



# ICS Risk ASCH Directorate Risk Register

## Risk Register - Adult Social Care and Health

Current Risk Level Summary

Green	0	Amber	1	Red	0	Total	1
Current Risk Level Changes							

0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	1	0
0	0	0	0	0	0
0	0	0	0	0	0

Risk Ref	AH0040	Risk Title and Event	Owner	Last Review date	Next Review
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<b>Development of Integrated Care System / Integrated Care Partnerships in Kent and Medway NHS system</b>	Richard Smith	25/02/2022	25/05/2022
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Failure to develop more partnership and aligned health & social care services and commissioning at both ICS and ICP level places pressure on system finances and hinders highest possible quality of care  
 Development of four ICP generates additional demand/work on strategic leadership of KCC, particularly in ASCH and Public Health which has significant opportunity costs, including impact on business-as-usual activity.  
 Multiple ICP's leads to differences in form, function and relationships between ICPs and the ICS and/or KCC which increases system complexity and leads to variation which increase costs/risks.  
 System complexity leads to failure to meet statutory duties around the sufficiency of the care market, care quality and safeguarding.  
 Lack of understanding within KCC of NHS policy and regulatory environment; and vice versa, lack of understanding of local authority legislative, policy and democratic environment in NHS.

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
In response to the Government White Paper 'Integration and Innovation: working together to improve health and social care for all, the NHS in Kent and Medway have formed an Integrated Care System (ICS) with 8 CCGs merging to form the basis of the System Commissioner, above four ICPs (Integrated Care Partnerships) and 42 PCN's (Primary Care Networks). The policy intent of structural reform is to deliver better strategic planning and delivery	Further deterioration in the financial and service sustainability of health and social care services in Kent and Medway. Additional budget pressures transferred to social care as system monies are used to close acute and primary care service gaps. Legal challenge/judicial review of decisions and decision-making framework for joint decisions. Social care and public health priorities not sufficiently factored into/shaping emerging ICS/ICP plans and priorities, weakening	Medium 12 Serious (4) Possible (3)		<ul style="list-style-type: none"> <li>Regular update reports on ICS are taken to CMT</li> <li>Health Integration paper presented to County Council in July 2021 – included requirement to approve transition from Kent and Medway Health and Wellbeing Board to the Health and Care Partnership Board</li> <li>Public Health leadership representation for the STP prevention workstream</li> <li>Public Health consultant representation on the East Kent, West, North and Medway &amp; Swale ICP Development Boards</li> <li>Senior KCC political and officer representation on the System Transformation Executive Board and System Commissioner Steering Group</li> </ul>	Karen Cook Control Karen Cook Control Anjan Ghosh Control Anjan Ghosh Control Anjan Ghosh Control		Medium 8 Serious (4) Unlikely (2)

## Adult Social Care and Health

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<p>of health and social care services at place-based community level and shift from acute to primary and community level services. Partnership framework and principles for partnership working have been agreed. Further work is underway with Health leaders to identify shared ambition and opportunities for new ways of working. Regulators (CQC / Ofsted) increasing review health and care services and the commissioning/performance of those services and 'system' level.</p>	<p>integrated approach. Focus on structural changes workstreams prevents more agile improvements/joint working being undertaken. Reputational damage to either KCC or NHS or both in Kent. Adverse outcome from CQC local system review.</p>			<ul style="list-style-type: none"> <li>Working through KCC Public Health partnership with the Kent Community Healthcare Foundation Trust (KCHFT) to ensure Public Health improvement programmes are linked and delivered alongside Local Care through Primary Care Networks and other primary care providers (e.g. community pharmacy)</li> <li>Senior KCC political and officer representation on the System Transformation Executive Board and System Commissioner Steering Group</li> <li>A joint KCC and Medway Health and Wellbeing Board for STP related matters/issues has been established.</li> <li>Making A Difference Everyday way of working considers a 'bottom up' people first and great practice approach which dovetails with the 'top down' public health strategy and will help to ensure that public health improvement programmes are delivered alongside Local Care through Primary Care Networks and other primary care providers (e.g., community pharmacy).</li> <li>County Council agreed framework for KCC engagement within the STP</li> <li>Senior KCC political and officer representation on the System Transformation Executive Board and System Commissioner Steering Group</li> <li>Senior KCC level officer representation on the East Kent, West, North and Medway &amp; Swale ICP Development Boards</li> <li>Health Reform and Public Health Cabinet Committee provides non-executive member oversight and input of KCC involvement in the STP</li> </ul>	Anjan Ghosh	Control		
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#### Review Comments

Reviewed at DMT 23/02/22  
25/02/2022