

# Combined Assurance

## *Status Report Adult Care*



Assurance

Date: January 2016

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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



In previous editions of this document the modernisation of Adult Care was the primary focus in securing a sustainable financial base in support of the most vulnerable adults in our communities. On reflection and during 2015/16 Adult Care – as a service – can be said to have had a good year. By the end of the financial year we expect to have delivered another balanced budget for 4 years in a row now despite profound changes and increasingly tight financial settlements. It should also be noted that Adult Care volunteered to 'give back' £1.4m to the council to help address overall financial challenges at the beginning of this financial year. Performance in a number of areas has improved as has the number of people supported, the level of integrated working with health has never been greater. The Directorate is 95% externally commissioned activity and as such is perhaps the strongest reflection of a commissioning model within the Council. Indeed, by the end of this financial year some 82% of all commissioned activity will have been retendered representing a vital test of quality, financing and supply. Robust financial management, tight gatekeeping and the excellent support provided by the Corporate Commercial Unit have been key to success.

In addition, Adult Care is responsible for the single largest block of income generation from charges across the County Council (£36m pa). It is therefore reassuring to note that income collection is above 99% (an improvement on the previous year) and one of the best performing in the country.

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 commenced 1<sup>st</sup> April 2015. It is unfortunate that the experience of implementation of a fully functioning AGRESSO and the arrival of the MOSAIC ICT system has been so badly delayed or, frankly a poor experience. The delivery of a new ICT platform now represents an 'Achilles heel' to Adult Care and one that badly needs to be addressed for the following reasons for it has:

- Adversely affected Adult Care's ability to make savings,
- Prevented full compliance with the Care Act (Mosaic only),
- Presented additional risks to effective safeguarding (Mosaic only),  
Compromised the ability to deliver "channel shift" eg Self Service, and  
Required additional work leading to processing inefficiencies and additional expense (Agresso only)

This will be a priority therefore for 2016/17.

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.

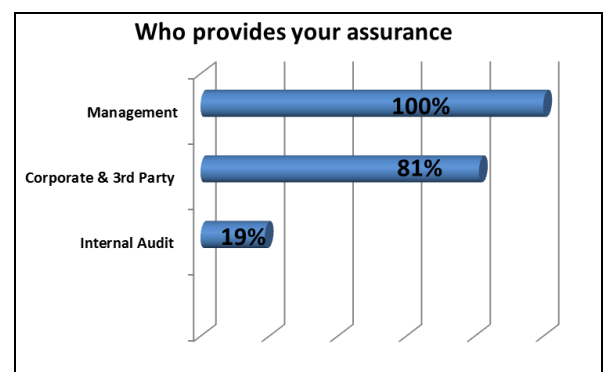
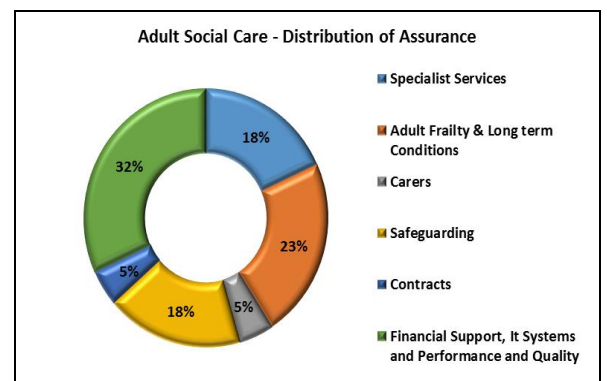
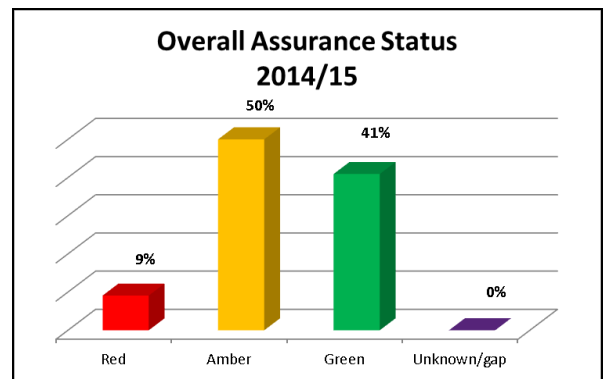
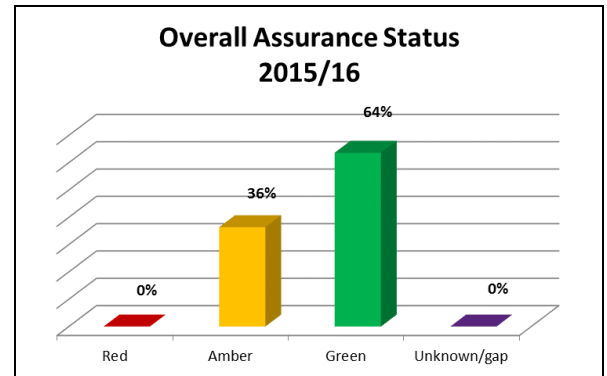
# Key Messages Continued



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. Integration with health has moved from a policy exhortation to a mandatory requirement with the threat of considerable financial penalties for those systems that fail to progress. An integration plan will be required by 2017 with full implementation by 2020. This represents a 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 we perform 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.



## 3. Suggested Next Steps

As previously indicated in "key messages" the modernisation journey for Adult Care continues unabated. In 2010/11 Adult Care employed over 1155 fte staff and was a substantial provider of direct care services. Staffing as of November 2015 is 451 fte with minimal direct care service remaining.

In parallel the introduction of the Better Care Fund (BCF) has secured additional support for the "protection of adult social care". In 2015/16 the value of is £20m. However, the process for securing this sum required 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.

The Government has announced that the BCF will continue into 2016/17 so the process of renegotiation has begun. It is clear from the Chancellors Spending review announcement in November 2015 that the BCF will have a shelf-life at least up to 2020 and, be used to facilitate integration.

The existing programmes of activity in Adult Care are:

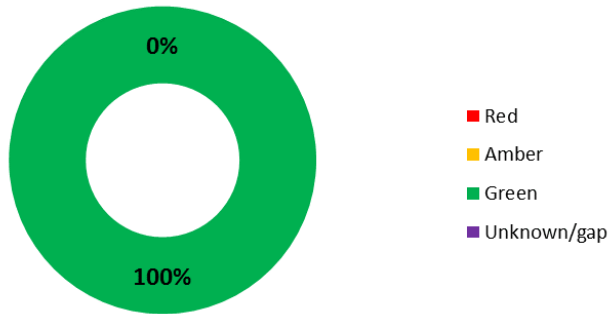
1. Integration with Health – Despite being one of only 6 systems in the Country achieving our level of integration more is expected and this will profoundly affect the County Council.
2. Future Delivery of Support Services (AGRESSO) – notably now that the Customer Service Centre is part of the transfer 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. This will need to be combined with work involving the districts in better meeting housing needs for people with additional social and health care needs.

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 Wellbeing Service commissioned by colleagues in Public Health and the 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. Added to this is the need to deliver savings for the Council. During the previous 4 years Adult Care delivered in full its required £38m savings figure and has agreed to seek to find an additional £5.3m during 2016/17 with more to follow in 17/18 and 18/19. Notwithstanding these efforts the ability to deliver ever greater efficiencies or, reduce spend is increasingly limited and the sums involved for potential savings grow smaller – much smaller .

# 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 reviewing 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.

Learning Disability Services also receive an additional level of scrutiny via the Specialist Adult Services Joint Delivery Board which provides additional assurance.

### Directly Provided Services

Swallow House respite facility for people with Learning Disabilities was successfully outsourced in 2015-16.

The review of the remaining 16 In-House services has been completed and recommendations for further improvements have been made to Director of Adult Services and Executive lead Member. Adult Scrutiny Committee will consider the outcome of the review in January 2016.

Feedback from related consultation following the review has been positive to the proposed changes.

### Mental Health

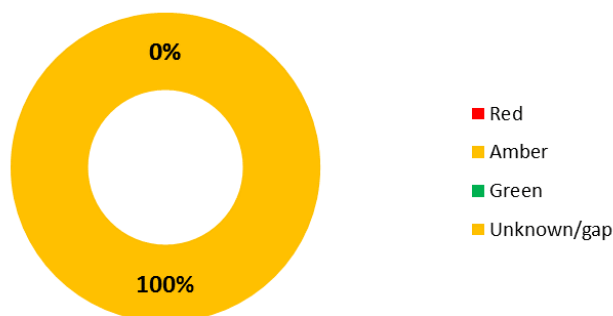
Adult Social Care has delegated its Assessment and Care Management function for Adults with Mental Health needs aged 18 to 64 to Lincolnshire Partnership Foundation NHS Trust (LPFT) via a Section 75 agreement. The agreement has been in place for almost 5 years and has delivered 28% savings over this time period. The Section 75 Agreement has robust Governance arrangements and an annual review is completed to inform continuous improvement. The Section 75 ends on the 31 March 2017. Planning has commenced for re-provision.

## Autism

A new All Age Autism Strategy has been developed and implemented following public consultation. It is understood that Lincolnshire will be named as a "Good Practice" example by the Department of Health when an update on the National Strategy is published later this year.

Additional assurance is provided via the Lincolnshire Autism Partnership Board which meets regularly to oversee the implementation of the local strategy which has been co-produced with Experts with Experience.

## Carers



### Procurement of service

The procurement for the carers support service took place in early 2015 but did not award a contract because of the quality of the bids. Following a lessons learned exercise a second procurement commenced in November 2015. The response from local and national Providers has been encouraging and stimulated positive engagement. If the second procurement is successful a single lead Provider will be awarded the contract that will start on 1 June 2016.

At the same time as the failed procurement a number of other factors affected the service. These included; transition of the LCC Carers team to Serco, Care Act 2014 and Children & Families Act compliance, extension and variation to existing contracts and the delay of the new Case Management system (Mosaic). Business continuity and improvement of service standards have been the focus of attention throughout the year.

### Assurance and transition arrangements

A working group of representatives from Carers, Providers and the LCC Carers Commissioning team was established to co-ordinate the activities required for transition planning. It has been successful in promoting collaborative working and is facilitating the implementation of the requirements of the Care Act 2014. It has contributed to developing a Quality Assurance Framework that incorporates a set of Quality Practice Standards, and a Workforce Learning & Development Plan.

Whilst the latter has commenced, the implementation of Quality Practice Standards and associated audits will be phased from January 2016. This approach is allow for continued challenges with the quality of data, the case management system and to give support to Providers as this is a significant change on both cultural and practical levels. Performance reporting will be aligned to the Adult Care quality assurance governance and presented at the Quality & Safeguarding Board. Assurance of practice and service standards and compliance with the Care Act 2014 has been achieved



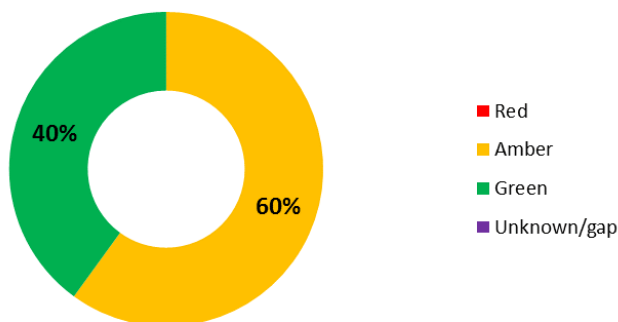
This has shown that assessors are adjusting their practice to applying the eligibility framework and developing appropriate support plans. Regular contract management meetings are undertaken jointly by the commercial and carers commissioning teams contributing to the overall assurance monitoring.

Links with Children's Services are established to develop procedures and standards for the transition arrangements for young carers to adult services.

A mobilisation plan will guide the change of the contractual arrangements.

The all age Carers Commissioning strategy 2016 – 18 has been produced with the approval process taking place during the first months of 2016. The strategic aims ensure continuation of improvement to the assurance of the service and support the Council to fulfil the statutory duties and responsibilities.

## 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 assistance and ensure that people have a positive experience of the support they receive.

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.

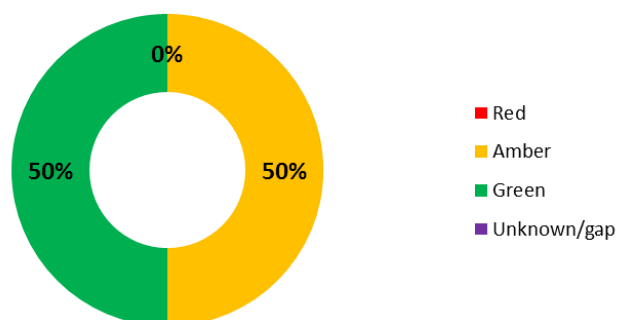
The service area currently supports in excess of 12,000 of the most vulnerable adults in the County with long term support.

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 recurrent pressures highlighted above, the strategy area will be impacted by a number of external factors including (but not limited to), funding reforms, changing budget streams and integration with the NHS. These challenges will sit alongside the continued work to secure residential care and domiciliary care services, whilst maintaining budgets with a balanced quality and quantity of supply.

## Safeguarding



The Care Act came into force in 2015 placing adult safeguarding on a statutory footing. The mandatory guidance is really clear that there should be robust preventative measures and proactive responses to adults who have care and support needs, even though the local authority are not meeting those needs. Eligibility for service is not relevant to our legal duty to safeguard individuals and interventions have to have well-being at the fore of the decision making.

The Safeguarding Adults Commissioning Strategy has four statutory functions contained within it, all of them are County wide responsibilities for the local authority. These functions are:

- Adult safeguarding Team
- Emergency Duty Team – which serves both adults and children's out of hours mental health assessments.
- Deprivation of Liberty safeguards team.

Responsibility for management of the Lincolnshire Safeguarding Adults Board changed in January 2016 and has been assumed by the DASS.

The Care Act requires that the local authority oversees the six national principles within the whole infrastructure in Lincolnshire which are:

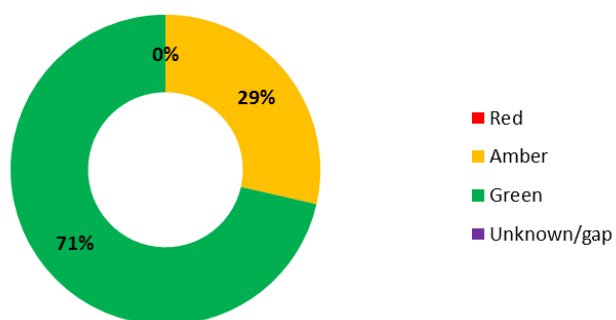
- empowerment, prevention, protection, partnership, proportionality, accountability and that we undertake and oversee individual safeguarding enquiries using the six objectives as outlined in the mandatory guidance

- establish the facts, ascertain the clients views and wishes ( and the outcome they require from the intervention), assess the need for protection, support and redress and how those needs may be met, protect according to the clients wishes ,Make decisions as to what follow up action should be taken with regard to the person or organisation for the abuse or neglect.

The Deprivation of Liberty Safeguards (DoLS) team are managing the "Cheshire West" judgement which has dramatically increased numbers of application and are using robust screening tools for them to risk manage their work.

The Approved Mental Health Professional ( AMHP's) who work in the adults EDT team are accountable to this commissioning strategy.

## Financial Support, IT Systems and Performance and Quality



### Financial support.

The Adult Care budget for 2015/16 is £145.647m, and is projected to spend within budget. This being the case it will be the fourth year in succession that Adult Care has achieved an underspend position which reinforces the view that Adult Care in Lincolnshire continues to be one of the lowest funded Adult Care departments, spending less on 'overheads', staffing and pay grades than other local authorities both nationally and regionally. Also that comparatively Adult Care spends less on nearly all types of social care service commissioned when compared with most regional authorities whilst delivering good to very good performance and an overall better than average standard of care services commissioned.

The service has a wide range of performance information and other information available from peripheral systems, legacy systems and spreadsheets and this has enabled it to continue a degree of financial monitoring and budgetary oversight that has helped address some of the problems resulting from the weaknesses with Agresso financial systems. This alongside regular discussions with budget holders, principle practitioners and managers, together with the experience, close working relationship and knowledge of those involved, provide a level of assurance on financial management activity.

Budget monitoring reports have been prepared at 31 October 2015 and 31 December 2015, in addition to the ongoing work to support preparation of the financial outturn.

The service continues to go through substantial change with The Care Act, changes to the provision of home care services, and other changes all impacting on the financial position. Current year Older Persons residential activity is stable across the county; with placement activity similar to the corresponding period in 2014/15, however prior year placements (base) have seen an overall reduction compared to last year. Income collection across the board continues to be a strong performer with collection rates of over 99%, combined with ongoing work to ensure service users contribute appropriately for services provided. The Council's Executive approved changes to the Non-Residential Contributions Policy in November 2015 and this will make the policy more fair and equitable, updated for the effects of the Care Act, easier to administer and also lead to a further increase in income of £1m per annum.

The Learning Disability Service has seen growth in Supported Living and Direct Payments; this has mainly been down to school/college leavers requiring packages of support to replace their education due to parents working. There has also been an increase in new residential packages with some of the cost mitigated by the closure of existing packages.

Additional financial pressures have been experienced in Deprivation of Liberty Safeguarding (DOLS) as a consequence of the Cheshire (West) judgement.

Additional funding to address the financial pressures came from three key sources:-

- The Government provided £6.4m (in grant funding and through the Better Care Fund) to address the financial pressures resulting from the Care Act
- The Council was able to agree with the 4 Lincolnshire CCGs, Better Care Funding of £20m to protect Adult Care services. This helped fund a variety of ongoing and new pressures eg £4.4m to help protect the pooled Learning Disabilities budget, £4.25m to meet demographic pressures, £2m for reablement services, £1.4m for the Hospital Discharge Teams, etc
- The Council agreed an additional £1.9m funding to address the pressures in the Safeguarding service

The budget also includes a commitment to deliver £3.388m savings during 2015/16 from a number of initiatives including a Senior Management and Workforce Development Review, a continuation of the work to maximise service user contributions, the review of the contributions policy, the renegotiation of several contracts and additional efficiencies brought about as a result the implementation of the Care Act. The vast majority of these savings are on target to be delivered and any not achieved can be funded from underspendings in other parts of the service's budget.

Financial pressures will continue to increase in 2016/17 with further demographic pressures, the impact of the recently announced National Living Wage and other increases in contract prices. These increases come at the same time as the council's overall financial position is impacted by the Government's decisions to reduce grant, and the CCG's come under additional financial pressures. There is however a recognition across the council and within the health community of the pressures in Adult Care, and a strong commitment to support the funding of services. The Government's decision to allow councils to increase council tax annually through a 2% social care precept, is one of the opportunities available going forward to help fund the increasing cost of Adult Social Care.

## **Case Management Partnership Programme**

Initial plans were for Mosaic to go-live in April 2015, however, this did not happen as planned. The programme is a corporate programme delivering a new case management system for adults, children's and public health.

The current position is that the corporate CMPP Board will take a view late January 2016 as to the optimum timing for Mosaic's transition into operational use. There remain a number of factors impacting on go-live, including Agresso stability, year-end impact, Serco operational readiness, LCC readiness and infrastructure and technical readiness. The adults build is substantially completed, with a few outstanding areas to finalise, including purchasing of services and reablement pathways. The majority of user acceptance testing is complete and training programmes ready.

## **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.

Quality Assurance Activity including

- Development of a risk matrix tool for use across commissioned services to ensure that resource is targeted at high risk providers
- Development of Service Quality Review meetings, bringing together Contracts, Quality, Safeguarding, CQC, Health and Infection Control to review all high risk providers on a monthly basis
- Embedding of the Department of Health national pilot on people's experience of safeguarding
- Quality Assurance on peer review of safeguarding
- Dedicated to support to high risk providers to improve quality

## **Care Act**

The Care Act implementation in April 2015 represented 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.

**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.

The government delayed the funding reforms due in April 2016 until 2020

The Care Act Programme consisted of 10 workstreams covering the key areas of activity. The majority of workstream have now been fully completed. The outstanding areas are in the main linked to the implementation of Mosaic and the reprocurement of the Carers service

## 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.

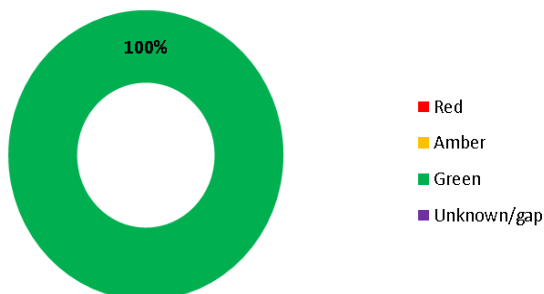
The first 6 months of the reporting year have seen a 10% increase of demand for care and support services compared to the previous year, which equates to just over 3,000 new requests for support per month. An improved information offer and better signposting to alternative services in the community from the Care and Wellbeing Hub (formerly the Customer Service Centre), have had a big impact on delaying or reducing the need for care and support. Reablement services, particularly for patients discharged from hospital, have proved effective in restoring people's independence, and therefore their reliance on funded care. The Wellbeing service has had a similar effect. Despite the increase in new requests, approximately 85% of people have their needs met with the above support without being passed to a Social Work Team. This has alleviated the pressure on Adult Care Teams and as a result, the proportion of assessments completed within 28 days has increased to 94%. Furthermore, review performance is very strong and at the current rate, by the end of the year it is expected that over 90% of people already known to Adult Care will have received their annual review of needs.

Currently, a total of 16,000 adults are provided with services, 9,000 of which are in permanent residential or nursing care or receive a personal budget in the community. The remaining 7,000 are supported with short term services, which includes in the main, equipment and telecare but also temporary residential care and ongoing professional support. At the end of Quarter 2, 27% of clients with a personal budget in the community received their support in the form of a direct payment. This is an increase of 2.5% from Quarter 1, with further increases expected as 150 adults have chosen to convert their managed package of care to a direct payment as part of the recent home support contract transition. It should also be noted that for the last four months in a row, 100% of new direct payments have been paid within 14 days, which is a drastic improvement from the previous year and helps to ensure people get the care as early as possible.

In 2016 a newly commissioned Carers Service will be in place, with a model that creates resilience in the caring role, improved quality of life for carers and to prevent crisis. Almost 7,500 carers have been supported over the last 12 months, and since April there has been a shift in the pattern of support towards early intervention and prevention with 20% of carers having their needs met with information and advice. Since its transfer to Serco, the Carers Team have assessed carers more quickly, and in September 100% of carers were assessed within 28 days. The slicker assessment process and front end support is a response to managing the increase in demand expected once the Care Act is fully embedded.

With the Better Care Fund (BCF), a series of projects are in place to reduce the pressure on the health sector, and keep people at home for longer. Social Care have helped by supporting the County's Accident and Emergency departments, being involved in joint discharge planning, arranging care packages quickly for patients ready for discharge, and making sure assessments are completed quickly. Although there are current pressures around delayed discharges, delays attributable to Social Care are still relatively low. Other measures that pertain to the effectiveness of the BCF from a Social Care perspective include recently published survey results which indicate that 94% of Adult care clients enjoy a better quality of life as a result of the services they receive. Also, a low admission rate to residential care means that people can stay independent in the community for longer.

## Contracts



In the last 12 months the Commercial Team has implemented and embedded a new risk management tool and a process for monitoring poor practice concerns raised by practitioners. In 2015 the Contract Officers undertook over 600 contract management meetings and site visits. It is expected that contract management activity will increase over the next year.

Over the last 12 months there has been a sustained improvement in commercial relationships with providers and a high level of confidence and trust between the market and the Council has been achieved.

In addition to the successful delivery of its core contract management activity, the Commercial Team has also been developing and implementing procedural and process improvements, and supporting the mobilisation and implementation of the newly awarded service contracts such as Home Care.

Notable areas of progress are:

**Risk Matrix** – There are currently over 600 contracts managed by a team of 13 officers. A risk management tool has been developed to enable the Commercial Team to prioritise workloads and to provide oversight of the residential and domiciliary care markets. The Risk Matrix covers 302 residential and community support contracts across all categories of care. The risk tool examines 10 criteria and calculates an overall risk score, enabling the team to maximise the effective use of its resources.

**Service Quality Review** – Alongside the risk management tool, a Service Quality Review Group was established in January 2015 to review all the high risk service and to coordinate actions between Contracts, Quality, Safeguarding, CQC and Health. The SQR Group meets on a monthly basis and is attended by all Senior Contract Officers to provide updates on their portfolio of contracts. Since the risk tool and Service Quality Review meetings were introduced the number of high risk contracts has reduced from 84 in March 2015 to 39 at the end of December, a reduction of 54%.

**Poor Practice Concerns** – A new and improved system has been developed to allow social workers, practitioners and other professionals to raise low level concerns about commissioned services. The Poor Practice Concern forms feed in to the risk management tool which identifies trends and will trigger action by Senior Contract Officers where required.

**Contract Management Framework** – A new contract management framework has been developed and is due to be launched in April 2016. This is a step change in the way in which the team delivers contract management and will provide better oversight for management as well as ensuring a consistent approach across all contracts.



# 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 1<sup>st</sup> April 2015 Safeguarding Adults became 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.

## **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.

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

**Safeguarding Adults**

**Market supply to meet eligible needs**

# 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)	Assurance - Direction of Travel (Improving, Static, Declining)	Actions
Safeguarding Safeguarding adults	Cautious (Regulatory standing & legal compliance - recognized may need to change the ways we do things are done but will be tightly controlled)			Limited	Improving	<p><b>Existing controls</b></p> <ul style="list-style-type: none"> <li>• Multiagency Safeguarding Policy &amp; Local Procedures in place</li> <li>• Adults Strategic Safeguarding Board</li> <li>• Virtual integration between policy, practice &amp; strategy</li> <li>• CQC Information Sharing Meetings</li> <li>• Delivery of Safeguarding training to providers as part of 'Supporting Proprietors - Leadership &amp; Management' programme</li> <li>• Appropriate checks / vetting of staff in 'regulated activity posts'</li> <li>• Investment in staff development agreed with Adult Safeguarding Board (ASB) of £250,000 for 2 years (each year)</li> <li>• Improved performance monitoring to Adult Safeguarding Board (ASB) under development for regular monitoring</li> <li>• Public Protection Board</li> <li>• New quality assurance unit</li> <li>• Lead professional &amp; elite professionals</li> <li>• Serious case reviews</li> <li>• Senior Business Manager appointed to assist Safeguarding Manager and take lead on implementing Peer Challenge Action Plan</li> <li>• Performance Score Card monitored at department level reported to LASAB</li> <li>• Regular Case file Audits system implemented</li> <li>• Domestic Homicide review action plan completed March 2015</li> <li>• Implementation of Action plan arising from Peer Challenge completed January 2015</li> <li>• Internal Audit on Safeguarding completed with Substantial assurance</li> </ul> <p><b>New / Developing controls</b></p> <ul style="list-style-type: none"> <li>• Develop &amp; implement suitable assurance framework for commissioned services (that considers safeguarding)</li> <li>• Develop &amp; implement suitable assurance framework for Personal Budgets (that considers safeguarding)</li> </ul>
Market Supply AC Adequacy of market supply to live within budget	Cautious (Regulatory standing & legal compliance - recognized may need to change the ways we do things are done but will be tightly controlled)			Limited	Static	<p><b>Existing controls</b></p> <ul style="list-style-type: none"> <li>• Continued improved relationships with providers</li> <li>• Community support framework</li> <li>• Targeted market stimulation - geographic or service based on micro-level according to need and based on good intelligence</li> <li>• Capital strategy in place for next 3 years with funding level and team created</li> <li>• Additional resources in Procurement Lines to improve contract management</li> <li>• Homecare rates established and procurement approach agreed</li> <li>• Funding for residential care secure</li> <li>• Contract register in place</li> <li>• Additional investment in community based services with NHS developed</li> <li>• Additional funding agreed for 3 years with Executive</li> </ul> <p><b>New / Developing controls</b></p> <ul style="list-style-type: none"> <li>• Develop further diversification of the market, i.e. multiple providers being able to offer multiple services</li> <li>• Develop right mix of skills to become a commissioner of services</li> </ul>