

REPORT TO: Audit and Governance Committee

MEETING DATE: 15 February 2022

BY: Chief Executive

SUBJECT: Health & Social Care Partnership Risk Register

1 PURPOSE

1.1 To present to the Audit and Governance Committee the Health & Social Care Partnership Risk Register (Appendix 1) for discussion, comment and noting.

1.2 The Health & Social Care Partnership Risk Register is developed in keeping with the Council's Risk Management Strategy and is a live document, which is reviewed and refreshed on a regular basis, led by the Health & Social Care Partnership Local Risk Working Group (LRWG).

2 RECOMMENDATIONS

- 2.1 It is recommended that the Audit and Governance Committee notes the Health & Social Care Partnership Risk Register and in doing so, the Committee is asked to note that:
 - the relevant risks have been identified and that the significance of each risk is appropriate to the current nature of the risk.
 - the total profile of the Health & Social Care Partnership risk can be borne by the Council at this time in relation to the Council's appetite for risk.
 - although the risks presented are those requiring close monitoring and scrutiny over the next year, many are in fact longer term risks for Health & Social Care Partnership and are likely to be a feature of the risk register over a number of years.

3 BACKGROUND

- 3.1 The Risk Register has been compiled by the Health & Social Care Partnership LRWG. All risks have been evaluated using the standard (5x5) risk matrix (Appendix 2) producing an evaluation of risk as either 'low (1-4)', 'medium' (5-9), 'high' (10-19) or 'very high' (20-25).
- 3.2 The Council's response in relation to adverse risk or its risk appetite is such that:

- Very High risk is unacceptable and measures should be taken to reduce, transfer or treat the risk to a more tolerable position;
- High risk may be tolerable providing the Council is assured that adequate and effective control measures are in place;
- Medium risk is tolerable with control measures that are cost effective;
- Low risk is broadly acceptable without any further action to prevent or mitigate risk.
- 3.3 The current Health & Social Care Partnership Risk Register includes 1 Very High, 4 High risks and 3 Medium risks. As per the Council's Risk Strategy only the Very High and High risks are being reported to the Committee.

4 POLICY IMPLICATIONS

4.1 In noting this report the Council will be ensuring that risk management principles, as detailed in the Corporate Risk Management Strategy are embedded across the Council.

5 INTEGRATED IMPACT ASSESSMENT

5.1 The subject of this report does not affect the wellbeing of the community or have a significant impact on equality, the environment or economy

6 RESOURCE IMPLICATIONS

- 6.1 Financial It is the consideration of the Health & Social Care Partnership LRWG that the recurring costs associated with the measures in place for each risk are proportionate to the level of risk. The financial requirements to support the Risk Register should be met within the proposed budget allocations. Any unplanned and unbudgeted costs that arise in relation to any of the corporate risks identified will be subject to review by the Corporate Management Team.
- 6.2 Personnel There are no immediate implications.
- 6.3 Other Effective implementation of this register will require the support and commitment of the Risk Owners identified within the register.

7 BACKGROUND PAPERS

- 7.1 Appendix 1 Health & Social Care Partnership Risk Register 2022
- 7.2 Appendix 2 Risk Matrix 2022

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DATE	03 February 2022

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1	East	Lothian H	&SCP Risk Register 2022	•										
2										Date Risk				
3	9 1	Title	Description	Controls in place	Notes	Risk Rating (current)	Risk Rating (Target)	Risk Owner	Date Opened	Description Description	Progress	Start date	Due date	Done date
4	3915 6	Duty of Care	Failure to fulfil our Duty of Care could result in death, serious harm or detriment to a person. This could in turn result in procession, having to pay compensation and a negative impact on the reportation of the council. This failure could be due to a lack of resources (financial, services or staffing), poor practice, a failure to printitise or onno-compliance with procedures/jucidiance. Patient Service User safety, update 16.12.2.1 - significant issues exist within provision of care @ home. The majority of this risk six with providers 25% of marke is externally provided however the HSCP is a trisk of provider failure or a significant proportion of reduction in provision which means individuals may not receive level of care required to meet their needs.	1. Prioritise maintenance of safe staffing levels for all statutory services the partnership delivers. 2. Entering sessions, specialist training and supports are in piace. 2. Entering sessions, specialist training and supports are in piace. 3. Regular formal apprevious in place for all staff including competion of PRD? and e-KSF, focusing on specific and agreed development needs to specific and agreed development needs. 4. Clinical & Care Governance Committee establishes which is to provide strategic oversight within the Partnership. Chief Social Work Officer, Chief Nurse, chickling to the partnership. Chief Social Work Officer, Chief Nurse, inclinal Director, APP Lead oversight and review of practice to assess workload allocation and risk management. 5. Services comply with required professional registration standards for all staff, eg. SSC, HCPC, NMC etc. 6. "Safer Recruitment" practices and PVG Checks embedded. 7. Public Protection Office and Committee oversee al aspects of Child Protection of Promement. 8. Identifying, monitoring and learning from all incidents including and not limited to Significant Adverse Event, Large Scale Investigations, Serious incidents reviews and their outcomes. 9. Regular environmental inspections, eg. Patient Caularly indicators (PQI) in Health Social Care, eg. Care inspectorate. 10. All Regulated Services inspected, improvement plans produced with regular quality assurance review meetings. 11. Reprovision plans in place. 21. Individual client risk service user during apps.	review date set for 21,08/20 and 11/16/20/20 15/43/35 Diane Gray) 08/06/20: Decision taken to close action 5867 and re-open within Risk 4711 - Lack of Appropriate Information Sharing. 110/01/20/20 15/85/10 Diane Gray) Action 5868 - more detail added to description, updated and due date extended. 109/01/20/20 15/35/14 Diane Gray) Action 5868 - more detail added to description, updated and due date extended. 108/01/20/20 15/35/14 Diane Gray) Agreed at review meeting 7/1/20 to reduce risk level (target) to 8 from 9. 123/12/2019 11/35/12 Diane Gray) Action 5667 docides - superceded by action 10489. 100/20/7/2019 16/03/39 Diane Gray) Action 5666 focades - superceded by action 10489. 100/20/7/2019 16/03/39 Diane Gray) Action 5666 focades - superceded by action 10489. 100/20/7/2019 16/03/39 Diane Gray) ELISCF Clinical & Care Governance Committee first met on 20th July 2018	16	8	Macdonald, Alson X	02/02/2016	Partnership Senior Management working with Care Inspectorate, Providers & Rublic Protection Office 17/12/2021	Progress will be reviewed at financial year end or when situation changes. Risk reviewed Dec 2021.	01/07/2021	31/03/2022	
6.			There is a risk that failure of a Care at Home provider or Care Home could result in a loss of capacity and service users being put at risk as a result of their service being withdrawn at shorn totals: 92% of Care at Home are external provision and herefore difficult in controlling provision of support and ensure most a risk are recleving care. Additional challenges could impact on capacity and service continuity for unlearable clients such as care home acquisition, poor quality of care of a lack of control of the control of	10. Provider performance is monitored using a	[03/12/2021 14:21:47 Hannah Gray] Updated as per RR meeting on 01/12/21 UE/09/2021 08:44:17 Hannah Gray] updated as per meeting on 22/09/21 re controls in place. 12/09/2021 13:52:48 Hannah Gray] updated as per meeting on 22/09/21 re controls in place. 12/10/9/2021 13:52:48 Hannah Gray] 12/09/2021 13:52:52:52:52:52:52:52:52:52:52:52:52:52:					Increasing care workforce EL	01/07/19: Modern apprentices being employed, commence August 2019. 9/1/20: Modern apprentices in post within some areas. These are being expanded across all la reas. 17/12/17: significant increase in internal capacity of 200 - 300 hrs. however we are required to continue to expand. 29/12/20: Care Home huddle meeting regularly Sustainability payments going to Care Homes Regular testing in place Ongoing close working with providers	03/01/2017	31/03/2022	
7	3911	Failure of Provider	COVID impacting on Care Home and Care at Home providers both in terms of patient risk and staffling challanges. COVID has sustained and significant risks. Capacity in partnership and purchased services. In particular, there are risks in relation to staffling shortages and capacity challenges of care at home providers in East Lothirus, within potentially leaves.	balanced scoreard approach which rewards good performance through incentives and the use of penalties for material breaches of the contract. A dedicated Planning & Performance manager and officer (21 and LK)will deal with high risk occurrences where a provider creases to operate or fulfit their contractual obligations. Contingency protocol established to deal with failure of a major care provider. 11. Worldrore planning & skill mix is being developed within Council Care Homes and Home Care service.	Action 8651 updated and due date extended as new structure has been established and job descriptions are being witten. 111,067,0202 15-54.47 Diane Gray) Action 8654 updated. Review date changed to coincide with quarterly review meetings. 12,5002,7020 11-51.06 Diane Gray) 8607,8658 8658 due dates extended as quarterly review meeting had to be rescheduled.	16	9	Macdonald, Alison X	02/02/2016	24/08/2021 Ongoing Recruitment		01/12/2021	31/03/2022	

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-	В	C	D	E	F	G	Н	I J	K	М	N O
		Scale Investigations in respect of two providers	transition period to new providers.	Action 8661 reviewed and updated.							
		where otherwise the local procedures would indicate	Care at Home contracts have been re-tendered.	[09/01/2020 16:17:00 Diane Gray]							
		that these should be completed due to the current	IJB Workforce plan in place.	Actions 9661 9, 9662 undated and due							
		risk.	15. Direct financial support to providers through SG	date extended.					Regular updates from provider of care.	01/12/2021	31/03/2022
			sustainability payments.	[08/01/2020 13:58:22 Diane Gray]					provider of care.		
			 Increase in review of individual services to ensure only care required is bein delivered. 	Action 8664 updated and due date							
۰			17. Workforce planning - another review in line with	extended to 31/12/20.							
Ħ			care inspectorate.	[14/08/2019 16:27:14 Diane Gray]							
			18.Block contract funding arrangements to improve	Completed actions added to Controls in							
			recruitment / clustering of providers & cluster	Place.							
			packages to sustain care.	[31/07/2019 13:38:51 Diane Gray]							
			19.Care at home/ Hospital to home review	Action 8662 updated with new due date					Risk Assessment for Clients	01/12/2021	31/03/2022
			completed March 2021.	set.							
				[17/07/2019 15:58:31 Diane Gray]							
10				Actions 7008 & 7289 closed. [02/07/2019 15:22:34 Diane Gray]							
				(U2/U7/2019 15:22:34 Diane Gray) Action 7537 closed.							
				[01/07/2019 10:59:05 Diane Gray]							
				Actions 8660, 8661 & 8663 updated.							
				Actions 6000, 6002 & 6003 aparted.					Interim care home	01/12/2021	31/03/2022
									providers	02/12/2021	31/03/1011
1											
11			1	1						 	
										1	
			The East and Midlothian Public Protection								
			Committee (EMPPC) The East Lothian and Midlothia	n							
			Public Protection Committee (EMPPC) is the local						16/07/19: The Public Protection Communications sub-group sits under the Public Protection		
			strategic partnership responsible for the overview of policy and practice in relation to Adult Protection,						Committee and meets on a quarterly basis. A communications strategy and timeline has been		
									Raise Public awareness drafted. A targetted approach is being taken to prioritise emerging threats and local areas of	06/06/2016	31/03/2022
			Child Protection, Offender Management and						priority, such as financial harm, self-neglect and hoarding.	,,	,,
			Violence Against Women and Girls. The primary aim						23/11/20: This approach has been significantly adjusted due to COVID-19.		
			of the Committee is to provide leadership and strategic oversight of Public Protection activity and								
			performance across East Lothian and Midlothian. It								
			discharges its functions through four sub-groups								
			which meet quarterly:								
			•Performance and Quality Improvement sub-group								
			maintains overview of work through the door and								
			performance in relation to CP and ASP work								
11			•Eearning and Practice Development sub-group take	s						1	
11			forward our 2021-23 strategy for Multi-agency							1	
11			training, and oversees our training programme				l			1	
12			■MAWG delivery group keeps oversight of services for	r						1	
11			gender based violence							1	
1 1			*Bffender Management Group oversees MAPPA							1	
1 1			arrangements.				l			1	
11			Cibini Control Control by Control (CCCC)				l			1	
1 1			Critical Services Oversight Group (CSOG), Provides governance and leadership of EMPPC on a quarterly				l			1	
			hasis							1	
1 1							l			1	
11			Marac (Multi-agency risk assessment conferences)				l			1	
11		The Council has a responsibility to provide care and	continues to operate on a four weekly basis, by				l			1	
11		support for the people of East Lothian and East	Microsoft Teams, with additional meetings				l			1	
11			scheduled to respond to increase in demand,							1	
11		care may compromise legislative duties, health,	ensuring that the needs of and supports to highest							1	
11		safety and wellbeing, impacting on, for example, the	risk victims of domestic abuse are planned for on a							1	
11		protection of children and adults.	multi-agency basis							1	
11							l			1	
11		Failure to fulfil the duty of care could also result in	A Joint Strategic Needs Assessment for Public							1	
		serious harm/death to an individual/s, prosecution,	Protection has being developed and is being							1	
11		having to pay compensation and have a negative	reviewed by CSOG. This projects increased demand							1	
11		impact on the reputation of the Council.	for services and makes a number of							1	
11			recommendations for the future delivery of Public							1	
11		A failure to secure efficient and effective Public	Protection services.							1	
11		Protection arrangements, covering Child Protection,	L							1	
11		Adult Support and Protection, Offender	ASP preparation for inspection work:							1	
11		Management, Violence against Women and Girls	•A self-evaluation of Adult Protection in East Lothian				l			1	
11		(VAWG) and Substance Misuse services, may see the								1	
13		Council being unable to fulfil its statutory duties/duty	•⊎tner quality assurance activities and audits are							1	

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+	м В	or care which could contribute to a service user	undertaken by the lead officers for Adult Protection	·	,	ď		-	,	N.	t w v
		suffering harm/death or detriment. This would in	and Child Protection, in partnership with HSCP and								
		turn result in reputational damage to and increased									
		scrutiny of the Social Work services.	inspection preparation group in place which meets								
1 1		scrutiny of the social work services.	regularly to plan self-evaluation and preparation for								
		The duty of care is at the heart of the Council's	inspection activities.	[20/05/2021 00.30.31 Hallilall Gray]							
		approach to risk management. The likelihood of this	inspection detivities.	Update as per meeting 22/09/21.							
		risk occurring is influenced by a range of factors	ELC H&SCP Management attend NHS Gold meetings	[27/11/2020 16:51:44 Diane Gray]							
		including:	where the capacity gap is detailed and set in the	23/11/20: 8693 and 7540 updated and							
		incidding.	context of the wider system risk caused by	due dates extended.							
		1) The medium to longer term impact of the Covid-	challenges facing NHS Lothian acute sites	[10/09/2019 13:16:36 Diane Gray]			Macdonald,				
	912 Public Protection	19 pandemic, on the mental and emotional	Chanlenges racing 1413 cothian acute sites	Action 8694 completed	20	20	Alison X	02/02/2016	23/11/2020		
		wellbeing, and coping mechanisms of children.	ELC H&SCP have established a weekly Care at Home	[16/07/2019 12:32:46 Diane Gray]			Alison A				
		young people and adults, and their access to	Oversight Group rather than progressing Large Scale	Action 7540 will be reviewed annually							
		supports, where their needs are not reaching the	Investigations. This multi-agency group maintains	(next due 30/06/20). Action 8693							
		threshold for statutory intervention. Access to and	close monitoring and risk management of the	updated and will be reviewed again by							
		availability of earlier intervention supports and	current Care at Home Crisis. The council's Chief	31/3/20.							
		services are likely to continue to impact on	Social Work Officer attends this meeting as one								
		vulnerable children and families.	means of discharging the statutory duty of assuring								
		Complexity of service delivery, infrastructure,	the quality of care provided by social work and social								
		environment and partnership arrangements across	care services.								
		the Council services;	care services.								
11		Increasing population and the number of	A risk management tool has been developed to	1							
11		vulnerable people in East Lothian;	provide consistency in how the providers are	1							
11		Increased population and more complex service	assessing their capacity to respond and deliver their	1							
11		4) Increased population and more complex service demands presented by an increasing number of	required level of service.	1							
		demands presented by an increasing number of service users whilst resources have reduced	required level of service.	1							
14		5) Levels of deprivation in East Lothian:	Policies. Protocols. Procedures and Guidance are in	1							
П			place, subject to ongoing review and update and	1							
		particular, there are risks in relation to staffing	available on Public Protection website.	1							
11		shortages and capacity challenges of care at home	The state of the s	1							
		providers in East Lothian, which leaves vulnerable	Chief Social Work Officer (CSWO) fulfils statutory	1							
		adults at risk of not receiving their care at home	role and responsibilities, overseeing and reporting on	1							
		support. EL H&SCP have not instigated Large Scale	Public Protection issues to Chief Executive and								
		Investigations in respect of two providers where	Elected Members, reporting annually to Council								
		otherwise the local procedures would indicate that	giving oversight of Public Protection performance								
		these should be considered. Instead daily	including assessment of risks and pressures.								
		operational meetings and weekly oversight groups									
		are taking place with the support of the Adult	The Council continues to work towards delivering the								
		Protection Lead for East Lothian.	UK Government's Counter Terrorism strategy,								
			known as CONTEST, of which Prevent is a key								
			element. EMPPC has a Prevent referral pathway								
			which has been reviewed.								
			Re-alignment of service areas and responsibilities								
			across the HSCP has resulted in the creation of a								
			dedicated team manager post in statutory services.								
			This post holder has responsibility for supporting the								
			link between strategic and operational activities. The								
			Lead Officer for Adult Protection now leads the								
			Council Officer forum, to support learning and								
			practice and process consistency in Adult Protection.								
			All Regulated Services e.g. Care homes for older								
			people, residential units for young people. Schools								
15			are inspected by Care Inspectorate and Education								
1 1			Scotland. Improvement plans are implemented	1							
11			following all Regulated Services inspections. A	1							
			weekly Care at Home Oversight Group has been	1							
			established to oversee and manage risks in relation	1							
			to staffing	1							
11				1							
11			Both the Lead Officer for Child Protection and Adult	1							
			Protection participate in the Inter-agency Referral	1							
			Discussion Overview Group, which reviews and	1							
			provides quality assurance of the decisions taken to	1							
11			manage vulnerable children and adults risks.	1							
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								J			02/07/19: Report feedback 4/7/19. Action plan implemented and to be reviewed 6 monthly.
1 1	1										are manufactured and the same a
			I	1						SDS Action Plan	22/09/21: Review of SDS - met some level of need. Progress of SDS put on hold to mitigate risk - 03/09/2018 31/03/2022
										1	, . ,
			New planning structure established which will								Inot completed due to Covid & agreement of realistic resources.
			support an overall programme of change and include								not completed due to Covid & agreement of realistic resources.
			support an overall programme of change and include a number of change boards to which all projects will								not completed due to Covid & agreement of realistic resources.
			support an overall programme of change and include a number of change boards to which all projects will report. Changes boards reflect agreed priorities of								not completed due to Covid & agreement of realistic resources.
			support an overall programme of change and include a number of change boards to which all projects will								not completed due to Covid & agreement of realistic resources.

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1				New planning structure includes Reference Groups	Updated as per meeting 22/09/21 -									
				as well as Change Boards. Reference groups are	updated 8655 and controls in place. [27/11/2020 16:59:58 Diane Gray]									
				multi-stakeholder and include service users, carers,	23/11/20: 8656, 8658, 10224 updated.									
				voluntary sector organisations, practitioners,	[05/11/2020 11:35:41 Diane Gray]					Deliver Efficiencies and	7/1/20: To be reviewed in March 2020 in alignment with budget announcement.			
				community planning partners, housing colleagues	05/08/20: actions 8656, 8658, 10224					Income Recovery	05/08/20: still objective to do financial overview, still need to reconcile impact of COVID.	01/08/2016	31/03/2022	
				and other groups. 3. Resource Allocation System (RAS) established with	updated and completion dates						23/11/20: Ongoing through financial review.			
				additional short term practitioner capacity to	extended. next quarterly review									
				accelerate pace of reviews to ensure resources are	rescheduled for 23/11/20.									
19				allocated according to need within financial	[05/11/2020 11:32:29 Diane Gray]									
П				constraints.	05/08/20: action 8656 updated. quarterly review rescheduled to									
				4. Application of the Eligibility criteria has been	23/11/20.									
			There is a risk that demographic pressures see	reviewed and delegated authority implemented.	[29/05/2020 15:30:02 Diane Gray]									
			demand for services outstrip available budgetary and		Action 8658 updated and completion									
			staffing resources leading to unmet client need and		date change due to COVID.									
			risk to client safety and independence, potentially generating reputational risk for East Lothian Council.	5. Self Directed Support (SDS) implemented and	[25/02/2020 11:52:49 Diane Gray]									
			generating reputational risk for East Lottilan Council.	Currently commission a range of services which	8655 due date extended as manager is									
			Service Activity pressures see demand for services	fulfil an early intervention and prevention role. As	on leave.									
11.	ser	rvice Activity	outstrip available budgetary and staffing resources	part of continual planning and service redesign.	[16/01/2020 13:45:52 Diane Gray] Risk target reduced to 9	**		Macdonald,	02/02/2016	17/12/2021	Options Appraisal to be taken to IJB on 26th September 2019.			
	3914 Pre	essures	leading to unmet client need and risk to clients safety	Mandatory "Golden Threads" have been established	farget reduced to 9 [09/01/2020 16:44:15 Diane Grav]	12		Alison X	02/02/2016	1//12/2021	9/1/20: Options Appraisal is now going to SPG on 19/2/20 and then IJB on 27/2/20.			
			and independence, potentially generating	which all change programmes and projects must	Actions 8658 & 102254 updated and						28/05 - Option appraisal did not get presented to SPG/IJB in Feb and due to COVID-19 there is			
1 [reputational risk for the Council as well as failing to	evidence as having achieved as part of the proposed	due dates extended.					Community Transformation	now a financial risk as we are not going to be able to implement this model. Social distancing			
1 [meet statutory responsibilities.	change. These include early intervention and	[08/01/2020 14:48:44 Diane Gray] At					Programme	rules imposed now means we need to reconsider the model.	03/01/2019	31/03/2022	
1 [COVID impacting servic capacity.	prevention. 7. Good progress being made in partnership working	review meeting on 7/1/20 it was agreed						05/08/20: meetings to be reinstated as a lot based on SG and doing things differently.			
1 [сочто ипраситу зегис сарасту.	Good progress being made in partnership working with third sector including Day Centres Association.	to reduce the current risk level from 16						23/11/20: ongoing planning. Model signed off by SPG - the scope has been expanded to include over 65. Reference group about to be re-established and presentation going to UB in December	[
1 [This risk is managed by the IJB	A three year increased investment plan was	to 12.						over 65. Reference group about to be re-established and presentation going to UB in December to provide an update. Being directly informed by COVID remobilisation government guidelines.			
				agreed at the IJB in early 2017. April 2019 will see	Actions 8655 & 8656 both updated and						to provide an update. Being directly informed by COVID remobilisation government guidelines.			
				the third year of this agreement start where day	due dates extended. [08/01/2020 13:46:15 Diane Grav]									
				centres will be operating to a new Service Level	Action 8655 updated and due date									
				Agreement.	changed to 31/1/20.									
				9. All funding of commissioned provision has	[23/12/2019 11:54:34 Diane Gray]									
				undergone a Strategic Fit and Best Value review. This includes integrated Care Fund funding and services.	Action 8658 transferred to Rona									
				 Three year budget efficiency plans developed for 	Laskowski and due date extended to									
				implementation from 2019 - 2022.	31/03/20.									
20				11. Work is underway to accurately forecast	[14/08/2019 15:56:46 Diane Gray]									
				trajectory of need across all Care Groups to inform	Alison Macdonald agreed that this risk should be renamed from its previous									
				service development and financial planning.	title "Demographic Pressures".									
				Recovery Plan is in place.	title bemographic ressures .									
				13. Financial process has been reviewed.										
				 Resource allocation system - delegated authority is in place. 										
				15.Community transformation approved at IJB							14/11/19: This action supercedes action 8657 which has now been closed.			
				summer 2021 - adults of carers change board							7/1/20: Ongoing development of longer term financial plan. Ongoing collaboration with Partners			
				overseeing.						Continue to refine medium	around budget allocations.	14/11/2019	31/03/2022	
										term financial plan	23/11/20: financial plan covering 20/21 to 24/25 has been developed and shared with IJB in			
											October 2020. This will be refined once clarity on service provision post-COVID.			
1 [1								[
21				1										
11				1. MELDAP is accountable to and reports to ELHSCP	[07/01/2021 19:54:09 Diane Gray] Actions 8649 8651 undated									
22				and EL Partnership through the Resilient People	Actions 8649, 8651, updated [23/12/2020 16:36:37 Diane Gray]									
				Partnership. Key MELDAP outcomes from the	8653 closed									
1 [MELDAP 2020 – 2023 Delivery Plan, due to be	for (11 (2020 11 F2-24 Dinns Com)							[
1 [published by early April 2020, will be included in the EL Local Outcome Improvement Plan: progress	05/08/20: action 8650 updated.						27/05/20: THN continues to be encouraged and provided as part of one to one work with people	[
1 [against performance measures are reported on a	Quarterly review date rescheduled to						in East Lothian. Following temporary Lord Advocate guidance [during the COVID 19 crisis], MELDAP have encouraged non treatment/support services to consider registering with the NHSL			
11				quarterly or annual basis.	23/11/20.						THN Lead to engage in training to deliver THN as a response to the impacts of COVID 19. THN is			
11				MELDAP commissioning and performance group	[03/08/2020 16:41:13 Diane Gray]						supplied in Safe Storage boxes. Each box is designed to hold an individual's methadone (bottle),			
1 [and MELDAP strategic group monitor performance	8651 updated [03/08/2020 16:39:09 Diane Gray]						other prescribed drugs and also contains a THN kit, measuring cups, methadone leaflet and key			
11				against standards and identify actions to minimise	[03/08/2020 16:39:09 Diane Gray] 8650: updated						messages around methadone consumption. MELDAP is also further increasing levels of			
1 [There is a risk to the delivery of national standards	risks as they are identified.	[28/05/2020 09:22:45 Diane Gray]						expenditure as planned to maximise training and provision of THN Kits.			
1 [and potential impact on drug related deaths in East	3. Regular meetings between MELDAP, SMS	Actions 8653 & 8649 have been						23/11/20: The outreach model is now within Prestonpans and Harbours practice is due to have			
1 [Lothian following a national 23% reduction on	Manager and Head of Service to improve	updated and due dates changed to					Improve the reach of Take	access to this service within the next weeks. All patients within these practices will have access to			
1 [funding for drugs and alcohol. This introduces vulnerability into delivery of treatment support and	performance against HEAT A11 and delivery of THN programme requirements.	31/08/20 due to the current COVID					Home Naloxone to higher risk groups	harm reduction, peer support, opiate replacement therapy, Naloxone, recovery focus interventions including SMART.	01/03/2018	31/03/2022	
11			recovery pathways and to delivery of performance	4. Provide time limited MELDAP resource to support	crisis.					risk groups	interventions including SMART. 01/01/21: The most vulnerable people are accessing a drop-in clinic at HUB. Naloxone is			
1 [[26/02/2020 13:53:17 Diane Gray]						accessible at the drop in clinic, as part of the core services offer from first contact with SMS and			
11			within 3 week referral to treatment] and the "Take	5. The MELDAP delivery plan identifies priorities for	Action 8649 updated and due date						3rd Sector partners, in Primary Care through the assertive outreach service and also as a follow			
1 [Home Naloxone" THN programme requirements.	the partnership with progress reported to Scottish	extended for ongoing discussions to be concluded						up intervention, post Non-Fatal Overdoes (NFO). Looking to introduce within IHTT and also			
1 [Government in an annual report. The MELDAP	[26/02/2020 13:50:04 Diane Gray] Risk						current proposal for EL to spread the offer of accessibility of Naloxone to pharmacies within EL -			
11			Staffing pressures within SMS could impact service	strategic group also reports on national standards,	handler has been change from Rona						in discussion. THN is supplied in Safe Storage boxes. Each box is designed to hold an individual's			
11.	4695 Sub	ibstance Misuse	delivery and compliance with standards and the	ministerial priorities and ADP outcomes as required.	Laskowski to Gillian Neil - new manager	12		Macdonald,	01/03/2018	17/12/2021	methadone (bottle), other prescribed drugs and also contains a THN kit, measuring cups,	[
1 [implementation of an effective Recovery Orientated System of Care for all substance misusers in EL.	 Programme of quality improvement visits to all commissioned services to monitor performance and 	for service.			Alison X		·	methadone leaflet and key messages around methadone consumption. MELDAP is also further			
1 [ayatem or care for all substance misusers in EL.	commissioned services to monitor performance and compliance with national standards and delivery of	[25/02/2020 11:59:17 Diane Gray]						increasing levels of expenditure as planned to maximise training and provision of THN Kits.			
23			There also an initiated to be because in the sure base.	and the land of the state of th	8650/8651/8652 responsibility changed									

	В	C	D	E	F	G	Н	1	J	K	L	М	N	0
24		of substance misusers with higher levels of risks and increased death rate related to substance misuse, and an increase in related physical and mental healt issues. This could also affect the reputation of EL area as a safe place to live and impact on drug related crime as demand for, supply or and usage of drugs permeate community wellbeing across the country.	7. Annual programme of service presentations to the MELPAP commissioning and performance group, highlighting service impact. MELDAP commissioning and performance group, highlighting service impact. MELDAP now has stable funding through Scottish Government for the provision of drug and alcohol services. 9. Partnership collaboration particularly with Police Scottand to disquired prosecute the suppliers and providers of drugs within EL. 10. Increase focus on substance misuse within the Education's Health and Wellbeing PSE control Lulin. 11. The MELD-PSE or large Released Court Lulinn.	12/00/12/2020 13:40:48 Diane Gray Action 8648 updated and now closed. 110/01/2020 15:17:18 Diane Gray Control measures: I and 8 have been updated to reflect current situation. Action 85:05 has been updated and due date extended. 113/11/2019 16:10:31 Diane Gray Actions 8646 & 8647 updated and closed. Actions 8648 & 8657 updated and closed. Actions 8649 & 8653 have been undated and work is onepine the reference.						To discuss disruption activities to the sale of drugs from the internet with Police Southand and its intelligence branches.	24/10/19: This has been discussed with Police colleagues. Services are alerted to current drug trends and ensure that Information is shared with staff and service users appropriately. There is training planned with MELDAP partners in relation to the Police Sotland "County thes" Initiative. This is continuous but there is training on 05/12/19. This is continuous but there is training on 05/12/19. Oli/Oli/20/2002—Services and Police are alerted to current drug trends by MELDAP. Work is underway to review practice and restament in light of the increase in availability of "street benetos" such at esticolom. Oli/Oli/21: In October 2000, EUSSEP/MELDAP were invoved in supporting a Police Sociation correction to disrupt drug availability within communities in East Lothan. This included an agreed partners of the service of the service of the control of th	01/03/2018	31/03/2022	
25 26			usass, identifying real liming to be implemented by practice teams and MELDAP. 12. Pathway in place between IHTT and SMS. Respective team managers will review regularly and fine tune, as required.	actions. [13/11/2019 13:26:46 Diane Gray] Actions 8648 & 8650 updated. Action 8651 has been updated and due date extended to 31/03/20 as this is an						Continue to seek opportunities to work with Education and ELC.	24/10/19: There are a number of initiatives underway including developing a policy on Managing Substance Use Incidents involving Children and Young People and Core Risk taking Message for young people.	01/03/2018	31/03/2022	

East Lothian Council Risk Matrix

Likelihood Description

Likelihood of Occurrence	Score	Description
Almost Certain	5	Will undoubtedly happen, possibly frequently >90% chance
Likely	4	Will probably happen, but not a persistent issue >70%
Possible	3	May happen occasionally 30-70%
Unlikely	2	Not expected to happen but is possible <30%
Remote	1	Very unlikely this will ever happen <10%

Impact Description

Impact of Occurrence	Score				Des	scription			
		Impact on Service Objectives	Financial Impact	Impact on People	Impact on Time	Impact on Reputation	Impact on Property	Business Continuity	Legal
							Significant disruption to building,	_	
			Severe impacts on budgets			Highly damaging, severe loss of	facilities or equipment (Loss of	Complete inability to provide	
			(emergency Corporate measures	Single or Multiple fatality within		public confidence, Scottish	building, rebuilding required,	service/system, prolonged	Catastrophic legal, regulatory, or
		Unable to function, inability to fulfil	to be taken to stabilise Council	council control, fatal accident	Serious - in excess of 2 years to	Government or Audit Scotland	temporary accommodation	downtime with no back-up in	contractual breach likely to result in
Catastrophic	5	obligations.	Finances)	enquiry.	recover pre-event position.	involved.	required).	place.	substantial fines or other sanctions.
							Major disruption to building,		
							facilities or equipment (Significant		
				Number of extensive injuries			part of building unusable for		
			Major impact on budgets (need for	(major permanent harm) to		Major adverse publicity	prolonged period of time,		
		Significant impact on service	Corporate solution to be identified	employees, service users or	Major - between 1 & 2 years to	(regional/national), major loss of	alternative accommodation	Significant impact on service	Legal, regulatory, or contractual
Major	4	provision.	to resolve funding difficulty)	public.	recover pre-event position.	confidence.	required).	provision or loss of service.	breach, severe impact to Council.
				Serious injury requiring medical		Some adverse local publicity,			·
			Significant impact on budgets (can	treatment to employee, service	Considerable - between 6 months	limited damage with legal	Moderate disruption to building,		
		Service objectives partially	be contained within overall	user or public (semi-permanent	and 1 year to recover pre-event	implications, elected members	facilities or equipment (loss of use	Security support and performance	Legal, regulatory, or contractual
Moderate	3	achievable.	directorate budget)	harm up to 1yr), council liable.	position.	become involved.	of building for medium period).	of service/system borderline.	breach, moderate impact to Council.
				Lost time due to employee injury			Minor disruption to building,		·
			Moderate impact on budgets (can	or small compensation claim from		Some public embarrassment, no	facilities or equipment (alternative	Reasonable back-up	
		Minor impact on service	be contained within service head's	service user or public (First aid	Some - between 2 and 6 months	damage to reputation or service	arrangements in place and	arrangements, minor downtime of	Legal, regulatory, or contractual
Minor	2	objectives.	budget)	treatment required).	to recover.	users.	covered by insurance).	service/system.	breach, minor impact to Council.
1						Minor impact to council reputation	Minimal disruption to building,	No operational difficulties, back-up	
1		Minimal impact, no service	Minimal impact on budgets (can	Minor injury to employee, service	Minimal - Up to 2 months to	of no interest to the media	facilities or equipment (alternative	support in place and security level	Legal, regulatory, or contractual
Minimal	1	disruption.	be contained within unit's budget)	user or public.	recover.	(Internal).	arrangements in place).	acceptable.	breach, negligible impact to Council

Risk		Impact											
Likelihood	Minimal (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)								
Almost Certain (5)	5	10	15	20	25								
Likely (4)	4	8	12	16	20								
Possible (3)	3	6	9	12	15								
Unlikely (2)	2	4	6	8	10								
Remote (1)	1	2	3	4	5								

Key

Risk	Low	Medium	High	Very High