


Well Being Partnership Board Risk Register


Report Type: Risks Report
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Haringey Council





Code	Risk Title	Description	Internal Controls	Risk and Control Ownership	Residual Impact	Residual Likelihood	Residual Risk Score	RAG status	Further Action(s)	Progress (% complete)
WBP_R001	Lack of continuity of membership impacts on the ability to deliver on outcomes and targets	High turnover of members Inability to recruit and/or retain right members Non-attendance of members at meetings Lack of continuity and/or succession planning	Agreed recruitment procedures for Theme Board Membership. Responsibility for filling posts identified. Training and development for Theme Board Members Reporting processes to highlight and identify vacancies and/or non-attendance Membership reviewed annually	Risk Owner: Well Being Partnership Board Control Owner: Joint Leadership Team	L	L	1	✓	Terms of reference/membership is reviewed annually and ratified at Well Being Partnership Board.	100 %
WBP_R002	Information requirements not identified. Responsibility for data collection and verification not identified and/or assigned to specific officers. Information provided is inaccurate of not in accordance with agreed timescales.		Quarterly Well Being scorecard submitted. Monitoring and capturing information by the Joint Leadership Team and Well Being Partnership Board - reviewed quarterly.	Risk Owner: Well Being Partnership Board Control Owner: Joint Leadership Team, ACCS and NHS Haringey Performance Managers	L	L	1	✓	Health Communities Sub-Group to be established under the Joint Leadership Team following review of Health and Well-Being Plan (out for consultation on 20/9/10) and priorities will be identified after consultation on the Commissioning Framework.	0 %
WBP_R00	Maintaining	Proper governance	Well Being Partnership	Risk Owner:	L	L	1	✓		

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3	governance arrangements.	arrangements not in place. Principles of good governance not embedded. Theme board members fail to act in accordance with principles of good governance. Declarations or conflicts of interest not completed. Potential conflicts of interest not addressed/acted on to ensure appropriate decisions are taken.	Board Terms of reference reviewed and ratified annually. Members of the WBPB and JLT declare any personal and/or pecuniary interests with respect to agenda items and do not take part in any decision required with respect to these items.	Well Being Partnership Board Control Owner: Joint Leadership Team						
WBP_R004	Outcomes not delivered	Lack of/ineffective financial and/or performance monitoring Resources not allocated, or not allocated appropriately Inadequate financial and/or management information provided to the Theme Board Commissioning not carried out according to plan Expenditure exceeds allocated budget Failure to spend allocated budget within agreed/ approved timescales (potential loss of grant funding) Effective reporting does not take place Failure to work effectively with other Theme Boards on relevant issues	Developing Healthy Communities and reducing Health Inequalities targets that are outcome focused. Structure and terms of reference of JLT and Healthy Communities Sub-Groups agreed by Well Being Partnership Board. OHOCOS (Our Health Our Care Our Say) outcomes monitored and reviewed by JLT and HC Group. Healthy Communities Group ensures joint ownership and delivery of the Well Being Strategic framework. Well Being Partnership Board monitors the implementation of projects delegated to the JLT. WBPB and HC Group monitor progress on LAA targets. JLT consider, comment on and endorse, as appropriate strategic documents from other partnership boards or sub	Risk Owner: Joint Leadership Team Control Owner: Joint Leadership Team	L	L	1		Regular workshops to be held to discuss effectiveness of structure and ensuring delivering to well being objectives.	100 %
									Create cycle of regular update reporting from HC Sub-Group to WBPB.	0 %
									Each service or project is linked to the relevant LAA indicator(s) and needs to be tracked directly through the mainstream or grant budget(s) and this should be identified across all documentation (including risk registers).	100 %
									The HC sub-group of the WBPB needs to identify and put in place SMART objectives for the services and projects that fall under its work programme.	0 %
									HC sub-group to focus on making controls work and identify/follow through on	0 %



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			groups relating to the group's outcomes that require a joint multi-agency response. HC Sub-Group reports to the Well Being Partnership Board via the JLT. JLT accounts for actions/ performance through regular reports to the WBPB on finance, performance and joint commissioning. WBPB monitors the effectiveness of joint planning arrangements within its structure. Well Being Partnership Board nominates a member to represent it on the HSP Board.						any further actions required.	
WBP_R005	NI 8 - Failure to increase overall adult sport and physical activity participation.	Target 2009/10 26.9% Target 2010/11 27.9%	Officer and funding resources allocated to improving participation. Projects e.g. HariActive, developed to address link to Central Governments Change 4 Life programme. Better governance of wider participation programme via CSPAN. Several ABG funded projects are monitored through a performance regime and monthly call-overs.	Risk Owner: Assistant Director Recreation Services, ACCS Control Owner: Recreation Policy & Development Manager, ACCS	H	M	6		Development of CSPAN & Proxy PI reporting.	90 %
									Implement 'Hariactive - Make a Change' Programme	50 %
									Implement 'Free Swimming' initiative	60 %
									Continued focus, resources etc, required for the medium to long term	0 %
									Develop 'Active' promotion within My Haringey campaign.	10 %
									Create, coordinate and develop Service Promotions and Consultation programme	75 %



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WBP_R006	NI 8 - Failure to increase the proportion of BME use of our leisure centres by 7.5% from 37% to 44.5%.		Enhanced levels of marketing and outreach work with BME communities and potential alteration to programmes offered. Monitored through leisure centres.	Risk Owner: Assistant Director of Recreation, ACCS Control Owner: Head of Sport and Leisure, ACCS	L	M	2			
WBP_R007	NI 8 - Failure to increase the proportion of lower socio economic use of our leisure centres by 2% from 112,000 to 118,855.		Enhanced levels of marketing and outreach work with BME Communities and potential alteration to programmes offered. Monitored through Leisure Centres.	Risk Owner: Assistant Director of Recreation, ACCS Control Owner: Head of Sport and Leisure	L	M	2		Partnership working with relevant agencies	90 %
									Develop and implement Leisure Programme	25 %
									QUEST Improvement Programme	75 %
WBP_R008	NI 8 - Failure to increase sports and leisure use equally across BME communities and reduce the differential by 2% from 4%.		Enhanced levels of marketing and outreach work with BME Communities and potential alteration to programmes offered. Monitored through Leisure Centres.	Risk Owner: Assistant Director of Recreation, ACCS Control Owner: Head of Sport and Leisure, ACCS	L	M	2		Partnership working with relevant agencies	90 %
WBP_R009	NI 8 - Failure to increase the proportion of older people (60+) using our leisure centres by 5% per annum from 101,000 to 116,920.		Enhanced levels of marketing and outreach work and potential alteration to programmes offered. Monitored through Leisure Centres.	Risk Owner: Assistant Director of Recreation, ACCS Control Owner: Head of Sport and Leisure, ACCS	L	L	1		Partnership working with Adult Social Services, Age Concern etc.	90 %
									Implement Free Swimming initiative	60 %
WBP_R010	NI 8 - Failure to increase the proportion of disabled people using our leisure centres by 5% from 96,000 to 111,132.		Enhanced levels of marketing and outreach work and potential alteration to programmes offered. Monitored through Leisure Centres.	Risk Owner: Assistant Director of Recreation, ACCS Control Owner: Head of Sport and	L	L	1		Partnership working with Adult Social Services and other relevant groups/ organisations.	90 %



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				Leisure, ACCS						
WBP_R01 1	NI 8 - Failure to increase club membership to 26%. Failure to increase sports tuition to 21%. Failure to increase sports volunteering to 5%.		Officer resources focused on assisting clubs to build capacity via volunteering, better coaching, sign posting and assistance with club funding etc. Various sports specific development plans are being developed (as per further actions). Closer relationships with National Governing Bodies. New pricing policy to encourage club engagement.	Risk Owner: Assistant Director of Recreation, ACCS Control Owner: Recreation Policy & Development Manager, ACCS	L	M	2		Produce /Implement Football Development Plan	100 %
									Produce /Implement Tennis Development Plan	100 %
									Produce/ Implement Aquatics Development Plan	80 %
									Review & Develop Sports Approved Suppliers Framework and Club Accreditation	25 %
WBP_R01 2	NI 8 - Failure to increase the number of young people participating in 5 hours of sports per week to 50%.		Significant officer resources focussed on improving opportunities for young people and signposting for young people to sports opportunities. Funding for a specific number of projects.	Risk Owner: Assistant Director of Recreation, ACCS Control Owner: Assistant Director CYPs	L	M	2		Partnerships between Youth Services, Schools/Children's Service and Recreation Services to be further developed.	60 %
WBP_R01 3	NI 8 - Failure to provide new and enhanced facilities leading to reduced levels of satisfaction and not contributing as effectively as possible to improving rates of participation.		Capital identified for a number of projects. Various projects in progress. Partnership between Recreation Services and Building for Schools Framework.	Risk owner: Assistant Director of Recreation, ACCS Control owner: Assistant Director of Recreation, ACCS	L	M	2		Partnerships with Building for Schools Framework and funding organisations to be further developed.	80 %
									Complete White Hart Lane Community Sports Centre Masterplan /Funding Strategy / London Organising Committee of the Olympic Games bid	50 %
									Develop & Implement Muswell Hill Playing Fields	80 %



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									Masterplan	
									Implement Leisure Strategic Renewals Programme	75 %
									Develop Outdoor Play Improvement Project - 'Playbuilder'	50 %
WBP_R014	NI 8 - Failure to increase parks and open space use across BME communities and reduce the differential by 3% from 10.3% to 7.3%.		Targeted activity programmes and publicity plus outreach work. Community champions initiative. Monitored through annual parks survey.	Risk Owner: Assistant Director of Recreation, ACCS Control Owner: Head of Parks, ACCS	L	M	2			
WBP_R015	NI 8 - Failure to increase the number of visits per resident per annum to parks and open spaces by 7 from 59 to 66.		Publicity/Events Calendar, HariActive initiative, and enhanced activity programmes. HariActive promotional programme launched 2009. Monitored through annual parks survey and quarterly monitoring program in use	Risk Owner: Assistant Director of Recreation, ACCS Control Owner: Head of Parks, ACCS	L	M	2		Complete Parkforce Implementation	100 %
									Implement Open Space Improvement Programme	80 %
WBP_R016	NI 8 - Failure to increase the percentage of residents visiting a park at least once a month by 3% from 88.3% to 91.3%.		Publicity/Events calendar, HariActive initiative, enhanced activity programmes. HariActive promotional programme launched 2009. Monitored through annual parks survey and quarterly monitoring program in use.	Risk Owner: Assistant Director of Recreation, ACCS Control Owner: Head of Parks, ACCS	L	M	2		Complete Parkforce Implementation	100 %
									Implement Open Space Improvement Programme	80 %
WBP_R01	NI 39 - Rate of	The latest figures for NI 39	Specification for analysis	Risk Owner:	M	H	6		Extension of alcohol brief	100 %






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7	hospital admissions per 100,000 for alcohol related harm. Target 2009/10 1,654 Target 2010/11 1,750	<p>(reducing alcohol related hospital admissions) from the North West Public Health Observatory are available for Quarters 1 and 2 2009/10 financial year (published in March 2010 and available from www.nwph.net/alcohol/lape/download.htm. This represents a 13% increase from last year.</p> <p>The target is unlikely to be met in 2009/10. Provisional figures for the first half of the year 2009/10 show a rate of 916 per 100,000 population against the mid year target of 827 (year-end target is 1,654). It should be noted, however, that new investment to tackle alcohol related hospital admissions only became available in 09/10. Therefore, outcomes from the new investment are likely to be seen more in the longer term (and this target is a reduction in an upward trend, which implies looking at the admission rate over a number of years).</p> <p>In addition, a large number of admissions are a result of long term drinking and this target also includes admissions that could be said to be partially attributable to alcohol as well as wholly attributable. So for e.g. conditions like falls and hypertensive disease are</p>	<p>drafted and analyst commissioned.</p> <p>£100k new investment from the Council's ABG allocation for 09/10 and £60k from Primary Care Trust. DAAT are also successful in application for Migrant Impact Funds (MIF) and set up steering group to research and set in place strategy to deal with street drinking with a particular focus on migrants.</p> <p>Meeting to be arranged with North Mid managers re achieving buy-in to undertake BI at A&E.</p> <p>Alcohol screening to be undertaken as part of mid life health checks.</p>	Associate Director of Public Health for Adults and Older People Control Owner: D.A.A.T.					interventions at A&E and on wards on North Middlesex Hospital	
									Commissioning of new detoxification places for people with alcohol related complex needs.	100 %
									Commissioning of new peripatetic detox nurse.	100 %
									Enhancement of an existing service (COSMIC) meeting the needs to children and families affected by substance misuse.	100 %
									Targeted social marketing campaign following a detailed hospital admissions analysis. (no resources available to action this).	0 %
									NHS Haringey are looking at the possibilities for introducing a directed enhanced service (DES) to screen for alcohol use by GP's.	100 %
									Completion of the Alcohol Needs Assessment by NHS Haringey which will inform any further commissioning.	100 %
									Mid life checks at GP surgeries to encompass alcohol screening, targeted social marketing & training of GP's in Brief	0 %

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		<p>included - which clearly may or may not be due to alcohol and are therefore difficult to control.</p> <p>Significant activity is taking place in the borough to address these problems. This includes brief interventions at A&E and targeting repeat attenders, new detox facilities, peripatetic detox nurse post, enhancement to the COSMIC service for children & families, and plans to enhance alcohol screening by GP's. The 2010/11 Alcohol Strategy Action Plan is currently being developed which will include:-</p> <ul style="list-style-type: none"> - data sharing agreement between A&E re alcohol related violence; - a commissioning framework for alcohol to be agreed; and - further work to be done on housing needs of people with alcohol problems. 							Interventions, screening and B.I. linked to chronic conditions in GP surgeries with high alcohol related admissions (pilot GP).	
WBP_R018	NI 125- Capacity to remodel stroke care (hyper-acute centres, care pathways, rehabilitation and on-going support.)	Target 2009/10 94 Target 2010/11	Services/initiatives are in place to ensure a supportive environment in order to meet the target.	Risk & Control Owner: Associate Director of Public Health for Adults and Older People	L	L	1			
WBP_R020	NI 125 - Failure to improve the involvement of people in care planning by	Target 2009/10 82% Actual 2009/10 82.6% Target 2010/11 82%	Scrutinised in monthly performance call-overs	Risk Owner: Assistant Director Adult Services & Commissioning	L	L	1			

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	increasing the number of person-centred care plans.			and Associate Director of Public Health for Adults and Older People Control Owner: All Heads of Service ACCS						
WBP_R02 1	NI 131 - Target for delayed transfer of care not met.	Target 2009/10 9.0 against London Average of 10.0 Actual 09/10 13.5 Target 2010/11 11.0 average to date 8.3	Actions are in place to improve performance including:- Daily teleconferencing between Haringey and NHS Haringey to assist in problem-solving on discharge cases; Procurement of joint beds at Newstead Nursing Home; Integrated Care Team have target to reduce acute delays by 2 per month; Performance monitoring through monthly performance call-overs; Performance team and PCT working together to validate data to ensure reported performance for Social Services and PCT are same or at least comparable.	Risk & Control Owner: Assistant Director AS&C, ACCS & Associate Director of Public Health for Adults & Older People	L	L	1		New single point of access (the Integrated Access Team) will provide advice and information to all people contacting or making referrals to the team including information about services for older people.	100 %
WBP_R02 2	NI 135 - Failure to improve information and communication methods with carers.	Target 2009/10 19.2% actual 09/10 21.2% Target 2010/11 5.8% actual to date 10/11 5.9%	Number of carers who receive an assessment of their needs, leading to services and/or further information/advice monitored through performance call-overs.	Risk Owner: Assistant Director Adult Services & Commissioning , ACCS Control Owner: Head	M	L	2		Implement the Carers Partnership Board work plan including the information and communication workstream.	100 %

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			<p>Role/needs of carers are standing items on team meeting agendas.</p> <p>Individual worker supervision includes review of number of carer assessments completed and carer outcomes achieved. Learning Disability Carers' Forum meets regularly. Issues are reported back to the LD Partnership Board and the Carer's Partnership Board.</p>	of Commissioning , ACCS						
WBP_R023	NI 135 - Failure to offer culturally appropriate assistance and support for the cared-for-person.		<p>BME voluntary sector partners commissioned to:</p> <ol style="list-style-type: none"> 1. provide services to BME carers 2. perform advocacy role 3. complete carers assessments on behalf of Council. <p>Revised carers' strategy to include full needs/gap analysis of current services to inform future model of care.</p> <p>Several ABG funded projects monitor performance targets for wide-ranging initiatives/services.</p>	<p>Risk Owner: Assistant Director Adult Services & Commissioning , ACCS Control Owner: Assistant Director Adult Services & Commissioning and Head of Commissioning , ACCS</p>	M	L	2		Implement the Carers Partnership Board work plan including the information and communication workstream.	100 %
WBP_R024	NI 135 - Delay in developing a commissioning		Carers Partnership responsible to managing process of developing	Risk Owner: Assistant Director Adult	L	L	1		Implement the Carers Partnership Board work plan including the	100 %

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	strategy for carers.		strategy including consultation.	Services & Commissioning , ACCS Control Owner: Head of Commissioning					information and communication workstream.	
WBP_R025	NI 141 - Number of vulnerable people achieving independent living. Target 2009/10 77% Actual 77.4%. Target 2010/11 79%.	Failure to increase access to day opportunities. Failure to increase the number of older people helped to live at home per 1,000 aged 65 and over. Failure to increase the number of younger physically disabled people helped to live at home per 1,000 aged 18-64. Failure to increase the number of service users who are supported to establish and maintain independent living. Failure to increase the number of service users who have moved on in a planned way from a temporary living arrangement.	All clients in supported housing to be given a basic benefit check to maximise their income on arrival in the service and assistance in applications as needed. Support the planning and implementation of individual budgets. Support implementation of employing people with disabilities. Supporting People Programme promotes independence and supports vulnerable service users to live independently. ABG funded projects are monitored through monthly performance regime and meetings.	Risk Owner: Assistant Director Adult Services & Commissioning and Assistant Director Culture, Learning & Libraries Control Owner: AD Adult Services & Commissioning , AD Culture, Learning & Libraries and AD Safeguarding & Strategic Services	L	L	1		100% of tenants to have had a benefit check within 6 weeks of arrival in the scheme.	100 %
									Market research (including gap analysis) of services currently available	80 %
WBP_R026	NI 149 - Failure to increase the number of adults aged 18-64 with mental health problems helped to live at home.	Target 09/10 85% actual 88% Target 10/11 86%	Monitored and scrutinised at monthly performance call-over meetings with all service leads	Risk Owner: Assistant Director Adult Services & Commissioning Control Owner: Assistant Director Adult Services & Commissioning	L	L	1			

Risk Status	
	Alert
	High Risk
	Warning
	OK
	Unknown