

Appendix 1 - Risks

- **Delivery within timeframes** – A project management approach has been applied to the transformation work, and a dedicated Project Manager and Project Officer support the programme. In terms of scheduling, where there is little change and low risk, services will be scheduled to go live sooner and where there is likely to be a significant change, Public Consultation and/or a change in provider, these will be scheduled later.
- **Resources** – there is a risk around the capacity of staff and stakeholders to engage in the programme of work within the timescales, particularly given that the majority of work is within existing resources. This has been mitigated by the extension of the KCC KCHFT Partnership agreement, under which many of the services in scope for this work are delivered, however timescales will still be challenging to meet. This is particularly the case for services where a Public Consultation and a competitive procurement is required.
- **Stability of supplier workforces** – developing a sustainable workforce is key to being able to deliver services efficiently, effectively and safely. There are a few changes that could impact the stability of the service provider and in turn the service such as high turnover towards the end of the contract, the new Provider Selection Regime (PSR) legislation, changes in the health system landscape and the uncertainty of future contracts.
- **Provider stability** – KCHFT provides services to KCC and the NHS Kent and Medway Integrated Care Board. It is important that any change in KCC service provision is managed carefully to ensure there are no unintended consequences across the system or to the supplier's ability to deliver. KCC's investment with KCHFT represents a significant proportion of their turnover and as such potential service change needs to be carefully managed.
- **Costs** – the preferred new service models (which will be shared with HRPHCC) will not exceed the current financial allocations and the review will consider the best way to achieve value for money, whilst still achieving the same outcomes and service quality. However, if budgets are not set high enough then there may not be a market or providers to deliver services, because it will not be financially viable to do so. In addition, planning for increasing costs is challenging, because future inflation is unknown.
- **Missing opportunities to jointly commission** – the result of planning new commissioning arrangements to a timescale that does not include external factors, could mean missing out on potential future joint commissioning opportunities, resulting in continued and fragmented commissioning. Ongoing conversations to identify joint opportunities with other commissioners and building flexibility into contracts will help to mitigate this risk.
- **External funding security** – a series of additional investments have supported the enhancement and development of new services. This includes Start for Life, substance misuse, weight management and stop smoking services. In addition, the Public Health Grant allocation (for commissioned health services) is received

annually, and this creates a lack of clarity for future funding levels and challenges in confirming budgets for these services. All new commissioning arrangements will have clauses stating that funding for services is reliant on expected Public Health Grant allocations and mitigations will include regular pricing reviews and contractual break clauses.

- **Health Visiting** – National ‘Working together to safeguard children’ guidance¹ has been updated. The guidance introduces the proposal to extend the role of lead practitioner beyond social care to those working with the family from other organisations such as health and education. The proposal is that, alongside other professionals, Health Visitors could be required to become lead practitioners for children subject to Child in Need – section 17 arrangements. This proposal could have a significant cost impact on the Health Visiting budget.
- **Changes in national guidance** – there may be the risk of national policy changes or changes in programme guidance for delivery. To mitigate this, staff will engage with national service-related networks and will develop mechanisms for managing change through contracts.
- **Procurement risks** –include risk of challenge, failed procurements i.e no suitable bidders or no bids received. We will work closely with commercial and legal colleagues to mitigate key risks.

In summary, due to the complexity within Public Health services, the growing demand and a changing commissioning and financial environment, the programme is subject to several risks. These risks are being actively managed to reduce the likelihood and potential impact on service delivery throughout the period of change and through to the mobilisation of new services.

¹ [Working together to safeguard children - GOV.UK \(www.gov.uk\)](http://www.gov.uk)