



Public Health Divisional Risk Register

APRIL 2016

Public Health Risk Register - Summary Risk Profile

Low = 1-6 Medium = 8-15 High =16-25

Risk No.*	Risk Title	Current Risk Rating	Target Risk Rating
PHD 01	Implementation of new models	9	4
PHD 02	Maintaining performance and quality of services throughout the transformative period	6	4
PHD 03	Health inequalities	9	6
PHD 05	Information governance	9	6
PHD 06	Business disruption	6	6
PHD 07	Managing and working within the market	9	6
PHD 08	CBRNE Incidents and communicable diseases	12	12

*Each risk is allocated a unique code, which is retained even if a risk is transferred off the Corporate Register. Therefore there will be some 'gaps' between risk IDs.

NB: Current & Target risk ratings: The 'current' risk rating refers to the current level of risk, taking into account any mitigating controls already in place. The 'target residual' rating represents what is deemed to be a realistic level of risk to be achieved, once any additional actions have been put in place. On some occasions the aim will be to contain risk at current level.

Risk ID	PHD 01	Risk Title	Implementation of new models			
Source / Cause of risk	Risk Event	Consequence	Risk Owner	Current Likelihood	Current Impact	
Public Health is working to transform both children's and adults services, to deliver services more aligned with the need of the people of Kent, whilst also facing reducing budgets.	That the reduction in resource available to the new services will hamper the new services in their ability to deliver.	Reduction in outcomes for customers, and the ability of the services to meet key objectives, including the reduction of health inequalities	Andrew Scott-Clark, Director Public Health Karen Sharp, Head of Public Health Commissioning	Possible (3)	Significant (3)	
				Target Residual Likelihood	Target Residual Impact	
				Unlikely (2)	Moderate (2)	
Control Title				Control Owner		
Public Health commissioning function in place to ensure robust commissioning process is followed				Karen Sharp, Head of Public Health Commissioning		
Working to a clear strategy, and to an advanced agenda, allows for good communication with providers and potential providers				Karen Sharp, Head of Public Health Commissioning		
Regular meetings with provider and representative organisations (Local Medical Council, Local Pharmaceutical Council). Regular 'meet the market' events to support commissioning processes				Karen Sharp, Head of Public Health Commissioning		
Analyse long term financial situation and develop services that will be sustainable				Andrew Scott-Clark, Director Public Health		
Opportunities for Joint Commissioning in partnership with key agencies and cross-directorate (health, social care) being explored.				Karen Sharp, Head of Public Health Commissioning		
Action Title		Action Owner		Planned Completion Date		
Develop a long-term resource allocation plan, taking account of likely financial resources over next four years		Andrew Scott-Clark, Director Public Health		29/07/2016		
Work with partners to understand long-term need, and identify areas for joint commissioning		Karen Sharp, Head of Public Health Commissioning		29/07/2016		

Risk ID	PHD 02	Risk Title Maintaining performance and quality of services throughout the transformative period				
Source / Cause of risk	Risk Event	Consequence	Risk Owner	Current Likelihood	Current Impact	
Public Health are working to develop better, more integrated services, and have been working towards procuring new services in the coming year.	That the work to redesign services may mean that quality and performance of current services drop	That customers and patients do not receive the highest level of service. That patient safety is compromised.	Karen Sharp, Head of Public Health Commissioning Deputy Director of Public Health	Unlikely (2)	Significant (3)	
				Target Residual Likelihood	Target Residual Impact	
				Unlikely (2)	Moderate (2)	
Control Title			Control Owner			
Working to a clear strategy, and to an advanced agenda, allows for good communication with providers. Contract extensions planned to give providers long-term notice on decisions about future contracting			Karen Sharp, Head of Public Health Commissioning			
Robust contract management meetings are held on a regular basis with providers to review performance and delivery.			Karen Sharp, Head of Public Health Commissioning			
Performance on key performance indicators is reported regularly to Cabinet and Cabinet Committees			Karen Sharp, Head of Public Health Commissioning			
A robust quality assurance system is in place, and a quality dashboard regularly monitored			Deputy Director of Public Health			
Action Title		Action Owner	Planned Completion Date			
Ensure procurement timetable is clear, and, where times need to change, that the impact of changes are quickly communicated		Karen Sharp, Head of Public Health Commissioning	01/07/2016			
Ensure regular updates reported to committee on performance and commissioning strategy		Karen Sharp, Head of Public Health Commissioning	29/07/2016			
Regular quality meetings and robust quality process followed as routine		Deputy Director of Public Health	29/07/2016			

Risk ID	PHD 03	Risk Title	Health Inequalities				
Source / Cause of risk	Risk Event	Consequence	Risk Owner	Current Likelihood	Current Impact	Target Residual Likelihood	Target Residual Impact
Analysis of health inequalities in Kent shows that health outcomes are much worse in the most deprived decile areas in Kent. These areas have high rates of premature mortality (deaths occurring under the age of 75 years) due to causes such as cardiovascular disease, respiratory disease and alcohol-related disease and cancer; causes that are strongly linked to unhealthy behaviours such as poor diet, physical inactivity, smoking and excessive alcohol. The average life expectancy in the most deprived decile areas in Kent is 76 years for men and 80 years for women, compared to 83 years and 86 years respectively in the most affluent areas.	The risk is that whilst health is improving in general, the health of these communities would not improve at the same rate as that of less deprived communities	These inequalities will lead to rising health and social care costs for the Council and its partners, amongst those groups least able to support themselves financially	Andrew Scott-Clark, Director Public Health	Possible (3)	Significant (3)	Possible (3)	Moderate (2)
Control Title				Control Owner			
Analysis is focussed on the measurement and monitoring of health inequalities with an emphasis on providing partners and commissioners with clear and unambiguous messaging on 'call to action'.				Gerrard Abi-Aad, Head of Health Intelligence PH Observatory			
<i>Mind the Gap</i> strategy in place, including work with partners, such as District Councils and Clinical Commissioning Groups to coordinate efforts to tackle health inequalities				Andrew Scott-Clark, Director Public Health			
Commissioning takes account of health inequalities when developing service-based responses. For example, Health trainers have a target to work with 62% of people from the most deprived wards				Deputy Director of Public Health			
Use of Public Health England campaigns and behaviour change tools, targeting areas identified through <i>Mind</i>				Karen Sharp, Head of Public Health Commissioning			

<i>the Gap Analysis</i>		
Action Title	Action Owner	Planned Completion Date
Work with commissioned communications agencies to ensure that campaigns are targeted effectively, and that they take account of the behavioural insights produced as part of the consultation exercise on the health improvement model, and the clustering of unhealthy behaviours	Karen Sharp, Head of Public Health Commissioning	29/07/2016
Ensure that transformed services take account of need to address health inequalities	Deputy Director, Public Health	30/08/2016
Use latest release of Indices of Multiple Deprivation data, alongside Kent Public Health Observatory data to identify areas of health inequality	Andrew Scott-Clark, Director Public Health	30/05/2016
Use new analysis to ensure that the <i>Mind the Gap</i> action plan is effectively targeted	Andrew Scott-Clark, Director Public Health	30/09/2016

Risk ID	PHD 05	Risk Title Information Governance				
Source / Cause of risk	Risk Event	Consequence	Risk Owner	Current Likelihood	Current Impact	
With New Ways of Working, flexible working and increased information sharing across agencies, there are increased risks in relation to data protection. The Public Health Observatory has access to NHS data to allow it to deliver its statutory responsibilities. The success of health and social care integration, and the effective delivery of services in partnership, is dependent upon organisations being able to share information across agencies	This could lead to breaches of the Data Protection Act if protocols and procedures are not followed.	Health sector would be reluctant to share data in future, or would not be encouraged to deliver joint or integrated services	Gerrard Abi-Aad, Head of Health Intelligence PH Observatory	Possible (3)	Significant (3)	
				Target Residual Likelihood	Target Residual Impact	
				Possible (3)	Moderate (2)	
Control Title			Control Owner			
Caldicott Guardian in place for Public Health and Caldicott Guardian Guidance and register in place. The Caldicott Guardian officers have regular formal meetings and there is a structured and clear process for reporting serious breach incidents via the Caldicott support network.			Gerrard Abi-Aad, Head of Health Intelligence PH Observatory			
Information governance requirements are included as part of standard contracts with providers, where relevant. Annual Information Governance Statement completed by all contracted providers.			Gerrard Abi-Aad, Head of Health Intelligence PH Observatory			
			Karen Sharp, Head of Public Health Commissioning			
Authority-wide group in place to provide strategic leadership on Information Governance.			Gerrard Abi-Aad, Head of Health Intelligence PH Observatory			

Clause in employment contracts requiring compliance with data protection requirements.	Andrew Scott-Clark, Director Public Health	
Information-sharing agreements and protocols for specific projects are in place.	Gerrard Abi-Aad, Head of Health Intelligence PH Observatory	
E Learning training for staff to raise awareness.	Andrew Scott-Clark, Director Public Health	
All projects need to have information protocols and agreements where information is to be shared across agencies.	Gerrard Abi-Aad, Head of Health Intelligence PH Observatory	
Action Title	Action Owner	Planned Completion Date
All staff to undertake, and keep up to date with, training on information governance and data protection	Andrew Scott-Clark, Director Public Health	30/05/2016

Risk ID	PHD 06	Risk Title	Business Disruption			
Source / Cause of risk	Risk Event	Consequence	Risk Owner	Current Likelihood	Current Impact	
Possible disruption to services	Impact of emergency or major business disruption on the ability of the Division and its contracted service providers to provide essential services to meet its statutory obligations	Such an event would impact on the customers of our services and possibly the reputation of the service would suffer	Andrew Scott-Clark, Director Public Health	Possible (3)	Moderate (2)	
				Target Residual Likelihood	Target Residual Impact	
				Possible (3)	Moderate (2)	
Control Title				Control Owner		
Business continuity planning forms part of the contracting arrangements with private and voluntary sector providers				Karen Sharp, Head of Public Health Commissioning		
Business Continuity plans reviewed annually or in light of significant changes or events.				Andrew Scott-Clark, Director Public Health		
Business Continuity Systems and Procedures are in place				Andrew Scott-Clark, Director Public Health Karen Sharp, Head of Public Health Commissioning		

Risk ID	PHD 07	Risk Title Managing and working within the market				
Source / Cause of risk	Risk Event	Consequence	Risk Owner	Current Likelihood	Current Impact	
Managing and working with the market for Public Health services, many of which have not been market tested before.	Public Health contracts out to the market for its service delivery. Danger that there is a limited market for these services	Challenge in obtaining best value or innovation required to improve and develop services	Karen Sharp, Head of Public Health Commissioning	Possible (3)	Significant (3)	
				Target Residual Likelihood	Target Residual Impact	
				Possible (3)	Moderate (2)	
Control Title			Control Owner			
Public Health commissioning function in place to ensure robust commissioning process is followed			Karen Sharp, Head of Public Health Commissioning			
Commissioning strategies have been developed for the two major areas of change, and consulted upon extensively with Cabinet Committees and partners.			Karen Sharp, Head of Public Health Commissioning			
Regular meetings with provider and representative organisations (Local Medical Council, Local Pharmaceutical Council). Regular 'meet the market' events to support commissioning processes			Karen Sharp, Head of Public Health Commissioning			
Opportunities for Joint Commissioning in partnership with key agencies and cross-directorate (health, social care) being explored.			Karen Sharp, Head of Public Health Commissioning			
Action Title		Action Owner	Planned completion date			
Work with partners to understand long-term need, and identify areas for joint commissioning		Karen Sharp, Head of Public Health Commissioning	29/07/2016			

Risk ID	PHD 08	Risk Title CBRNE Incidents and communicable diseases				
Source / Cause of risk	Risk Event	Consequence	Risk Owner	Current Likelihood	Current Impact	
The Council, along with other Category 1 Responders in the County, has a legal duty to establish and deliver containment actions and contingency plans to reduce the likelihood, and impact, of high-impact incidents and emergencies.	Failure to deliver suitable planning measures, respond to and manage these events when they occur.	Potential increased harm or loss of life if response is not effective.	Andrew Scott-Clark, Director Public Health	Possible (3)	Serious (4)	
The Director of Public Health has a legal duty to gain assurance from the National Health Service and Public Health England that plans are in place to mitigate risks to the health of the public, including outbreaks of communicable diseases e.g. Pandemic Influenza.		Increased financial cost in terms of damage control and insurance costs.		Target Residual Likelihood	Target Residual Impact	
Ensuring that the Council works effectively with partners to respond to, and recover from, emergencies and service interruption is becoming increasingly important in light of recent national and international security threats and severe weather incidents.		Adverse effect on local businesses and the Kent economy.		Possible (3)	Serious (4)	
		Possible public unrest and significant reputational damage. Legal actions and intervention for failure to fulfil the County Council's obligations under the Civil Contingencies Act or other associated legislation.				
Control Title			Control Owner			
Kent Resilience Forum has a Health sub-group to ensure co-ordinated health services and Public Health England planning and response is in place			Andrew Scott-Clark, Director Public Health			
The County Council, jointly with Medway Council Public Health Department, maintains an on-call rota on behalf of and with Public Health England to ensure preparedness for implementing the Scientific, Technical			Andrew Scott-Clark, Director Public Health			

Advisory Cell (STAC) in the event of a major incident with implications for the health of the public.	
KCC and local Kent Resilience Forum partners have tested preparedness for chemical, biological, radiological, nuclear and explosives (CBRNE) incidents and communicable disease outbreaks, in line with national requirements. The Director of Public Health has additionally sought and gained assurance from the local Public Health England office and the NHS on preparedness and maintaining business continuity	Andrew Scott-Clark, Director Public Health
The Director of Public Health works through local resilience forums to ensure effective and tested plans are in place for the wider health sector, to protect the local population from risks to public health.	Andrew Scott-Clark, Director Public Health