

Community Wellbeing Directorate Risk Register March 2023

		Impact					
		2	3	4	5		
Mar-23	Likelihood	5					
		4	N/A	PH.06	AC.01 AC.51 AC.52		
		3	N/A	AC.36 AC.37 AC.41	AC.06 AC.08 AC.39 AC.47 E AC.48 AC.49 PH.01	PH.03 PH.04 PH.05 PH.07	
		2	N/A	N/A	N/A	AC.53 E	

Reference	Description	Corporate Risk
AC.01	<p>Market workforce economy</p> <p>IF: the current limited capacity within the social care workforce continues THEN: will there will be a significant impact on availability of services - this is currently affecting the Domiciliary care sector in particular and qualified nurse and management and other roles amongst care homes.</p>	Yes (CRR.61)
AC.06	<p>Staffing & Recruitment</p> <p>IF: we are unable to recruit to key worker roles THEN there will be a risk to delivering our services placing residents at risk</p>	
AC.08	<p>Use of Temporary Accommodation</p> <p>IF: the availability of temporary accommodation fails to match demand THEN this will mean that we are unable to meet our statutory duties under the Housing Act 1986 and Homelessness Reduction Act 2017</p>	
AC.36	<p>Talk Community development & growth in voluntary and community sector</p> <p>IF the development and growth of the volunteer base across the county doesn't increase within all demographics THEN the opportunity to develop support through volunteers will reduce and impact on areas of future delivery.</p>	
AC.37	<p>Talk Community reduced funding in voluntary and community sector</p> <p>IF the voluntary and community sector have reduced funding or funding ceases to organisations THEN the organisations and support</p>	

	will reduce across the county which will impact on supporting vulnerable people.	
AC.39	Staffing & Recruitment for Occupational Therapy IF the current vacancies are not filled THEN this could impact on service delivery and staff health and well being	
AC.41	Housing Benefit Decision Making The recent pattern of decisions around housing benefits claims for supported housing raises continuing risk that commissioning budgets will need to carry higher levels of cost for services than in the past. Continuing concerns and formal representations from supported housing providers indicates risk of more services being withdrawn or providers not competing to provide them.	
AC.47	Eligibility and Statutory obligations – Care Act 2014 IF a domiciliary care package cannot be sourced THEN with increasing volumes of people not receiving their assessed care packages this may result in harm to the individual or even their death. Additionally, numbers of people receiving care in line with their assessed needs will grow. Potentially increasing pressures on budgets and teams.	
AC.48	Eligibility and Statutory obligations – Care Act 2014 - Financial Implications IF a domiciliary care package cannot be sourced THEN individuals may be placed in an alternative care pack for example residential. Nursing or Direct Payments (dom care package outside of the dom care framework) to meet their care needs, these care packages tend to be more expensive and are a budget pressure.	
AC.49	Provision for unpaid family carers. The current approach to carers is strengths based, community focused and promoting independence and the draft strategy from 2021 will continue and expand on this. However, this strategy is not yet signed off. Furthermore, the recent approach has seen very low levels of spend by the council directly related to carers or their needs, by regional or national comparisons. The Council may not be able to effectively meet the needs of all unpaid family carers. There is also a risk that carers will challenge this and seek public and media profile of the council's relatively low resourcing of carers.	
AC.51	Adult Social Care Reform IF the expected numbers of current self-funders become eligible for ASC without an appropriate level of Government funding THEN financial pressures on the Council to deliver individuals care and support needs will be unsustainable.	Yes (CRR.72)
AC.52	Reviews - capacity, timeliness and statutory duty of care IF we are unable to recruit permanent staff, THEN we will be unable to complete reviews of existing clients in a timely way or carry out assessments of potential new clients which means we would not meet our statutory duty under the Care Act.	Yes (CRR.81)
AC.53	Talk Community reduction of budget IF there is a reduction of budget for Talk Community THEN there will be reduced impact across the population of Herefordshire, increase in demand on services and reputational implications for Herefordshire Council	

PH.01	Removal of ring-fence around Public Health budget IF there is increased call on Public Health Budget to off-set council savings due to inflationary pressures THEN any reduction or reallocation to the grant reduces the councils ability to meet demand led services e.g. increased demand as a consequence of the pandemic e.g. growing mental health problems, suicides rates, obesity, winter deaths, sexual health LARC replacements etc.	
PH.03	Substance use recovery service and vacancies IF the Substance Use Recovery service is unable to fill vacancies THEN contract may not be fulfilled and population health outcomes will be poorer	
PH.04	Demand for services post Covid and capacity to meet this IF long waiting times for Long Acting Reversible contraception continues THEN GP practices will face challenging payments and costs to deliver LARCS. This may result in some practices saying it isn't financially viable.	
PH.05	Risk of inflationary pressures placed on existing contracts with providers Contracts don't include any uplift	
PH.06	Oral health and dentist access IF access to dentists remains a challenge in the county THEN there is a risk to the work to improve oral health which includes messaging about visiting dentists for check-ups and access to fluoride varnish etc.	
PH.07	Another Pandemic and resource and capacity to meet it IF there is another significant pandemic THEN Public Health and the Council would have limited capacity and staff resource to step into key roles and manage the outbreak.	

Closed Risks		
PH.02	Fixed term roles and permanent staff to meet demand IF current fixed term contracts end in March 2023 and there are no extensions or permanent roles created THEN Public Health will have less staff to deliver a wide range of services.	
AC.34	Discharge to Assess Funding WHEN NHS funding of discharge to assess model to manage hospital discharges during the Covid 19 outbreak ended 31st March 2022. Capacity has been maintained, funded by reserves generated from underspending in previous years. There is sufficient funding for the services to be retained up to 31st March 2023, after which available recurrent funding is not sufficient to maintain current capacity. THEN without sufficient capacity and appropriate funding of pathway resources for example, bedded care that can be accessed in a timely way; responsive and safe discharge outcomes for patients may not be achieved. We are however now witnessing emerging post D2A and community pressures due to inflationary pressures and workforce challenges in the market challenging capacity to pick up cases.	
AC.35	Talk Community facilitation & Coordination in voluntary and community sector	

	<p>IF the facilitation and coordination of the voluntary and community sector isn't developed THEN the growth in the sector will be disparate and gaps in support will increase.</p>	
AC.38	<p>Talk Community adoption by internal and external partners IF Talk Community is not adopted by internal and external partners to address the population health, inequalities and well-being agenda THEN the support to the residents of Herefordshire could be less effective and impactful and the Talk Community strategy will not be implemented.</p>	