

Combined Assurance

Status Report Adult Care



Assurance

Date: January 2015

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1. Introduction

This is an updated combined assurance report following the development of the combined assurance map first reported in October 2012.

We have again worked with management to show what assurances the Council currently has on the areas of the business that matter most – highlighting where there may be potential assurance ‘unknowns or gaps’.

We gathered and analysed assurance information in a control environment that:

- takes what we have been told on trust, and
- encourages accountability with those responsible for managing the service.

Our aim is to give Senior Management and the Audit Committee an insight on assurances across all critical activities and key risks, making recommendations where we believe assurance needs to be stronger.

Scope

We gathered information on our:

- **critical systems** – those areas identified by senior management as having a significant impact on the successful delivery of our priorities or whose failure could result in significant damage to our reputation, financial loss or impact on people.
- **due diligence activities** – those that support the running of the Council and ensure compliance with policies.
- **key risks** – found on our strategic risk register or associated with major new business strategy / change.
- **key projects** – supporting corporate priorities / activities.

Methodology

We have developed a combined assurance model which shows assurances across the entire Council, not just those from Internal Audit. We leverage assurance information from your ‘business as usual’ operations. Using the ‘3 lines of assurance’ concept:

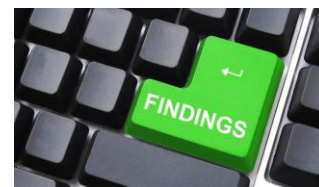


Our approach includes a critical review or assessment on the level of confidence the Board can have on its service delivery arrangements, management of risks, operation of controls and performance.

We did this by:

- Speaking to senior and operational managers who have the day to day responsibility for managing and controlling their service activities.
- Working with corporate functions and using other third party inspections to provide information on performance, successful delivery and organisational learning.
- Using the outcome of Internal Audit work to provide independent insight and assurance opinions.
- We used a Red (low), Amber (medium) and Green (high) rating to help us assess the level of assurance confidence in place.
- The overall assurance opinion is based on the assessment and judgement of senior management. Internal audit has helped co-ordinate these and provided some challenge **but** as accountability rests with the Senior Manager we used their overall assurance opinion.

2. Key Messages

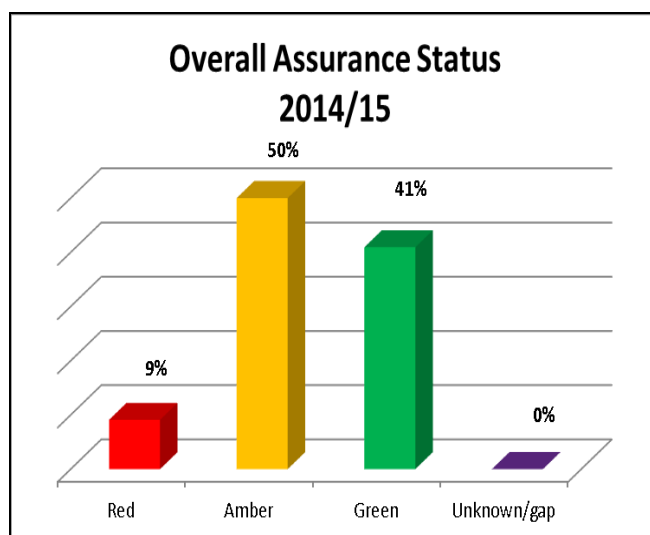
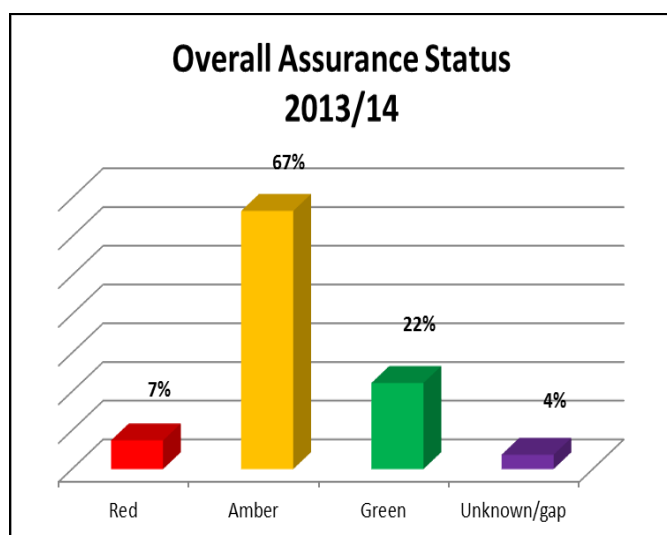


The modernisation of Adult Care remains a key element in securing a sustainable financial base in support of the most vulnerable adults in our communities. As with the previous Assurance Report dated March 2014 the work to secure substantial improvements in a replacement care management system (Mosaic), financial system (Agresso) and customer services (Serco) will both deliver significant productivity gains and help ensure Adult Care is compliant with the requirements of the Care Act which commences 1st April 2015.

How Adult Care organises its activity is now through 4 of the 17 County Council Commissioning Strategies. These are **adult frailty and long term conditions; specialist services; carers** and **adult safeguarding**. All of the strategies are joint with another statutory partner notably Health and the Police. Furthermore, in a number of cases these joint strategies are also "all ages". So, for example, the autism (as part of specialist services) and carers strategies are intended to reflect the needs of both young people and adults.

It is expected that at the end of 2014/15 Adult Care will achieve a balanced budget. This will represent a third successive year of robust financial management during a time of increased demand for service. In addition, Adult Care is responsible for the single largest block of income generation from charges across the County Council (£33m pa). It is therefore reassuring to note that income collection is above 98% and one of the best performing in the country.

Additionally, performance has continued to improve or been maintained at upper quartile levels. For example, speed of assessments, timeliness of reviews, hospital discharge delays, the provision of personal budgets and the number of direct payments are all good or excellent. Coupled with good financial management Adult Care is well placed to manage within even greater constraints in the short to medium future. This analysis is also reflected in the overall assurance status 2014/15.



Key Messages Continued



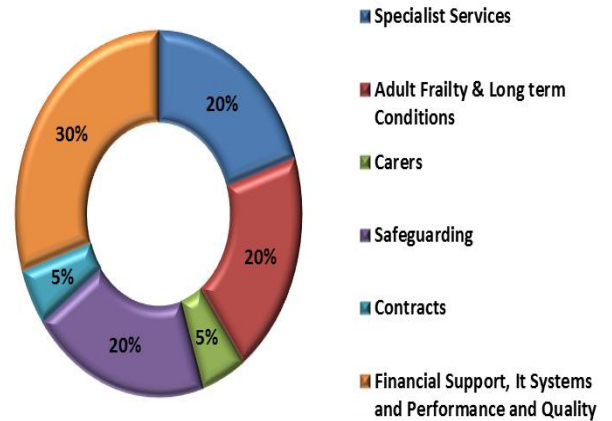
Notwithstanding the above, the financial constraints, demographic changes and increased responsibilities (notably arising from the introduction of the Care Act) will mean that Adult Care may not be able to sustain the improved performance and increased levels of activity seen in recent years. Concerns about the viability of the social care market and the need to maintain good levels of quality are increasing as costs and prices paid for care are low and not sustainable.

Lincolnshire Health and Care represents another profound change bearing upon Adult Care and whilst the expectation is that improved outcomes for people can be achieved by greater levels of integration, they are unlikely to achieve substantial savings for Adult Care at a time when either savings or additional resources are required to balance the supply/demand equation.

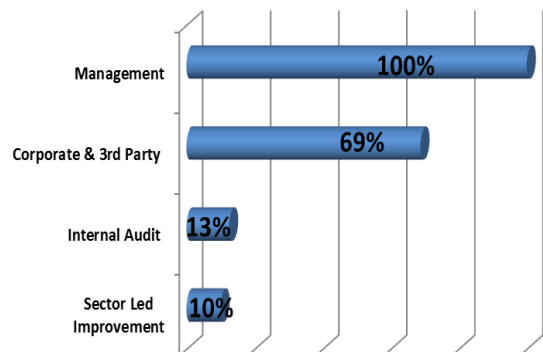
Additionally, many of the critical activities are supported by high levels of corporate or third party assurance. These may be provided through regular reports submitted to Scrutiny Committees or processes such as Inspections and Peer Reviews.

Assurance is also provided through reviews conducted by Corporate Audit and Risk Management. This provides independent oversight and added value through recommendations made for improvement and complements any external reviews or inspections carried out. Any recommendations made are monitored to ensure implementation with progress reported to the Audit Committee.

Adult Social Care - Distribution of Assurance



Who provides your assurance



3. Suggested Next Steps

As previously indicated in "key messages" the modernisation journey for Adult Care continues unabated. One example is an eloquent descriptor of these changes: in 2010/11 Adult Care employed over 1155 fte staff and was a substantial provider of direct care services. The current staffing as of November 2014 is 491 fte with minimal direct care service remaining.

In parallel the introduction of the Better Care Fund (BCF) secures some additional support for the "protection of adult social care". In 2015/16 the value of this will be £20m. However, the process for securing this sum requires considerable time and energy on the part of officers and introduces the requirement for any spend against the BCF to be agreed with the four Clinical Commissioning Groups and the Lincolnshire Health and Wellbeing Board. The BCF fund represents money transferred from existing health expenditure within Lincolnshire and as such is not new money. To quote the Chief Executive of the NHS, Simon Stevens, this represents the equivalent of putting two leaky buckets of water together and attempting to find a water tight solution.

It is unclear what the future looks like for the Better Care Fund as the national funding agreement is only provided for 2015/16. This introduces another risk for the Council as base funding requires ongoing support. We are also dependent upon any policy changes arising from the elections in May 2015, notably regarding BCF funding in 2016/17 and beyond.

The existing programmes of activity in Adult Care have not changed as detailed in the March 2014 status report. These are:

1. Integration with Health – as detailed in the Lincolnshire Health and Care Programme.
2. Future Delivery of Support Services (FDSS) – notably now that the Customer Service Centre is part of the transfer to SERCO for early 2015.
3. Case Management Partnership Programme (Mosaic) – the new client information system that will come into effect to replace our ageing and inefficient database.
4. The effectiveness of the Wellbeing Service which colleagues in Public Health are leading on.
5. The advent of the Care Act.
6. Renegotiations concerning residential rates from 2015/16 (potentially for 3 years) and those for home care (community support services).

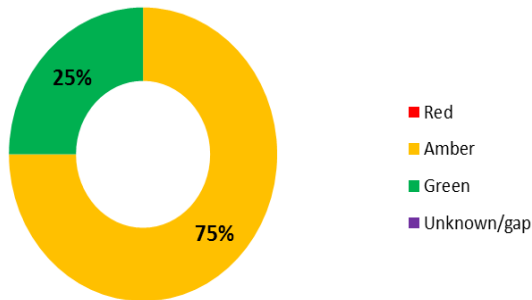
The level of inter-dependency with colleagues in delivering improved outcomes and greater efficiencies continues to grow. For example the number of young profoundly disabled people moving into adulthood from Children's Services is a significant contributor to increased costs in Adult Care. Attempts to reduce these costs are ongoing, for example, increased efforts to maximise independence help make Adult Care financially sustainable. The new Wellbeing Service commissioned by colleagues in Public Health and the new Serco contract which includes responsibility for the Customer Service Centre will help manage the "front door" into Adult Care facilitating the opportunity for people to receive information and advice and self-support thus relieving pressure on limited staff and more expensive processes to undertake assessments and reviews.

Additional pressures have materialised during 2014/15 which have a significant financial effect upon Adult Care. In March 2014 a legal precedent (the 'Cheshire West Judgement') was set related to Deprivation of Liberty Safeguards which Adult Care is responsible for. In effect, an additional £1m is required to meet the consequences of the legal test case in common with most other social care systems in the country. Costs are incurred because we are obliged to undertake more detailed assessments (a tenfold increase) than previously and legal costs have increased as a result as more cases are required at the Court of Protection for a decision. In 2015/16 the cost is anticipated to be in the order of £1.8m. In response, Adult Care with the County Council and the Association of Directors of Adult Social Services is attempting to secure additional resources from the Government under the "new burdens" agreement. To date the Government has not indicated its intention to meet this extra cost.

4. Critical Systems



Specialist Services



Learning Disabilities – Assessments, reviews and Case Management

High levels of assessment and reviewing performance continues to be achieved via the integrated assessment and care management team and related targets are again expected to be achieved or surpassed by the end of the financial year.

Case Management practice, whilst continuing to increase in complexity, also performs well demonstrating robust care planning and strong financial control over budgets.

Positive feedback from a Peer Review of Adult Care was highlighted in relation to the Winterbourne View improvement programme (now known as Transforming Care) and Lincolnshire is making good progress in meeting challenging reviewing targets in relation to associated inpatient placements which are reducing.

Directly Provided Services

Adult Care continues to seek alternative providers for the remaining directly provided services with a view to achieving further improvements in outcomes for vulnerable people.

'Swallow House' is a place of safety and respite facility for people with Learning Disability. It has recently been successfully outsourced to the well know national charity 'Making Space'. The outsourcing of Day Services continues to be a challenge with a number of potential providers withdrawing from commercial negotiations following their own due diligence and associated risk assessments performed by the Council.

A significant risk relates to the high dependency on the Better Care Fund to underpin the pooled budget for Learning Disability Services.

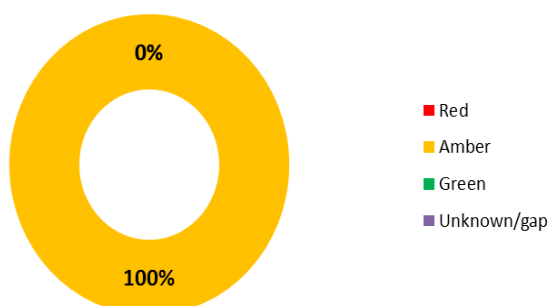
Mental Health

Adult Social Care has delegated its Assessment and Care Management function for Adults with Mental Health needs aged 18 to 64 to Lincolnshire Partnership Foundation NHS Trust (LPFT) via a Section 75 agreement. The agreement has been in place for almost 4 years and has delivered 28% savings over this time period. Adult Care is now negotiating the extension of the Section 75 agreement following the completion of a review of the activities that LPFT perform.

Autism

A new All Age Autism Strategy has been developed and has completed a process of public consultation and will be presented to the Council Executive in February 2015 with recommendations to implement the strategy in 2015-16. The All Age approach is seen as innovative and expected to gain interest from other authorities with a particular focus on co-production with people with autism and or their carers.

Carers



During 2014 a Joint Carers Strategy 2014 – 18 was successfully produced and published following a considerable amount of engagement with carers. LCC will continue to work closely with the Lincolnshire Carers and Young Carers Partnership to ensure the key priorities are implemented.

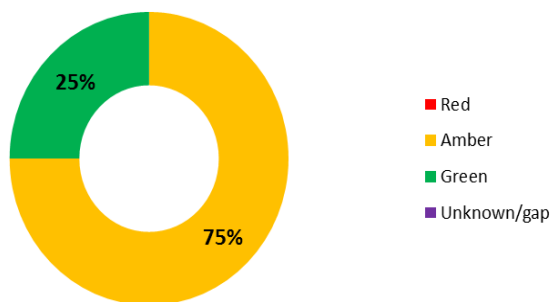
As the majority of contracts for carers support services will expire in September 2015, there will be a procurement of an all age carers support service. It is anticipated that a 'lead provider' or consortium arrangement will be obtained, this should result in a more integrated service offer to carers and a significant reduction in contract management costs for LCC.

Additionally, looking ahead to 2015 there are a number of significant challenges and key risks to the successful delivery of carers support services. Most notably the Care Act, CMPP (Mosaic), the transfer of the internal carers team to Serco and the retendering of support services. Each of these presents both opportunities and risks to the way we currently deliver support to carers.

The Care Act, which consolidates carers rights to an assessment and sets national eligibility criteria for support, is expected to result in a significant increase in the number of carers seeking an assessment and support in the form of a service. It is therefore a challenge to LCC to ensure current services will be able to meet future demand and be Care Act compliant. One area in which this is being addressed is through the implementation of CMPP (Mosaic) which will ensure carers assessments meet new legislative requirements and through the Serco provision which will manage the front end of the support service.

The recently announced financial settlement from government for implementation of the Care Act in 2015/16 goes some way to help with these increased legal duties as it incorporates additional funds to support carers. However, long term and sustainable funding will be required to ensure 'early gains' in supporting carers are not temporary.

Adult Frailty & Long Term Conditions



'...the right support,
right time,
right place...'

The purpose of this service area is to ensure that eligible individuals of Adult Social Care who are over the age of 18 and have a predominant physical disability receive appropriate care and support that enables them to feel safe and live independently. In delivering these services the expected outcomes are that we will enhance the quality of life for people with care and support needs, delay or reduce their need for care and support and ensure that people have a positive experience of care and support.

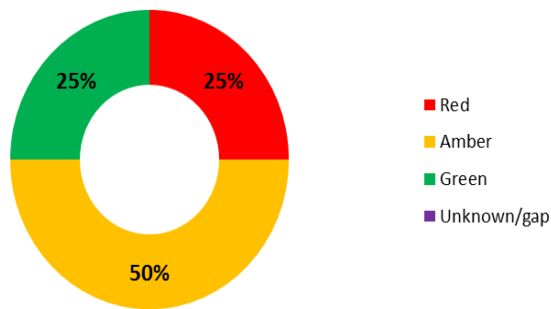
The services that we commission to deliver these outcomes include; reablement, domiciliary care, community support, residential care, dementia support services, assessment & care management and a Social Work and Occupational Therapy service.

The service area currently supports approximately 17,000 of the most vulnerable adults in the County.

Demand for services in this area is being driven by a growing population of increasingly frail older people. Lincolnshire is a net importer of older people that means there are two primary sources for the increased numbers which represents the largest growth in the East Midlands. As a result the service is seeing an increasing demand for residential and nursing placements as a result of increasing admissions and length of stay with domiciliary care budgets experiencing pressure as a result of the increasing number of people requiring higher intensity support. Provision for people under the age of 65 represents a smaller proportion with respect to the number of vulnerable adults and the budget. The service area also continues to see an increase in the use of Direct Payments to meet people's needs which is in line with the Personalisation agenda.

In addition to these general pressures highlighted above, the strategy area will be impacted by a number of external factors that will occur over the medium term, including the Cheshire West Judgement, implementation of the Care Act 2014 and work to secure new rates for residential services and domiciliary care in 2015 and, secure ongoing and quality supply from providers.

Safeguarding



LCC has adopted the "Making Safeguarding Personal" initiative from the Department of Health which has been introduced to compliment the requirements of the Care Act. This initiative will assist us to embed the seven adult safeguarding principles required by Government into our practice, as well as partner agencies.

The six key principles which underpin all adult safeguarding work are:

Empowerment – people being supported and encouraged to make their own decisions and informed consent.

Prevention – It is better to take action before harm occurs.

Proportionality – The least intrusive response to the risk presented.

Protection – Support and representation for those in greatest need.

Partnership – Local solutions through services working with each other.

Accountability – Accountability and transparency in delivering safeguarding

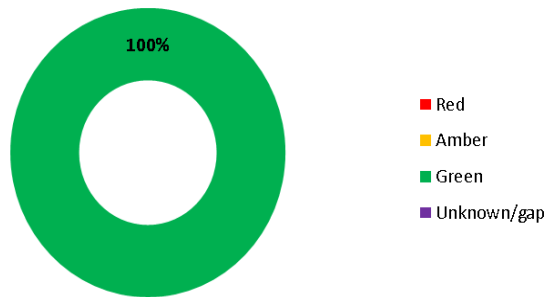
In addition and within the last few of months the DoH have included **Communities** as the seventh principle.

The Lincolnshire Safeguarding Adult Board (LSAB) will oversee the implementation of the programme across the partnership. The LSAB will have a similar legal status and role as Child Protection Committees/Safeguarding Boards once the care Act is implemented.

We have used the adult safeguarding principles to audit our practice in the LCC safeguarding teams and the results have been extremely encouraging. We want to extend the use of audits to our partners' work as well.

The Safeguarding Commissioning Strategy also has responsibility for deprivation of liberty safeguards so we know that the Supreme Court Judgement (aka the Cheshire West Judgement) about depriving individuals of their liberty in residential settings and their own home, is a high risk for Adult Care and the Council as a whole but we are managing it in a proactive manner.

Contracts



During 2014 the contract team has continued to improve its risk management approach with respect to the Council's external service provision. Work has been successfully undertaken to reflect the recommendations as set out within the 'Audit Lincolnshire' report in May 2014 which resulted in substantial assurance for older persons' contract management and the Learning Disability service review has also just been completed and has a positive outcome.

A more structured approach to contract management, quality assurance, audits of contract management practice has been developed with new work on establishing an improved 'poor practice concern' process as well as an enhanced risk assessment toolkit which will ultimately allow Adult Care teams to have much greater intelligence on provider performance, quality and risk.

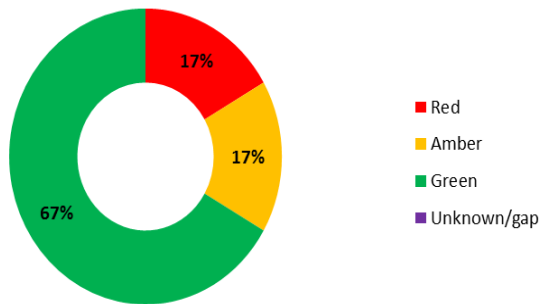
Additionally, the team has further strengthened its resources through the appointment of two new Learning Disability specific contracts officers. Contracts officers have continued to operate in a professional and diligent manner working with several service providers to achieve sustained improvement of and de-escalation in the level of risk. This work has not only been collaborative with service providers but also with internal and external stakeholders, the relationship with the Care Quality Commission (CQC) remains pivotal to these good relations.

Notable areas of progress are:

- A Limited number of home closures which were well managed as recognised by the CQC
- Improved value for money – successfully completed a number of negotiations which has resulted in a reduction in the cost of single packages of care and across whole services.
- The Contracts team have successfully led on new procurements for short breaks, and the direct payment service.
- Audits have taken place of Contract Management meetings and any issues have been addressed through regular staff supervisions (can be evidenced by audits and supervisions). The audits have also ensured that documentation is properly stored and shared within 2 weeks of the meeting.

- A 100% coverage of Learning Disability services in county will have been achieved by Feb 2015
- There has been a reduction in the number of contracts rated as high or medium risk
- Alongside scheduled contract management meetings there has been significant engagement with the independent sector on a range of issues
 - Residential Framework - Working Group established in May 2014, chaired by the Contracts Team and attended by internal and external stakeholders
 - Community Support Framework – Consultation events have been held to discuss the current Community Support Framework and the challenges that the sector is facing. The Contracts Team have worked alongside operational teams and commissioning colleagues to deliver these events
- Home closures:
 - There have been 3 home closures in 2014. The contracts team was able to manage the loss of provider process effectively and ensure that safe transfer of all residents to alternative accommodation. This has been recognised by the CQC
- In the last twelve months 97.6% of services have received at least one contract visit.
- The number of high risk services has reduced by 50% in the last quarter
- The number of services rated as medium risk has reduced by 42% since July
- Business Support have assisted the Contracts Team in maintaining the CMM & Default Tracker spreadsheet.

Financial Support, IT Systems and Performance and Quality



Case Management Partnership Programme

Work is well underway to replace the current case management system with an integrated, multi-agency case management system. The system build is almost complete and data migration and user testing will begin shortly. Staff training will take place between Jan and March 2015 with the system planned to go-live at the end of March 2015.

Whilst improvements to systems/software helps, Adult Care recognises that data quality is critical in ensuring a safe and effective service. Recording practice is a key area of focus across Adult Care, with the regular use of Operational Scorecards for key service areas which include data quality analysis. This provides an opportunity for operational teams and senior managers to assess improvements to data quality and identify problem areas. A suite of reports have also been created for managers and supervisors to generate exception reports on missing or incorrect data.

Quality Assurance

The Adult Care Quality Model is based on three principles of Safe Services, Effective Services and People's Experience of care and support. The Quality Assurance team's role is to provide a strategic quality assurance function for Adult Social Care for both internal and external service delivery. Quality Practice Audits are undertaken across adult care, including safeguarding and reported on a quarterly basis to both Divisional Management Teams and to the Quality and Safeguarding Board chaired by the Director of Adult Social Services.

- The independent survey by Age UK to help us understand people's experience of the adult care assessment process has continued for the second year
- Participation in the Department of Health national pilot on people's experience of safeguarding
- Quality Assurance on the management action plan in response to a recent domestic homicide review
- Review of direct payments with a series of recommendations for improvements
- Ongoing review of people's experience of homecare services with recommendations feeding into re-procurement of services
- Review of current carers services and people's experience with recommendations feeding into re-procurement of carers service.

Care Act

The Care Act 2014 represents a significant reform of the law relating to care and support for adults and carers, updating and consolidating relevant legislation in a single statute in order to better offer improved support and wellbeing with dignity, respect, independence and choice. The Care Act promotes integration between Adult Social Care, health and housing.

Final guidance was published late October 2014, and the legislation will be implemented in two phases:

April 2015 – Duties addressed include: prevention and wellbeing, information and advice, carers, market shaping, commissioning, assessment and eligibility, independent advocacy, personal budgets, direct payments, care and support plans, safeguarding, partnerships, transition to adult care, prisons, and continuity of care.

April 2016 – Extended financial support, cap on care costs ("Dilnot cap") and care accounts. Preparations for implementation are well underway. A Care Act Programme has been established to analyse the changes and implications for LCC and to ensure a co-ordinated approach to planning and implementing the required changes.

The Programme consists of ten workstreams covering the key areas of activity. Workstream leads have analysed the legislation covering their area to evidence compliance with the Act, and where gaps remain to highlight the changes necessary. This compliance and gap analysis work is due to be completed by the end of November. Leads meet monthly and their progress is reported to the Care Act 2014 Programme Board, which also meets monthly.

There is a significant amount of activity to be undertaken between now and April 2015. This will include: staff training; the development of new guidance, action plans and changes to working practices.

Performance

Within Adult Care, a local performance framework has been developed which incorporates locally defined measures in addition to measures from the National Adult Social Care Outcomes Framework (ASCOF) and the National Health Service Outcomes Framework (NHSOF). The measures cover all of the key areas of the business and have been deemed appropriate for measuring the outcomes and effectiveness of service provision for the people of Lincolnshire.

The indicators within the framework have been aligned to nine domains consisting of;

- Prevention
- Reablement
- Personalisation
- Operational
- Organisational
- Customer Feedback
- Carers
- Interface with Health and
- Safeguarding

The Performance Framework is overseen and reported to the Adult Care Executive DMT which includes the Portfolio Holder and reported on a quarterly basis to Adult Scrutiny Committee.

Demand for services continues to grow, with 14,400 clients currently accessing services. 8,000 clients are supported with long term support either in the community with a personal budget, or in permanent residential care. The remaining 6,400 clients are receiving on-going low level support in the community. The general increase is mostly fuelled by the growth of older people requesting support, but also because of the uptake of Telecare equipment since the service has transferred to Public Health. Admissions to permanent residential care for younger adults remains low and stable, For older adults, the rate of admission is particularly low this year, with 100 fewer placements made between April and September 2014, compared to the same period last year.

The uptake of services would be much greater if the Adult Care 'front door' wasn't as effective as it is. Three quarters of contacts for new clients are offered information and advice and are being signposted appropriately instead of progressing down the funded care route.

With regard to the reablement service, which is now provided by LPFT, 50% of people accessing the intensive service have regained their independence and require no ongoing support from Adult Care. Also, the percentage of clients admitted to hospital after reablement has reduced to 16%, which further demonstrates the effectiveness of the intervention and reduces the pressure on acute care.

For people who have been in hospital, Adult Care has worked closely with health colleagues to reduce unnecessary delays. For two consecutive years, Lincolnshire has been one of the best performing authorities in respect of delayed transfers of care with an average of 8.5 delayed patients per 100,000 population, and 1.4 delayed patients per 100,000 where the delay was caused by Adult Care. In the last 6 months, the number of delays has reduced further still.

Operational efficiency continues to be very good with 88% of assessments completed within 28 days. People are receiving services more efficiently with 90% of home support packages brokered within seven days of referral, and 94% of direct payments processed within 14 days. Adult Care are on track to review 90% of people in the year, which would show a good improvement from 80% last year. Reviews ensure that people have the most appropriate support services to meet their needs and keep them safe.

The authority is also experiencing an increase in demand from carers. 6,600 carers are currently supported by the Carers Service Team or one of the Trusted Assessors for Carers, the majority of which are offered a direct payment to meet their particular needs as a carer. Carers also want reassurance that the person(s) they care for are looked after should something happen to them. The Carers Emergency Response Service (CERS) addresses this need, and 50% of carers have a CERS plan in place, which can be activated at any time, day or night.

People are generally happy with the care and support they receive, with 92% of clients responding to the 2014 Adult Care Experience Survey saying they were at least quite satisfied. 84% of people responding to the survey also said that the care and support services they received made them feel safe and secure. The number of complaints received by Adult Care has fallen consistently since 2011/12, also suggesting that the service is improving. From April to November 2014, only 30 complaints have been substantiated (compared to 66 substantiated complaints in 2013/14).

Data quality remains a key focus within adult care, particularly as data is migrated from existing systems to the new case management system. The operational scorecards used across all business areas are a key part of ensuring data quality, with monthly data quality analysis provided to managers. This provides a regular opportunity to assess improvements to data quality and is shown to be effective with an 87% reduction in data errors since Jan 2013.

5. Strategic Risks



The significance of the issues facing Adult Care is reflected in the Council's Strategic Risk Register. The risk rating reflects a natural disposition to caution given the nature of the people being served and the scale of the budget and the pressures faced. Outlined below is:

Safeguarding Adults

On 1st April 2015 Safeguarding Adults becomes a statutory responsibility along similar lines to child protection. This requires closer working and information sharing with Police, Health and a wide range of other partners. Closer links with domestic abuse, human trafficking will also be required to ensure adults are protected and where necessary we respond appropriately. Most actions arising from the Peer Review of safeguarding in November 2013 have been completed. Further actions have arisen from the review related to a domestic homicide. The process of learning will not cease.

Market Supply to Meet Eligible Needs

In essence there are two primary markets for adult care services: home support and residential care. Both are susceptible to market failure as a result of the prices currently paid by Adult Care. This is particularly evident in the home care market which has had low prices for over three years. It is a statutory requirement to provide a service to meet an eligible need and supply of service will only be assured if Adult Care can pay more. This creates a budgetary pressure for the Council. Notwithstanding this situation relationships with the provider market are good and for the last three years the residential market has been very stable. New capital investment in Extra Care services will be required in the future to help mitigate pressures within the residential care market.

Integration with Health

Lincolnshire Health and Care represents a profound agenda for change across both Health and Social Care. The effects of such change on Adult Care are already being felt as we increasingly jointly commission services and pool budgets, for example in learning disability and community equipment services.

This level of coalescence will increase as a result of both national policy and local initiative. The scale of such change generates its own risks.

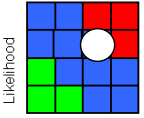
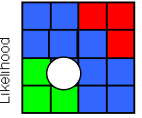
Council's highest rated Strategic Risks for this area of the business:

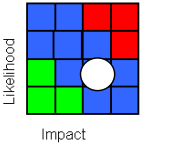
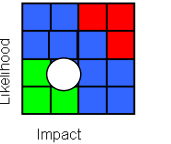
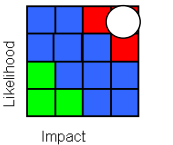
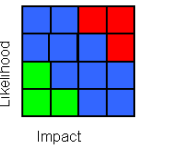
Safeguarding Adults

Market supply to meet eligible needs

Integration with Health

6. Strategic Risk Register

Risk description	Risk Appetite (How much risk are we prepared to take & the total impact of risk we are prepared to accept)	Current risk score	Target risk score	Assurance Status (Full, Substantial, Limited, No)	Direction of Travel (Improving, Static, Declining)	Actions	Notes / Comments
Safeguarding Safeguarding adults	Cautious (Regulatory standing & legal compliance - recognised may need to change the ways we do things are done but will be tightly controlled)	 <p>Likelihood</p> <p>Impact</p>	 <p>Likelihood</p> <p>Impact</p>	Limited	Improving	<p>Existing controls</p> <ul style="list-style-type: none"> • Multiagency Safeguarding Policy & local Procedures • Adults Strategic Safeguarding Board • Virtual integration between policy, practice & strategy • CQC Information Sharing Meetings • Delivery of Safeguarding training to providers as part of 'Supporting Proprietors - Leadership & Management' Programme • Appropriate checks / vetting of staff in 'regulated activity posts' • Investment in staff development agreed with Adult Safeguarding Board (ASB) of £250,000 for 2 years (each year) • Improved performance monitoring to Adult Safeguarding Board (ASB) under development for regular monitoring • Public Protection Board • New quality assurance unit • Leap professional & elite professionals • Serious case reviews • Senior Business Manager appointed to assist Safeguarding Manager and take lead on Implementing Peer Challenge Action Plan • Performance Score Card monitored at department level reported to LASAB <p>New / Developing controls</p> <ul style="list-style-type: none"> • Develop & implement suitable assurance framework for commissioned services (that considers safeguarding) • Develop & implement suitable assurance framework for Personal Budgets (that considers safeguarding) • Domestic Homicide review action plan • Implementation of Action Plan arising from Peer Challenge - due for completion by Dec '14 	

<p>Market Supply AC Adequacy of market supply to live within budget</p>	<p>Cautious (Regulatory standing & legal compliance - recognised may need to change the ways we do things are done but will be tightly controlled)</p>			<p>Substantial</p>	<p>Improving</p>	<p>Existing controls</p> <ul style="list-style-type: none"> Continued improved relationships with providers Community support framework Targeted market stimulation - geographic or service based on micro-level according to need and based on good intelligence. Capital strategy in place for next 3 years with funding level and team created Additional resources in Procurement Lincs to improve contract management - prolonged transfer Homecare rates being described and new investment assured Funding for residential care secure Contract register in place Additional investment in community based services with NHS developed <p>New / Developing controls</p> <ul style="list-style-type: none"> Develop further diversification of the market, i.e. multiple providers being able to offer multiple services Develop right mix of skills to become a commissioner of services Renegotiation of Pay & Prices - due for completion by end Dec '14 	<p>Review risk in Dec '14 following renegotiation of Pay & Prices work.</p>
<p>Integration of Health & Social Care Services Maintaining a viable, safe & sustainable health and social care infrastructure</p>	<p>Cautious (Willing to take risks but prefer to take the 'safe delivery option' - minimising the exposure with tight corporate controls over change)</p>					<ul style="list-style-type: none"> This risk is a new risk and due to the nature of the risk, we need to continue to work with the programme office to identify suitable actions to mitigate the risk. This will be completed over the coming months 	

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