

| Risk description  | Assessment of risk |                  |                     | Mitigating Actions  | Risk Owner<br>(key at the bottom) | Risk Quantification (where approp)   |
|---|--------------------|------------------|---------------------|---|-----------------------------------|--|
|   | Likelihood         | Potential impact | Overall risk factor |   |                                   |  |
| 1. Breakdowns in partnership working results in our inability to co-ordinate and integrate health and social care services, reducing the collective impact on improving health outcomes for vulnerable residents.                                 | 2                  | 5                | 10                  | <ul style="list-style-type: none"> <li>➤ Robust partnership governance arrangements established through BCB and regularly monitored.</li> <li>➤ Prioritisation of resources and clear senior leadership across partners to support the development of integrated working</li> <li>➤ Continued focus on building and maintaining strong relationship between partners through formal and informal</li> </ul>   | SHSCIB                            | A breakdown in partnership working would not only place Surrey's £73.1m Better Care Fund at risk, but it would also inhibit the ongoing work to integrate services reducing the ability to manage demand and maintain wellbeing effectively across the whole system leading to significant financial pressures for all partner organisations.  |
| 2. Provider capacity in health and social care is insufficiently developed to support the future services required in the community, including voluntary sector and independent providers, to manage demand in line with forecast activity plans. | 3                  | 5                | 15                  | <ul style="list-style-type: none"> <li>➤ Effective contract negotiations and ongoing contract / performance management of health providers by CCGs</li> <li>➤ Develop market management strategy to support local joint work programmes across Surrey</li> <li>➤ Promote good engagement with market as strategic partners to support sustainability, focus on the asset base of local communities to deliver most cost effective models of care</li> <li>➤ Evaluation of provider workforce</li> </ul> | LJCGs                             | A lack of provider capacity would hinder/prevent the planned reduction in hospital admissions. In addition, a lack of capacity would mean that community based social care services may not be available to meet growing demand impinging of the County Council's strategic aim to promote people's independence in shifting from residential care to community based provision. The financial impact of this is hard to |

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|   |   |   |    | <p>capacity and contract plans to be an integral part of the planning process before a decision to implement</p> <ul style="list-style-type: none"> <li>➤ Robust third sector commissioning (moving away from 'grant funding' to delivery of specific outcomes)</li> <li>➤ Use of contingency allocation of BCF to mitigate some risk in relation to emergency admissions.</li> </ul> |       | <p>judge precisely due to the number of variables, but an illustrative example is that it could cost £10m annually if there was a 10% shortfall in capacity for community services which required residential packages to be commissioned instead.</p> |
| 3. Scheduling of change is complex with risk of potential gaps if acute services are reduced before community capacity is in place. Implementing different models on the whole workforce at different timeframes which could have detrimental impact on all providers | 3 | 5 | 15 | <ul style="list-style-type: none"> <li>➤ Transition planning and co-design will be critical. Close project management and contract management negotiations underpin planned emergency admissions reductions.</li> <li>➤ Joined up / aligned approach to workforce development and planning.</li> </ul>  | LJCGs | N/A  |
| 4. Better Care Fund local plans in relation to the maintenance of social care services may not be sufficient to meet increasing demands leading to the risk of deterioration in service provision.  | 3 | 5 | 15 | <ul style="list-style-type: none"> <li>➤ Agreement at a local (LJCG) level in relation to the adult social care services funded by the BCF</li> <li>➤ Regular reports to LJCGs and to the SHSCIB to enable evaluation of local and Surrey-wide trends and mitigating actions.</li> </ul>  | LJCGs | Work undertaken as part of the 2015/16 BCF planning to review the impact of preventative social care services operating in Surrey indicated £95.8m of whole system benefits being delivered across the health and social care system in Surrey.        |
| 5. Engagement: Insufficient engagement with staff, patients, service users, providers, primary care and the public, so future services do not meet the needs of the local community   | 2 | 4 | 8  | <ul style="list-style-type: none"> <li>➤ Clear communication to providers via Commissioning Intentions and contract negotiations</li> <li>➤ LJCG to lead and coordinate engagement with staff, patients, service users, providers, primary care and the public</li> <li>➤ Clear communications and direct engagement from the LJCG with local GPs and primary care teams</li> </ul>   | LJCGs | N/A  |

|  |   |   |    |  |                      |                     |
|--|---|---|----|--|----------------------|---------------------|
| 6. Data Sharing: Sharing of patient information between providers due to insufficient IT systems will impact deliverability of project outcomes  | 1 | 5 | 5  | <ul style="list-style-type: none"> <li>➤ Joint development of digital maturity assessment underway system-wide to establish IT landscape</li> <li>➤ Interoperability and open APIs key indicators and priorities for all partners</li> <li>➤ Governance arrangements established, sign off at Surrey Health &amp; Wellbeing Board</li> </ul>   | SHWB                 | N/A                 |
| 7. The actions taken to integrate services do not have the intended impact on BCF metrics and specifically:<br>- emergency admissions; and/or<br>- delayed transfers of care.  | 3 | 5 | 15 | <ul style="list-style-type: none"> <li>➤ Robust analysis of past performance and forecast activity levels informs plans / targets</li> <li>➤ High quality, regular management information provided to LJCGs and Surrey-wide to enable issues to be identified and mitigating action to be taken.</li> <li>➤ Planned actions based upon established good practice and learning from across and outside of Surrey</li> </ul> | LJCGs                | As in risk 2 above. |
| 8. Inability to properly align / coordinate strategic planning (BCF, STP, operational planning etc) results in missed opportunities, duplication of effort and reduction in our collective impact on improving health outcomes for vulnerable residents. | 1 | 5 | 5  | <ul style="list-style-type: none"> <li>➤ Plans develop in partnership and jointly signed off</li> <li>➤ Governance arrangements established with clear indications of alignment with other plans / arrangements</li> <li>➤ Ongoing focus on engagement across the partnership</li> </ul>   | SHSCIB<br>STP Boards | N/A                 |

Risk owner key:

SHWB – Surrey Health and Wellbeing Board

LJCG – Local Joint Commissioning Groups

SHSCIB – Surrey Health & Social Care Integration Board

STP Boards – Sustainability and Transformation Plan Boards

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