C&S (Asmt.)	Sun-31-May-20			
<b>Reduction</b>	1/571 - Improve well-being of teams						HAS AD C&S (Asmt.)	Sun-31-May-20			
<b>Reduction</b>	1/572 - Promote culture of continuous improvement including managing risk safely, dynamic risk taking and strength based approaches						HAS AD C&S (Asmt.)	Sun-31-May-20			
<b>Reduction</b>	1/573 - Compare costs of commissioned packages of care to the costs of packages funded through direct payments						HAS AD C&S (Asmt.)	Sun-31-May-20			
<b>Reduction</b>	1/574 - Agree new targets for the uptake of direct payments.						HAS AD C&S (Asmt.)	Sun-31-May-20			
<b>Reduction</b>	1/575 - Re-develop a programme of training and learning for teams about the benefits and impacts of direct payments and support practice through sharing of case examples and local area guidance.						HAS AD C&S (Asmt.)	Sun-31-May-20			
<b>Reduction</b>	1/576 - Redevelop the NYCC offer of Individual Service Fund arrangements for people to be supported in managing a direct payment.						HAS AD C&S (Asmt.)	Sun-31-May-20			
<b>Reduction</b>	1/577 - Review the provision of Direct Payments for carers (Carers Grants) in partnership with the revised carers pathway and offer and in keeping with the Care Act and requirements around personal budgets						HAS AD C&S (Asmt.) HAS C&S Ho TP	Sun-31-May-20			
<b>Reduction</b>	1/578 - Review current and design new carers pathway, to include a focus on young carers						HAS C&S Ho TP	Sun-31-May-20			

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<b>Reduction</b>	1/579 - Carers assessments (to look at either adopting Trusted Assessor mode or look at commissioning) to be strength based	HAS C&S Ho TP	Sun-31-May-20								
<b>Reduction</b>	1/580 - Living Well (as a carer) opportunities to be explored	HAS C&S Ho TP	Sun-31-May-20								
<b>Reduction</b>	1/581 - Agree targets for consistency county wide in order to strive for equity	HAS C&S Ho TP	Sun-31-May-20								
<b>Reduction</b>	1/582 - Embed the widened short breaks offer - as countywide and for wider user group	HAS C&S Ho TP	Sun-31-May-20								
<b>Reduction</b>	1/617 - Review of front door to improve demand management, addresses safeguarding and take a proactive approach to review activity	HAS AD C&S (Asmt.)	Sun-31-May-20								
<b>Reduction</b>	1/618 - Understand the pressure and ensure/improve resilience in place as CAS LT level	HAS AD C&S (Asmt.)	Sun-31-May-20								
<b>Reduction</b>	1/619 - Implement training around section 117 protocols	HAS AD C&S (Asmt.)	Sun-31-May-20								
<b>Phase 4 - Post Risk Reduction Assessment</b>											
<b>Probability</b>	M	<b>Objectives</b>	M	<b>Financial</b>	H	<b>Services</b>	M	<b>Reputation</b>	M	<b>Category</b>	2
<b>Phase 5 - Fallback Plan</b>											
<b>Fallback Plan</b>	1/15 - Review performance and capacity including access to additional funding									<b>Action Manager</b>	HAS AD C&S (Asmt.)

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Phase 1 - Identification											
<b>Risk Number</b>	3/229	<b>Risk Title</b>	3/229 - Financial Pressures				<b>Risk Owner</b>	CD HAS	<b>Manager</b>	CSD AD SR (AH)	
<b>Description</b>	Financial pressures arising from difficulties in delivering MTFs Savings requirements, managing in year financial overspends, Better Care Fund contributions, market pressure and complexity of client needs leading to service impact or additional savings needing to be identified within HAS or corporately.					<b>Risk Group</b>	Financial	<b>Risk Type</b>	C&S 1/252		
Phase 2 - Current Assessment											
<b>Current Control Measures</b>			Fortnightly performance and governance HAS LT meetings; Corp PMO resources applied to projects and programme management; regular monitoring of in year financial performance and reporting to portfolio Members; corp provision for financial pressures in HAS available for drawdown; reviewed HAS 2020 including completion of benefits profiles for all savings lines; heat map action plan completed; recommendations from the actual cost of care exercise implemented; tracking of paper records in place for performance; 2020 Benefits deep dive carried out and regular budget deep dives with Chief Exec and CD SR; review of 4% savings business cases; fundamental review and ongoing review; Harrogate feasibility study by consultants for new care facility completed; action plan to address the care and support overspend developed;								
<b>Probability</b>	H	<b>Objectives</b>	H	<b>Financial</b>	H	<b>Services</b>	M	<b>Reputation</b>	M	<b>Category</b>	I
Phase 3 - Risk Reduction Actions											
<b>Reduction</b>	1/501 - Carry out review of revised practice within the care pathway including the SBR and PIR activity; 15mth review taking place and embedding practice. SBR now business as usual and being introduced to supported living					<b>Action Manager</b>	HAS AD C&S (Asmt.)	<b>Action by</b>	Sun-30-Jun-19	<b>Completed</b>	Sun-30-Jun-19
<b>Reduction</b>	1/545 - Develop an action plan to address the care and support overspend					<b>Action Manager</b>	CSD AD SR (AH) HAS AD C&S (Asmt.)	<b>Action by</b>	Thu-31-Jan-19	<b>Completed</b>	Thu-31-Jan-19
<b>Reduction</b>	1/615 - Implement Phase 1 SBA within Mental Health (from May 2019)					<b>Action Manager</b>	HAS AD C&S (Asmt.)	<b>Action by</b>	Tue-30-Jun-20	<b>Completed</b>	
<b>Reduction</b>	1/616 - Achieve earlier, clearer budget position with Team Managers responsible for budget management including forecasting					<b>Action Manager</b>	HAS AD C&S (Asmt.)	<b>Action by</b>	Tue-30-Jun-20	<b>Completed</b>	
<b>Reduction</b>	3/247 - Continue to revise and update a market position statement (revision published Jul 2019); this is now an online statement with different aspects being updated as and when required					<b>Action Manager</b>	HAS AD C&Q	<b>Action by</b>	Tue-30-Jun-20	<b>Completed</b>	
<b>Reduction</b>	3/379 - Budget review which models cost drivers, demand and complexity of cases and implement revised budgets across the Directorate (ongoing)					<b>Action Manager</b>	CSD AD SR (AH)	<b>Action by</b>	Tue-31-Mar-20	<b>Completed</b>	
<b>Reduction</b>	3/421 - Complete phase 2 of the strength based assessments working with complex people					<b>Action Manager</b>	HAS AD C&S (Asmt.)	<b>Action by</b>	Tue-30-Jun-20	<b>Completed</b>	
<b>Reduction</b>	3/423 - Complete the Financial assessments, billing and contracts (ABC) project to improve market and cost information, service standards and information security					<b>Action Manager</b>	CSD AD SR (AH) HAS AD HI	<b>Action by</b>	Tue-31-Mar-20	<b>Completed</b>	
<b>Reduction</b>	3/460 - Ensure that we account for the BCF and IBCF funding as per the Regulations on a quarterly basis					<b>Action Manager</b>	CSD AD SR (AH)	<b>Action by</b>	Mon-31-Aug-20	<b>Completed</b>	
<b>Reduction</b>	3/472 - Implement action plan following outcome of state of the market exercise and ensure inclusion of NHS and Partners - ongoing (Make Care Matter; IBCF monies used for Recruitment Hub and Learning4Care) and regularly report to ISPB					<b>Action Manager</b>	HAS HoHR	<b>Action by</b>	Wed-30-Sep-20	<b>Completed</b>	



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<b>Reduction</b>	3/551 - Carry out more focussed and timely budget monitoring for areas of concern	CSD AD SR (AH)	Sun-31-Mar-19	Thu-31-Jan-19							
<b>Reduction</b>	3/561 - Continue to carry out feasibility study on development of new care facility to help alleviate care home affordability issue. (need to expand on potential work in this area and also develop business cases for new nursing home provision)	HAS AD C&Q	Tue-30-Jun-20								
<b>Reduction</b>	3/562 - Monitor proportion of care packages within affordable budget to ensure we remain within the parameters of the Cost of Care Agreement (ongoing)	HAS AD C&Q	Fri-31-Jul-20								
<b>Reduction</b>	3/566 - Implement the action plan to address the care and support overspend. Ongoing regular finance meetings	CSD AD SR (AH) HAS AD C&S (Asmt.)	Tue-31-Mar-20								
<b>Reduction</b>	3/567 - Complete full business case for new Dementia Care Village with Commercial team	HAS AD C&Q	Mon-30-Sep-19								
<b>Reduction</b>	3/568 - Monitor proportion of care packages within affordable budget to ensure we remain within the parameters of the Cost of Care Agreement (ongoing)	HAS AD C&Q	Fri-31-Jul-20								
<b>Reduction</b>	3/631 - Commissioning team (in their service improvement role) will be acting as an internal peer challenge around high cost spend and market ability to enable the development of a Locality service improvement plan	HAS AD C&Q	Tue-31-Mar-20								
<b>Reduction</b>	3/632 - Develop and implement OD Programme (in stages) for HAS Managers to encompass People, Pounds, Performance, Practice and Partnerships	HAS HoHR	Wed-31-Mar-21								
<b>Reduction</b>	47/523 - Engage consultants to carry out feasibility study on development of new care home to help alleviate care home affordability issue. (need to expand on potential work in this area and also develop business cases for new nursing home provision)	HAS AD C&Q	Sun-31-Mar-19	Thu-31-Jan-19							
<b>Phase 4 - Post Risk Reduction Assessment</b>											
<b>Probability</b>	M	<b>Objectives</b>	H	<b>Financial</b>	H	<b>Services</b>	M	<b>Reputation</b>	M	<b>Category</b>	2
<b>Phase 5 - Fallback Plan</b>											
<b>Fallback Plan</b>	3/567 - Further fundamental review in order to further prioritise services									<b>Action Manager</b>	CSD AD SR (AH)

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Phase 1 - Identification											
<b>Risk Number</b>	3/184	<b>Risk Title</b>	3/184 - Workforce Planning and Development				<b>Risk Owner</b>	CD HAS	<b>Manager</b>	HAS HoHR	
<b>Description</b>	Failure to appropriately plan and fulfil workforce requirements and / or develop managers and staff in line with transformation agenda resulting in reduction in quality of service and transformation objectives not achieved, staff unclear about their roles and an inability to implement new ways of working					<b>Risk Group</b>	Personnel	<b>Risk Type</b>	Dir Only		
Phase 2 - Current Assessment											
<b>Current Control Measures</b>			Workforce Strategy and OD Plan refreshed and agreed by HAS LT; HR representation on each 2020 programme board; Directorate restructure complete; Directorate Vision in place; HAS Transformation Board; regular DJCC meetings with Unison; training plan in place; ASYE implemented; assessment pathway programme and specifically the Care and Support restructure completed; Practice team established; Practice development sessions for practitioners rolled out; Learning4Care and Recruitment Hub to support the independent and voluntary sector in place (to be reviewed Mar 2020 - funding); monthly performance reports including service delivery reports, complaints and commendations and workforce metrics, and Q workforce reports to HASLT; Strength based approach in place; Living Well Service in place; management arrangements for Mental Health services in place; Phase 2 Dir Mgt restructure carried out; PIR of Care and Support restructure; new manager programme developed; New Manager Development Programme implemented, Manager Skills Audit undertaken to inform OD Programme;								
<b>Probability</b>	H	<b>Objectives</b>	M	<b>Financial</b>	H	<b>Services</b>	H	<b>Reputation</b>	M	<b>Category</b>	I
Phase 3 - Risk Reduction Actions											
						<b>Action Manager</b>	<b>Action by</b>	<b>Completed</b>			
<b>Reduction</b>	3/189 - Provision of training through Learning4Care to support the independent and voluntary sector with the ICG and providers					HAS HoHR	Tue-31-Mar-20				
<b>Reduction</b>	3/207 - Provision of Recruitment Hub to support the independent and voluntary sector with the ICG and providers					HAS HoHR	Tue-31-Mar-20				
<b>Reduction</b>	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 (ongoing)					HAS AD C&S HAS HoHR	Mon-31-Aug-20				
<b>Reduction</b>	3/231 - Continue to ensure Directorate Managers are provided with training in people management processes, reorganisation and redundancy processes, change management, 'common sense' performance management and forecasting needs (ongoing)					HAS HoHR	Mon-31-Aug-20				
<b>Reduction</b>	3/340 - Provide HR and WD advice and support to Managers leading Transformation Projects (ongoing)					HAS HoHR	Mon-31-Aug-20				
<b>Reduction</b>	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 (ongoing)					HAS LT	Mon-31-Aug-20				
<b>Reduction</b>	3/463 - Continue to develop and implement the Make Care Matter campaign to ensure recruitment across the Sector (ongoing)					HAS AD C&S HAS HoHR	Mon-31-Aug-20				
<b>Reduction</b>	3/476 - Support staff to operate into integrated teams and arrangements (ongoing)					HAS AD C&S HAS HoHR	Mon-31-Aug-20				
<b>Reduction</b>	3/547 - Develop and implement OD Programme (in stages) for HAS Managers to encompass People, Pounds, Performance, Practice and Partnerships					HAS HoHR	Wed-31-Mar-21				

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<b>Reduction</b>	3/548 - Continue delivery of New Manager Development Programme	HAS HoHR	Tue-31-Mar-20								
<b>Reduction</b>	3/549 - Implement wider Mental Health team structures	HAS AD C&S HAS HoHR	Fri-31-May-19	Fri-31-May-19							
<b>Reduction</b>	3/1964 - Continue to engage with and contribute to all 2020 North Yorkshire workstreams (ongoing)	HAS LT	Mon-31-Aug-20								
<b>Phase 4 - Post Risk Reduction Assessment</b>											
<b>Probability</b>	M	<b>Objectives</b>	M	<b>Financial</b>	M	<b>Services</b>	H	<b>Reputation</b>	L	<b>Category</b>	2
<b>Phase 5 - Fallback Plan</b>											
<b>Fallback Plan</b>	3/531 - Review and revise workforce arrangements including managers' responsibilities										<b>Action Manager</b>
											CD HAS

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Phase 1 - Identification											
<b>Risk Number</b>	3/180	<b>Risk Title</b>	3/180 - Partnership and Integration with Health				<b>Risk Owner</b>	CD HAS	<b>Manager</b>	HAS AD HI HAS AD C&S Dir Public Health HAS AD C&Q	
<b>Description</b>	Failure to shape and drive the configuration of the NHS from both a Commissioner and Provider perspective resulting in suboptimal maximisation of integration across the NYCC footprint, a negative impact on the customer experience and the possibility of fragmented care and poor outcomes.					<b>Risk Group</b>	Partnerships	<b>Risk Type</b>	Corp 20/47		
Phase 2 - Current Assessment											
<b>Current Control Measures</b>		Effective HWB partnership with clear reviewed and revised governance providing strategic leadership regarding H&W across the County; chief Officer representation influencing the development of STP/ICSs; HASLT locality delivery model in place actively shaping local integration plans; Joint leadership in Harrogate developing a new model of care building on the work of Vanguard; joint commissioning boards in Hamb/Rich and Scarborough/Ryedale CCGs underpinned by s75 agreements; investment of IBCF and BCF to protect social care; Joint Health and Well-being Strategy in place; corporate task and finish group for DToC in place; HWB development sessions; Integration and Better Care Fund Plan developed with CCGs and agreed at Health and Wellbeing Board; 2020 Health Programme focussing on integration established; York and North Yorkshire SLE in place with a work programme of 10 priorities; joint commissioning boards for HRW and Scarborough in place (but in abeyance pending re-organisation of NY CCGs;									
<b>Probability</b>	H	<b>Objectives</b>	M	<b>Financial</b>	H	<b>Services</b>	M	<b>Reputation</b>	H	<b>Category</b>	I
Phase 3 - Risk Reduction Actions											
<b>Reduction</b>	3/208 - Ensure NHS partners are fully aware of the democratic and political environment they are operating within and liaise with Scrutiny colleagues to ensure a positive outcome (ongoing)					<b>Action Manager</b>	CD HAS	<b>Action by</b>	Tue-30-Jun-20	<b>Completed</b>	
<b>Reduction</b>	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)					<b>Action Manager</b>	CD HAS	<b>Action by</b>	Tue-30-Jun-20	<b>Completed</b>	
<b>Reduction</b>	3/384 - Agree and implement Harrogate and Rural Alliance (Sept 2019) integration of community health and social care services and also further new models of care when emerging new Primary Care Networks are established.					<b>Action Manager</b>	CD HAS	<b>Action by</b>	Tue-31-Mar-20	<b>Completed</b>	
<b>Reduction</b>	3/385 - Engage wider HASLT in testing the implications of different integration models (ongoing)					<b>Action Manager</b>	HAS AD C&Q HAS AD HI	<b>Action by</b>	Tue-30-Jun-20	<b>Completed</b>	
<b>Reduction</b>	3/420 - Develop proposals to align to the emerging new Primary Care Networks which will be established.					<b>Action Manager</b>	HAS AD HI	<b>Action by</b>	Thu-30-Apr-20	<b>Completed</b>	
<b>Reduction</b>	3/428 - Improve the DToC (Delayed Transfer of Care) performance to avoid financial penalties and reputational issues. Implement the work programme of the Transfers of Care Board. – HI overview with C&S delivery, continued progress on the social care element but still reliant on the NHS areas					<b>Action Manager</b>	HAS AD C&S HAS AD HI	<b>Action by</b>	Tue-30-Jun-20	<b>Completed</b>	
<b>Reduction</b>	3/429 - Consider MoUs for STP / ICS across the County that explicitly define the Council's involvement and engagement in these arrangements					<b>Action Manager</b>	CSD AD SR (AH) HAS AD C&Q HAS AD HI	<b>Action by</b>	Tue-30-Jun-20	<b>Completed</b>	
<b>Reduction</b>	3/460 - Ensure that we account for the BCF and IBCF funding as per the Regulations on a quarterly basis					<b>Action Manager</b>	CSD AD SR (AH)	<b>Action by</b>	Mon-31-Aug-20	<b>Completed</b>	
<b>Reduction</b>	3/467 - Actively work with Partners on a new way for the health system to work in North Yorkshire					<b>Action Manager</b>	HAS AD HI	<b>Action by</b>	Tue-31-Mar-20	<b>Completed</b>	

## Health and Adult Services Directorate

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<b>Reduction</b>	3/563 - Manage relationships at Trust and CCG level as a result of leadership changes (ongoing)			CD HAS	Tue-31-Dec-19						
<b>Reduction</b>	3/564 - Carry out a post implementation review of HARA			HAS AD HI	Tue-30-Jun-20						
<b>Reduction</b>	3/565 - Continue to play an active role on the Continuing Healthcare Board (ongoing)			CSD AD SR (AH) HAS AD C&S (Prov.)	Mon-31-Aug-20						
<b>Reduction</b>	324/491 - Review arrangements relating to time limited additional social care funding.			CD HAS CD SR	Fri-31-Jan-20						
<b>Phase 4 - Post Risk Reduction Assessment</b>											
<b>Probability</b>	M	<b>Objectives</b>	M	<b>Financial</b>	H	<b>Services</b>	M	<b>Reputation</b>	H	<b>Category</b>	2
<b>Phase 5 - Fallback Plan</b>											
											<b>Action Manager</b>
<b>Fallback Plan</b>	3/532 - Escalation to CMB and Executive Members, further engagement with senior tiers in NHS locally, regionally and nationally.									CD HAS	

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Phase 1 - Identification											
<b>Risk Number</b>	3/162	<b>Risk Title</b>	3/162 - Major Failure due to Quality and/or Economic Issues in the Care Market				<b>Risk Owner</b>	CD HAS	<b>Manager</b>	HAS AD C&Q	
<b>Description</b>	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 including recruitment and retention. The impact could include loss of trust in the Care Market, increased budgetary implications and issues of service user safety.					<b>Risk Group</b>	Legislative	<b>Risk Type</b>	Corp 20/194		
Phase 2 - Current Assessment											
<b>Current Control Measures</b>		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; Independent Sector Partnership B (ISPB); market analysis and mapping and information analysis (Locality Provider group); 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; Recruitment Hub implemented, Learning4Care training delivery for independent sector providers; recommendations from the actual cost of care exercise implemented; QI team in place; funding for market improvement team agreed through BCF;									
<b>Probability</b>	H	<b>Objectives</b>	M	<b>Financial</b>	M	<b>Services</b>	M	<b>Reputation</b>	H	<b>Category</b>	I
Phase 3 - Risk Reduction Actions											
						<b>Action Manager</b>	<b>Action by</b>	<b>Completed</b>			
<b>Reduction</b>	3/247 - Continue to revise and update a market position statement (revision published Jul 2019); this is now an online statement with different aspects being updated as and when required					HAS AD C&Q	Tue-30-Jun-20				
<b>Reduction</b>	3/254 - Jointly with Health continue to monitor baseline assessments QA framework and risk profiles of providers; targets are reviewed at quarterly officer meetings and info fed into engagement group; ongoing pursuit of opportunities for joint working between HAS and NHS with plans in place for health brokerage (brokerage pilots in place)					HAS AD C&Q	Tue-30-Jun-20				
<b>Reduction</b>	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 C&Q Ho Q&M	Tue-30-Jun-20				
<b>Reduction</b>	3/472 - Implement action plan following outcome of state of the market exercise and ensure inclusion of NHS and Partners - ongoing (Make Care Matter; IBCF monies used for Recruitment Hub and Learning4Care) and regularly report to ISPB					HAS HoHR	Wed-30-Sep-20				
<b>Reduction</b>	3/519 - Review any opportunities to stabilise the market through additional Govt funding given to social care for this purpose (review position each year for next 3 years of funding); IBCF being used for piloting an approach to rural dom care, supporting recruitment and training					CSD AD SR (AH) HAS AD C&Q	Thu-30-Apr-20				
<b>Reduction</b>	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; more work being done to enhance regional ways of working; this continues, working through any remaining data sharing issues with Data Governance					HAS AD C&Q	Tue-30-Jun-20				
<b>Reduction</b>	47/221 - Continue to work with Veritau on audits of individual suppliers (ongoing) -					HAS C&Q Ho Q&M	Tue-30-Jun-20				
<b>Reduction</b>	47/434 - 2020 Market shaping/development project work through the action plan from state of market exercise incl. framework and work on micro enterprises					HAS AD C&Q	Mon-30-Sep-19				

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<b>Reduction</b>	47/486 - Monitor issues caused by the complex partner relationships, meetings and structures and raise at HASLT where appropriate - ongoing	HAS AD C&Q	Tue-30-Jun-20								
<b>Reduction</b>	47/533 - Begin the preparation for next Actual Cost of Care exercise and then develop revised commissioning model to help address affordability issues; started the process, Health & Social Care systems approach	HAS AD C&Q	Mon-30-Sep-19								
<b>Reduction</b>	47/587 - Developing a quality pathway, revising processes and procedure and incorporating best practice adopting a risk based / predictive approach	HAS C&Q Ho Q&M	Thu-30-Apr-20								
<b>Reduction</b>	47/600 - Rewriting policies with input from Veritau	HAS C&Q Ho Q&M	Tue-30-Jun-20								
<b>Reduction</b>	47/601 - Ensure clarity around commissioning intentions using place based intelligence	HAS AD C&Q	Tue-30-Jun-20								
<b>Reduction</b>	47/602 - Work with ICG to ensure provider BCPs are in place and evidence of testing can be provided	HAS AD C&Q	Tue-30-Jun-20								
<b>Reduction</b>	47/603 - Consideration of market interventions, including development of a provider arm or a proposal to bring organisations together	HAS AD C&Q	Wed-30-Sep-20								
<b>Phase 4 - Post Risk Reduction Assessment</b>											
<b>Probability</b>	H	<b>Objectives</b>	M	<b>Financial</b>	M	<b>Services</b>	M	<b>Reputation</b>	M	<b>Category</b>	2
<b>Phase 5 - Fallback Plan</b>											
											<b>Action Manager</b>
<b>Fallback Plan</b>	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 established failure plan.										HAS AD C&Q

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Phase 1 - Identification											
<b>Risk Number</b>	3/217	<b>Risk Title</b>	3/217 - Deprivation of Liberty (DoLs) Supreme Court Ruling					<b>Risk Owner</b>	CD HAS	<b>Manager</b>	HAS AD C&S
<b>Description</b>	Failure to manage increase in workload (and manage the existing backlog) as a result of the DoLs Supreme Court judgment and adequately prepare for the implementation of Liberty Protection Safeguards resulting in financial and reputational issues including potential legal action						<b>Risk Group</b>	Legislative	<b>Risk Type</b>	C&S 1/219	
Phase 2 - Current Assessment											
<b>Current Control Measures</b>			Resources and capacity have been increased; action plan in place in line with ADASS recommendations; regular report on activity, performance and finance provided to Leadership Team; statutory process implemented; action plan reviewed following external review; Corporate funding draw down; briefing report to CMB with ongoing quarterly reports; training reviewed; review of backlog and risks carried out; LEAN review of the process carried out; regular briefings to HASLT, staff and providers; continue to monitor and manage capacity and resource issues; project steering group								
<b>Probability</b>	M	<b>Objectives</b>	H	<b>Financial</b>	H	<b>Services</b>	H	<b>Reputation</b>	H	<b>Category</b>	2
Phase 3 - Risk Reduction Actions											
							<b>Action Manager</b>	<b>Action by</b>	<b>Completed</b>		
<b>Reduction</b>	1/100 - Ensure the In-House registered providers adhere to the DoLs supreme court judgement						HAS AD C&S (Prov.)	Tue-30-Jun-20			
<b>Reduction</b>	1/502 - Work through backlog management plan for the lower risk (as defined by ADASS) people including proposal for extra resource to assist in this area; identified additional post at Best Interest Assessor level to ensure appropriateness of rating of those on the outstanding list; ongoing						HAS AD C&S (Prov.)	Tue-30-Jun-20			
<b>Reduction</b>	1/525 - Continue to manage the Court of Protection applications demand using the same approach for DoLs (ADASS prioritisation tool) and work with partners and extra care providers to ensure cases aren't missed; will be changing as a result of LPS						HAS AD C&S (Prov.)	Tue-30-Jun-20			
<b>Reduction</b>	1/559 - Looking at process of reviews so that concerns can be picked up earlier						HAS AD C&S (Prov.)	Tue-30-Jun-20			
<b>Reduction</b>	1/594 - Ensure appropriate interim arrangements are put in place to cover the departure of existing service manager						HAS AD C&S (Prov.)	Tue-31-Dec-19			
<b>Reduction</b>	1/595 - Carry out options appraisal for revised approach required to meet new legislation						HAS AD C&S (Prov.)	Tue-31-Mar-20			
<b>Reduction</b>	3/255 - Prepare for implementation of Liberty Protection Safeguards						HAS AD C&S (Prov.)	Thu-30-Apr-20			
<b>Reduction</b>	3/320 - Form a project steering group with external partners to scope the outputs against the required changes in legislation						HAS AD C&S (Prov.)	Tue-30-Jun-20			
Phase 4 - Post Risk Reduction Assessment											
<b>Probability</b>	M	<b>Objectives</b>	H	<b>Financial</b>	H	<b>Services</b>	H	<b>Reputation</b>	H	<b>Category</b>	2



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<b>Phase 5 - Fallback Plan</b>		<b>Action Manager</b>
<b>Fallback Plan</b>	3/556 - A further review of the action plan, with external support may be sought. Escalation to senior management with potential options for mitigation. Options appraisal.	HAS AD C&S

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Phase 1 - Identification											
<b>Risk Number</b>	3/27	<b>Risk Title</b>	3/27 - Safeguarding Arrangements				<b>Risk Owner</b>	CD HAS	<b>Manager</b>	HAS AD C&S HAS AD HI	
<b>Description</b>	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.					<b>Risk Group</b>	Partnerships	<b>Risk Type</b>	C&S 1/14		
Phase 2 - Current Assessment											
<b>Current Control Measures</b>			Detailed action plan; Safeguarding service manager and team; strengthening of Safeguarding policy team; case file audit and review; independent chair to Safeguarding Board in place; risk enablement panel in place and being reviewed; countywide safeguarding general manager in place; testing of initial performance metrics for Safeguarding Board has taken place further developing performance activity; initial safeguarding procedures reviewed linked to consultation in light of the Care Act and are being reviewed again; safeguarding board performance framework; Q&E [protocol for the relationship between Adults Social Care (and Children's Trust) and the Health and Wellbeing Board agreed and implemented;] information framework for serious incident data, eg drug death etc in place; recommendations from the commissioned independent review of safeguarding practice taken into consideration as part of the preparations for the implementation of the latest policy and procedures; local arrangements with Children's Safeguarding Board and Community Safety Partnerships reviewed; training for in house provider								
<b>Probability</b>	M	<b>Objectives</b>	H	<b>Financial</b>	H	<b>Services</b>	M	<b>Reputation</b>	H	<b>Category</b>	2
Phase 3 - Risk Reduction Actions											
							<b>Action Manager</b>	<b>Action by</b>	<b>Completed</b>		
<b>Reduction</b>	1/515 - Continue to strengthen Governance arrangements in HAS following consideration of North Yorkshire and national safeguarding adult reviews (ongoing)						HAS AD C&S (Asmt.)	Tue-30-Jun-20			
<b>Reduction</b>	1/560 - Consider whether new procedures could be established to give a more proportionate response to notifications; roll out of new safeguarding system						HAS AD C&S (Prov.)	Thu-31-Oct-19			
<b>Reduction</b>	3/145 - Continue to ensure Partners are fully engaged with Safeguarding Boards centrally and locally, particularly new health partners (CCGs); inter board network in place with community safety and children's board						HAS AD C&S (Asmt.) HAS AD HI	Tue-30-Jun-20			
<b>Reduction</b>	3/187 - Continue to work with Commissioning and Quality team to improve quality assurance (development of new approaches and tools around working with providers on quality assurance issues); including work and regular meetings with CQC, Health and Healthwatch; near miss system in place, considerable extra work done over the past 12 months						HAS AD C&S (Asmt.) HAS AD HI	Tue-30-Jun-20			
<b>Reduction</b>	3/217 - Ensure training in respect of latest policies and procedures for elected Members, staff and Partners is reviewed and delivered; member training reviewed over summer;						HAS AD C&S (Asmt.)	Tue-31-Mar-20			
<b>Reduction</b>	3/321 - Continue joint work with CYPs and the Community Safety Partnership (together with formal quarterly meetings of the InterBoard Network to be set up by Jun 2018)						HAS AD HI	Tue-31-Mar-20	Sun-30-Jun-19		
<b>Reduction</b>	3/1961 - Continue to embed safeguarding work to deliver the Transforming Care programme incl. embedding the care act role of Principal Social Worker and Safeguarding Board Manager with closer scrutiny of Transforming Care work						HAS AD C&S (Asmt.)	Tue-30-Jun-20			
<b>Reduction</b>	324/161 - Continue to report regularly to HASLT, Care and Independence O&S Committee and Health and Wellbeing Board particularly in light of preparation for the latest policy and procedures.						HAS AD HI	Tue-31-Mar-20			

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<b>Reduction</b>	324/336 - Carry out the supervisory body role for DoLS to ensure the system is as effective as possible within existing resources and prepare for Liberty Protection Safeguarding Bill, details expected Oct 2019 and will become law by Apr 2020 (linked to action 324/343)	HAS AD HI	Thu-31-Oct-19								
<b>Reduction</b>	324/343 - Continue with scoping work in preparation for implementing the Liberty Protection Safeguarding Bill (linked to action 324/336)	HAS AD C&S HAS AD HI	Thu-30-Apr-20								
<b>Reduction</b>	324/546 - Implement the new safeguarding policies and procedures (internal SG board is leading to ensure operational guidance is in place)	HAS AD HI	Thu-31-Oct-19								
<b>Phase 4 - Post Risk Reduction Assessment</b>											
<b>Probability</b>	M	<b>Objectives</b>	H	<b>Financial</b>	H	<b>Services</b>	M	<b>Reputation</b>	H	<b>Category</b>	2
<b>Phase 5 - Fallback Plan</b>											
<b>Fallback Plan</b>	3/33 - Escalate to Safeguarding Board / Mgt Board and carry out necessary review and action improvement plans, lessons learned from any serious case reviews									<b>Action Manager</b>	
										HAS AD C&S	

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Phase 1 - Identification											
<b>Risk Number</b>	3/164	<b>Risk Title</b>	3/164 - Information Governance and Health and Safety				<b>Risk Owner</b>	CD HAS	<b>Manager</b>	CSD AD SR (AH)	
<b>Description</b>	Failure to ensure that good and safe governance arrangements in respect of data security and health and safety are in place throughout the Directorate					<b>Risk Group</b>	Legislative	<b>Risk Type</b>	Dir Only		
Phase 2 - Current Assessment											
<b>Current Control Measures</b>		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 group); regular security sweeps, asset owner training completed; regular updates on Inf Gov and data issues to HASLT and CASLT; H & S - Corporate H & S policy, and action plan; wider HAS leadership team H&S training completed; wheelchair guidance in place; further IOSH and risk assessment training carried out to raise competency;									
<b>Probability</b>	M	<b>Objectives</b>	L	<b>Financial</b>	M	<b>Services</b>	L	<b>Reputation</b>	H	<b>Category</b>	2
Phase 3 - Risk Reduction Actions											
						<b>Action Manager</b>	<b>Action by</b>	<b>Completed</b>			
<b>Reduction</b>	3/147 - Continue to implement Caldicott when required					HAS AD HI	Tue-30-Jun-20				
<b>Reduction</b>	3/148 - Continue to implement awareness raising campaign for information governance					HAS AD HI	Tue-30-Jun-20				
<b>Reduction</b>	3/227 - Continue to ensure and promote use of secure methods of data transfer					HAS AD HI	Tue-30-Jun-20				
<b>Reduction</b>	3/364 - Review disposal arrangements of documents following issue of refreshed corporate policy and guidance					HAS AD HI	Tue-30-Jun-20				
<b>Reduction</b>	3/365 - Ensure 'lessons learned' reports are reviewed following any breach					HAS AD HI	Tue-30-Jun-20				
<b>Reduction</b>	3/373 - Work closely with Data Governance on review and monitoring of local Info gov arrangements					HAS AD HI	Tue-30-Jun-20				
<b>Reduction</b>	3/423 - Complete the Financial assessments, billing and contracts (ABC) project to improve market and cost information, service standards and information security					CSD AD SR (AH) HAS AD HI	Tue-31-Mar-20				
<b>Reduction</b>	3/431 - Review and revise current arrangements regarding statutory inspections to ensure compliance for example lifting equipment					CSD AD SR (AH)	Tue-31-Mar-20				
<b>Reduction</b>	3/543 - Develop and implement a work programme for the DIGG with monthly meeting covering eg. IAR, adherence to a single document retention policy, priorities around info sharing agreements; monthly meeting in place					HAS AD HI	Sun-30-Jun-19	Sun-30-Jun-19			
<b>Reduction</b>	3/544 - Regular updates to leadership team / forum to look at Info Gov data trends; updates through the agreed Directorate governance framework with reports to HASLT					HAS AD HI	Sun-30-Jun-19	Sun-30-Jun-19			
<b>Reduction</b>	3/550 - Continue to carry out IOSH and risk assessment training to raise competency within the Directorate					CSD AD SR (AH)	Thu-30-Apr-20				

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<b>Reduction</b>	3/552 - Develop an HAS governance framework to improve services	HAS AD HI	Tue-31-Mar-20								
<b>Reduction</b>	6/124 - Progress data sharing issues with Health colleagues to ensure the benefits of this are realised; still issues around DToC hoping that LHCRE may help this	HAS AD HI	Tue-30-Jun-20								
<b>Reduction</b>	324/397 - Roll out the unannounced office work area checks on a countywide basis	HAS AD HI	Tue-30-Jun-20								
<b>Phase 4 - Post Risk Reduction Assessment</b>											
<b>Probability</b>	L	<b>Objectives</b>	L	<b>Financial</b>	M	<b>Services</b>	L	<b>Reputation</b>	H	<b>Category</b>	3
<b>Phase 5 - Fallback Plan</b>											
										<b>Action Manager</b>	
<b>Fallback Plan</b>	3/36 - Media management, staff disciplinary, work with Information Commissioner's Office and HSE when necessary									CSD AD SR (AH)	

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Phase 1 - Identification											
<b>Risk Number</b>	3/167	<b>Risk Title</b>	3/167 - Public Health				<b>Risk Owner</b>	CD HAS	<b>Manager</b>	Dir Public Health	
<b>Description</b>	Failure to deliver a distinctive public health agenda for North Yorkshire and carry out the statutory public health functions and manage within the available funding 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					<b>Risk Group</b>	Partnerships	<b>Risk Type</b>	PH 5/196		
Phase 2 - Current Assessment											
<b>Current Control Measures</b>			Regular Public Health business and team meetings; Consultant link roles with NYCC Directorates, CCGs and Districts; Public Health service plan in place; Consultation on public health commissioning intentions; MOU for Advice Service with CCGs in place; Health and Wellbeing Board; H & W Strategy; Link to relevant Em Planning/Health Protection structures in place; PH team performance monitoring mechanism in place; updated JSNA in place; development of financial framework; Major contracts and service are procured; dealing with letting new contracts; quarterly reports to HASLT and PH Business team; new financial framework for PH budget finalised;								
<b>Probability</b>	M	<b>Objectives</b>	M	<b>Financial</b>	H	<b>Services</b>	M	<b>Reputation</b>	M	<b>Category</b>	2
Phase 3 - Risk Reduction Actions											
							<b>Action Manager</b>	<b>Action by</b>	<b>Completed</b>		
<b>Reduction</b>	3/233 - Ensure effective arrangements are in place for the Healthy Child Programme (ensure implementation of the agreed way forward in or before Apr 2020)						Dir Public Health	Tue-31-Mar-20			
<b>Reduction</b>	5/246 - Continue to ensure Public Health statutory functions are met						Dir Public Health	Tue-30-Jun-20			
<b>Reduction</b>	5/247 - Continue development of the Public Health Advisory Service for CCGs						Dir Public Health	Tue-30-Jun-20			
<b>Reduction</b>	5/248 - Ensure 2020 Finance continues to consider 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	Tue-30-Jun-20			
<b>Reduction</b>	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	Tue-30-Jun-20			
<b>Reduction</b>	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	Tue-30-Jun-20			
<b>Reduction</b>	5/313 - Continue to ensure good systems are in place for monitoring our performance against the PHOF by reporting as part of the Council's performance framework						Dir Public Health	Tue-30-Jun-20			
<b>Reduction</b>	5/532 - Work with Exec and others to agree PH spending once the ring-fence is removed, in the context of the BEST program including both what the budget will be and on what it will be spent. Further meeting planned and work to continue on the funding gap proposals						Dir Public Health	Tue-31-Dec-19			
<b>Reduction</b>	5/557 - Stop Smoking Service: Continue to support the in-house smoking cessation services and build the necessary relationships with Live Well Smoke Free and build the required governance and reporting arrangements						Dir Public Health	Tue-30-Jun-20			
Phase 4 - Post Risk Reduction Assessment											
<b>Probability</b>	M	<b>Objectives</b>	M	<b>Financial</b>	M	<b>Services</b>	M	<b>Reputation</b>	M	<b>Category</b>	4

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Phase 5 - Fallback Plan		Action Manager
<b>Fallback Plan</b>	3/526 - Further develop and implement alternative delivery models taking into account good practice elsewhere	Dir Public Health

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Phase 1 - Identification											
<b>Risk Number</b>	3/228	<b>Risk Title</b>	3/228 - Extra Care Housing				<b>Risk Owner</b>	CD HAS		<b>Manager</b>	HAS AD C&Q
<b>Description</b>	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					<b>Risk Group</b>	Strategic		<b>Risk Type</b>	Comm 47/248	
Phase 2 - Current Assessment											
<b>Current Control Measures</b>			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, procurement of Framework partners outcome completed; call off contract timetable developed and aligned with necessary consultations; reviewed process for EPH reprovion to ensure fit for purpose; process for mini procurements agreed; financial investment and VfM for existing developments reviewed; impact of benefit (housing) changes reviewed; extension to the framework to allow partners to propose schemes ahead of a tender bid								
<b>Probability</b>	M	<b>Objectives</b>	M	<b>Financial</b>	L	<b>Services</b>	M	<b>Reputation</b>	L	<b>Category</b>	4
Phase 3 - Risk Reduction Actions											
<b>Reduction</b>	3/377 - Identify specific issues and requirements for each Scheme					<b>Action Manager</b>	HAS AD C&Q		<b>Action by</b>	Thu-31-Mar-22	<b>Completed</b>
<b>Reduction</b>	3/378 - Develop bespoke programme for each Scheme					<b>Action Manager</b>	HAS AD C&Q		<b>Action by</b>	Thu-31-Mar-22	<b>Completed</b>
<b>Reduction</b>	3/380 - Finance - ongoing close monitoring of financial model to ensure savings are achieved; savings profile reviewed and will deliver but behind schedule					<b>Action Manager</b>	HAS AD C&Q		<b>Action by</b>	Thu-31-Mar-22	<b>Completed</b>
<b>Reduction</b>	3/426 - Carry out implementation reviews and consider lessons learned for future schemes					<b>Action Manager</b>	HAS AD C&Q		<b>Action by</b>	Thu-31-Mar-22	<b>Completed</b>
<b>Reduction</b>	3/459 - Regular review of Schemes within the timetable for the delivery of Extra Care and adjust where necessary to deliver savings					<b>Action Manager</b>	HAS AD C&Q		<b>Action by</b>	Thu-31-Mar-22	<b>Completed</b>
<b>Reduction</b>	47/81 - Look at innovative approaches for new models for schemes					<b>Action Manager</b>	HAS AD C&Q		<b>Action by</b>	Thu-31-Mar-22	<b>Completed</b>
<b>Reduction</b>	47/82 - Ensure effective utilisation of an agreed consultation process for procurement in respect of EPHs (ongoing)					<b>Action Manager</b>	HAS AD C&Q		<b>Action by</b>	Thu-31-Mar-22	<b>Completed</b>
Phase 4 - Post Risk Reduction Assessment											
<b>Probability</b>	L	<b>Objectives</b>	L	<b>Financial</b>	L	<b>Services</b>	L	<b>Reputation</b>	L	<b>Category</b>	5
Phase 5 - Fallback Plan											
<b>Fallback Plan</b>	3/566 - Continually review progress and changes in market conditions and Partner circumstances and make appropriate adjustments to the Programme									<b>Action Manager</b>	HAS AD C&Q



## Health and Adult Services Directorate

## APPENDIX B

Risk Register: **Month 0 (August 2019) – summary**

Next Review Due: **February 2020**

Report Date: **10<sup>th</sup> September 2019 (pw)**

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			
- new -	<b>3/264 - Confident and consistent practice</b>	Failure to establish the workstreams and processes needed to embed the confident and consistent practice programme across the county resulting in poor outcomes for individuals, missed opportunities to change and improve the service, inability to realise budgetary savings and criticism	CD HAS	HAS AD C&S (Asmt.)	H	H	H	H	H	H	1	19	31/05/2020	M	M	H	M	M	2	Y	HAS AD C&S (Asmt.)
◀▶	<b>3/229 - Financial Pressures</b>	Financial pressures arising from difficulties in delivering MTFs Savings requirements, managing in year financial overspends, Better Care Fund contributions, market pressure and complexity of client needs leading to service impact or additional savings needing to be identified within HAS or corporately.	CD HAS	CSD AD SR (AH)	H	H	H	M	M	1	19	30/09/2019	M	H	H	M	M	2	Y	CSD AD SR (AH)	
◀▶	<b>3/184 - Workforce Planning and Development</b>	Failure to appropriately plan and fulfil workforce requirements and / or develop managers and staff in line with transformation agenda resulting in reduction in quality of service and transformation objectives not achieved, staff unclear about their roles and an inability to implement new ways of working	CD HAS	HAS HoHR	H	M	H	H	M	1	12	31/03/2020	M	M	M	H	L	2	Y	CD HAS	
◀▶	<b>3/180 - Partnership and Integration with Health</b>	Failure to shape and drive the configuration of the NHS from both a Commissioner and Provider perspective resulting in suboptimal maximisation of integration across the NYCC footprint, a negative impact on the customer experience and the possibility of fragmented care and poor outcomes.	CD HAS	HAS AD HI HAS AD C&S Dir Public Health HAS AD C&Q	H	M	H	M	H	1	13	31/12/2019	M	M	H	M	H	2	Y	CD HAS	
◀▶	<b>3/162 - Major Failure due to Quality and/or Economic Issues in the Care Market</b>	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 including recruitment and retention. The impact could include loss of trust in the Care Market, increased budgetary implications and issues of service user safety.	CD HAS	HAS AD C&Q	H	M	M	M	H	1	15	30/09/2019	H	M	M	M	M	2	Y	HAS AD C&Q	

## Health and Adult Services Directorate

Risk Register: **Month 0 (August 2019) – summary**

Next Review Due: **February 2020**

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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		
◀▶	<b>3/217 - Deprivation of Liberty (DoLs) Supreme Court Ruling</b>	Failure to manage increase in workload (and manage the existing backlog) as a result of the DoLS Supreme Court judgment and adequately prepare for the implementation of Liberty Protection Safeguards resulting in financial and reputational issues including potential legal action	CD HAS	HAS AD C&S	M	H	H	H	H	2	8	31/12/2019	M	H	H	H	H	2	Y	HAS AD C&S
▲	<b>3/27 - Safeguarding Arrangements</b>	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 HI	M	H	H	M	H	2	11	31/10/2019	M	H	H	M	H	2	Y	HAS AD C&S
◀▶	<b>3/164 - Information Governance and Health and Safety</b>	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	CSD AD SR (AH)	M	L	M	L	H	2	14	31/03/2020	L	L	M	L	H	3	Y	CSD AD SR (AH)
▲	<b>3/167 - Public Health</b>	Failure to deliver a distinctive public health agenda for North Yorkshire and carry out the statutory public health functions and manage within the available funding 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	M	M	H	M	M	2	9	31/12/2019	M	M	M	M	M	4	Y	Dir Public Health
◀▶	<b>3/228 - Extra Care Housing</b>	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 C&Q	M	M	L	M	L	4	7	31/03/2020	L	L	L	L	L	5	Y	HAS AD C&Q

## Health and Adult Services Directorate

Risk Register: **Month 0 (August 2019) – summary**

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Report Date: **10<sup>th</sup> September 2019 (pw)**

Key	
	Risk Ranking has worsened since last review.
	Risk Ranking has improved since last review
	Risk Ranking is same as last review
<b>- new -</b>	New or significantly altered risk