

APPENDIX 1

Kent Adult Social Services RISK REGISTER
January 2008

No	Rank	Source	Event / Risk	Planned Outcome	Accountable Manager	Existing controls	New tasks / action plans	Date
1	I = 5 L = 5 Score = 25	Health Service Economy Risk to Social Services / investment in community based preventative services as a result of difficulties in Health Economy.	Delayed discharges increase. Resources moved out of 'prevention'. Delays in admissions for planned intervention. No guarantee that shift of funding from Acute to Community Services will happen. Mental Health readmission rates. Continuing debt and financial imbalance to SSD. Partnership funding for new clients. Fit for the future. Risk increased due to hospital reconfiguration. Concerns of cost shunting. Unpopular decisions in order to stay within budget and the subsequent public re-action – could destabilise new Health organisations. Impact of Maidstone and Tunbridge Wells Report re C Diff.	Joint investment in community based preventative services which promote independence	SMT	Range of preventative projects. Scrutiny of Health through Members overview. PCT / PEC Reps. Partnerships / joint working with Health. Green paper for adults. Joint commitment to PSA2 Target on reducing emergency hospital admissions of older people. Towards 2010 Target & action plan – monitored closely. Continuing Care and proposed changes – Adult Services fully engaged in. Engagement of Members through Cabinet, Overview Committees, Local Boards. Lobbying of Govt. Lead arrangements with 3 PCTs. WDS – telecare projects Range of joint initiatives including POPS / INVOKE in East Kent Brighter Futures Project	Urgent Care Demonstrator Healthwatch LINKS.	

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2	I =5 L = 4 Score = 20	<p>Increase in referral/ inquiries/needs outstripping available resources. Improved customer care- easier access. Long term trends of people living longer - with long term conditions (dementia). Previously self funding residents whose wealth depletes below required threshold. Increase in population.</p>	<p>Demand outstrips available resources. Access points become clogged up. Increase in complaints. Increase demand on services. Increase in costs for preventative work. Shift towards Preventative Working which means we are taking more risks with the community. Identification of more need through preventative community based work. Change Eligibility Criteria. Poor publicity. Demographic Challenges. Kent's population is expanding. The demographic profile is ageing– an extra 63,100 people aged 65+ in Kent over next 10yrs. Complexity and greater need of those people with LD.</p>	<p>Through partnership working, modernisation etc Directorate able to meet increase in demand.</p>	SMT	<p>Duty Service. Self Assessment. E-Govt initiatives / new ways of accessing. Increased user involvement. Joint planning with partners. Planning for the future e.g, The Vision, Active Lives, Older Persons strategy Independent enquiry into previously self-funding residents. Focus on prevention and early intervention. Business Planning- New 3 Year Business Plan in place. Finance and Activity Monitoring. Contracting and Procurement Controls. Towards 2010 & Kent Agreement. Reviewing charging policy.</p>	<p>ALFA – major project to re-design Directorate focussing on self directed support & improved access</p> <p>Strategic Review and Modernisation of older people services</p> <p>Strategic Review and Modernisation of Learning Disability Services</p> <p>Joint Service Needs Analysis developed with the Health Service</p>	April 2009

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3	I = 4 L = 4 Score = 16	<p>Disproportionate numbers of people in need across the age range are being placed by other LA's or have moved into Kent from other parts of the country.</p> <p>Kent is a particular place of retirement. Adult / Older people Nursing & Residential placements made in Kent by other Authorities.</p>	<p>Demands on health care and other related services. Increase in prices / cost. Resources not available for KCC residents.</p> <p>Disproportionate numbers of 'former self funding clients'. Increasing Demand / Complexity for LD cases.</p> <p>Impact of recent 'ordinary residence' judgements by Sec of State.</p> <p>Homes de-registering and moving to supported living.</p> <p>Supporting other LA's LD residents.</p> <p>Fewer CSCI inspections. Quality of care and associated AP issues. DASS role on quality.</p>	Focus resources on priorities and greatest need	SMT	<p>Wider role of Adult Services Managing Director – to influence agenda. Representation to Government. Partnerships with other agencies to plan etc.</p> <p>Strong planning and demographic projection processes</p> <p>Strong engagement with 'sustainable communities'</p> <p>Preventative Services. Business Plan, Kent Agreement / Towards 2010 =- e.g. Transitional target. Discussions with SAGA and others re long-term care insurance.</p> <p>Provision of social care directory on website and in hard copy</p>	<p>Re provision of people with Learning Disabilities, who are currently in residential care managed by NHS.</p> <p>ALfa – already noted will be a further control</p>	

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4	I =5 L = 3 Score = 15	Modernisation of Directorate	<p>Increased Demand / Finite Resources – means it is essential that Directorate develops more efficiencies through modernisation – ensure that these are sufficient.</p> <p>Changes in expectations and the choice agenda – people expect more control & choice over services. Only be achieved through modernisation.</p> <p>Need to modernise alongside partners – ensure partners are able to do this.</p> <p>Destabilising of workforce – ensure morale remains high.</p> <p>Maintaining the physical state of units to meet the increase in inspection standards.</p> <p>Ensure suitably skilled, competent workforce across the social care sector and within KASS.</p> <p>LD Developments – Re-provision programme.</p> <p>OP Developments – Whole Systems Demonstrator, Brighter Futures Group</p> <p>Alfa; mutation of roles in relation to Alfa</p>	<p>A Directorate, which is effectively meeting increasing demand.</p> <p>A Directorate which is able to respond to new challenges.</p> <p>A Directorate which has an ongoing engagement with the modernisation process.</p> <p>A strong workforce across social care in Kent to deliver service priorities.</p>	SMT	<p>Modernisation Board – Senior Managers & SMT – 3 main work streams.</p> <p>Good future planning – using demographic projections and latest research etc.</p> <p>Good structures to engage with the public about future services.</p> <p>Robust financial planning.</p> <p>ALFA – major transformation with focus on access and self directive support.</p> <p>T2010 & Kent Agreement – give framework to modernisation owned by members and in the case of Kent Agreement owed by partners.</p> <p>Workforce development strategy.</p> <p>Well developed Training programmes.</p> <p>IIP.</p> <p>Business Panning.</p> <p>Links with other Directorates.</p> <p>Staff care package.</p> <p>Training for Care contract.</p>	<p>ALFa</p> <p>Strategic Review / Modernisation of ‘in house’ older people services</p> <p>Strategic Review / Modernisation of ‘in house’ LD services</p> <p>JSNA with the Health Service</p> <p>Wider workforce planning with the independent sector</p>	

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5	I =4 L =3 Score = 12	High % of expenditure is outsourced. This along with the White Paper for Adult and Direct payments / individualised budgets, will impact on price and purchasing patterns of the Directorate's commissioning arrangements.	Council is vulnerable to the market. Possible exploitation by monopoly providers or cartels. Significant pressure for price increases above policy. Market unable to meet needs / demands. Competition for placements from other LAs/private funders. Contractors fail to deliver. Reliance on CSCI to monitor service standards. Less flexible for changes in service focus / service redesign. Difficult to produce efficiencies. Market unable to meet needs / demands at affordable levels. Direct Payments identifying unmet needs. Cost of Direct Payments.	Effective influence on market to ensure value for money. Services meet desired quality. Sector part of modernisation agenda.	SMT	A strong Contracting Arm which ensures KCC gets value for money – whilst maintaining productive relationships w. providers. Regular market mapping and price increase pressure tracking. Annual price increase targeted at vulnerable areas/services. Move to risk-assessed contract monitoring – QAF. LD Cost model Drive to help providers reduce direct costs via access to Commercial Services purchases and other initiatives. Procurement and Contracting Controls. Finance and Activity Monitoring in-house services – targeted at market gaps Direct payments / personalised budgets & In Control. Projects.	ALFa Strategic Review / Modernisation of 'in house' older people services Strategic Review / Modernisation of 'in house' LD services	

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6	I = 3 L = 4 Score = 12	Increase pressure on Learning Disability Services	<p>Growth of LD market. Modernisation agenda. Availability of rooms. Cost of placements. Demographics. Transition. Complexities.</p> <p>Growth of Demand – Analysis of demographic pressures indicates that there will be more people with Learning disabilities and with a greater complexity of need.</p> <p>Cost of Residential Placements for People with Learning Disabilities</p> <p>Proposed transfer / Re provision of NHS – LD clients / resources. LA will be responsible for LD, which will add to pre-existing pressures</p> <p>Transition Planning</p> <p>Valuing People Now –Form Progress to Transformation – offers new challenges</p>	<p>Person Centred Service – offering personalised services, which offer choice and control to those who use them.</p> <p>Resources focussed to greatest need</p> <p>Vibrant market able to respond to local needs</p>	SMT	<p>Integrated (with Health) Learning Disability Service focussed on promoting independence</p> <p>Development of Direct payments & Personalised budgets / In control</p> <p>Development of employment opportunities</p> <p>Strong contracting arrangements- LD Cost model</p> <p>Strong financial and performance management</p> <p>Partnership Board / Groups ensuring full involvement of public / users in the development</p> <p>Development of employment opportunities</p> <p>Kent Agreement – Target 18 ‘Independence For All’</p>	<p>Joint project group with NHS to plan for re-provision of people currently in NHS residential units. Main principle of project is ‘person centred’</p> <p>New initiatives to increase employment opportunities for people with learning disabilities.</p> <p>ALFA</p> <p>Modernisation of LD daycare services</p> <p>Improved partnerships with Housing services, developing capacity</p>	

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7	I =3 L = 3 Score = 9	Impact of hypothecated funding Funding services after hypothecated source has finished Tapering funding Regulation which comes with funding Supporting People Switch from hypothecated to mainstream funding and formula that is used by Government to ascertain grant Moving innovative, discrete projects into mainstream practise	Unable to continue funding services after h-funding finishes. Lack of financial flexibility. Under funding. Tied by audit & regulation. Supporting People – possible shortfalls and backwash into mainstream. Revenue cost implications of Capital projects and discrete projects as they move into mainstream. Proposed moving of most Grants to LAA with unclear decision processes Use of bid-funding with no pre-defined exit strategy	Ability to protect future funding.	SMT	Make use of Freedoms and Flexibilities. Government moving away from hypothecation. Maintain 3 Star Status. Robust financial monitoring systems Negotiations with Central Government. Capital Strategy in place and linking to Business Planning. Private/Public partnership Team Capital planning workshops and streamlining of bidding processes that clearly match proposals to service needs. Working with ADASS on challenging method of funding & other work (proxy indicators etc).	New LAA Arrangements – need to monitor closely as most of the grants will be adjoined to this	2008-9

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8	I = 3 L = 3 Score = 9	Continuity Arrangements. Responsiveness of Directorate in a major Emergency.	Major event to a building. Major loss of utilities (water electricity etc). Major disaster. Impact of terrorist incident – e.g. during Olympic games Pandemic / illness.	Systems in place to offset event and / or mitigate impacts.	SMT	Emergency planning. Continuity Plans for all units. Throughout all levels of Directorate culture and experience of working and responding to crisis. Good partnership working arrangements at all levels. Crisis / Emergency training. Experience of dealing with emergencies. Strong management / leadership structure. SMT as owner of Directorate’s Emergency and Business Continuity Plans Dedicated Emergency Planning officer within Directorate	Working group being set up to explore pandemic flu impacts in greater depth	2008/09

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No	Rank	Source	Event / Risk	Planned Outcome	Accountable Manager	Existing controls	New tasks / action plans	Date
9	I = 4 L = 2 Score = 8	Systems Renewal. The complete overhaul of our current information technology systems.	This project is vital to keep the Directorate in control of management information activity and spend. Separation of Kent Adult Social Services from Children, Families and Education. Implementation issues such as client billing and payments to providers. Data quality issues. Long term relationship with ANITE public sector. Capacity to sustain / support major changes (modernisation)	Robust system with high reliance on quality of data Capacity for further development to meet future needs	SMT	SMT monitoring closely and have taken on the role of project board. Major implementation programme. Involving front line staff / managers etc. Steering Group. Prince 2 Project methodology. Experienced project team focussing solely on the renewal project. Working closely with other SWIFT user Councils – e.g. Hampshire, Essex. Experienced knowledgeable staff group within project. Good interconnections between users and SRP Team – which is an integral part of project plan. Data quality plan	Regular discussion / update on SRP at DRMGM. Governance arrangements of Programme Board for strategic issues, and Operations Board overseeing the detail	