From: Paul Carter, Cabinet Member for Traded Services and Health

Reform

Peter Oakford, Cabinet Member for Strategic Commissioning

and Public Health

Graham Gibbens, Cabinet Member for Adult Social Care

Andrew Scott-Clark, Director of Public Health

Anu Singh, Corporate Director of Adult Social Care and Health

Vincent Godfrey, Strategic Commissioner

To: Health Reform and Public Health Cabinet Committee – 13

March 2018

Subject: Risk Management: Health Reform and Public Health

Classification: Unrestricted

**Electoral Division:** All

**Summary**: This paper presents the strategic risks relating to health reform and public health that currently feature on either KCC's corporate risk register or the Public Health risk register. The paper also explains the management process for review of key risks.

#### Recommendation(s):

The Cabinet Committee is asked to consider and comment on the risks presented in appendices 1 and 2.

#### 1. Introduction

- 1.1 Directorate business plans are reported to Cabinet Committees each March as part of the Authority's business planning process. The plans include a high-level section relating to key risks, which are set out in more detail in this paper.
- 1.2 Risk management is a key element of the Council's Internal Control Framework and the requirement to maintain risk registers ensures that potential risks that may prevent the Authority from achieving its objectives are identified and controlled. The process of developing the registers is therefore important in underpinning business planning, performance management and service procedures. Risks outlined in risk registers are taken into account in the development of the Internal Audit programme for the year.

- 1.3 Directorate risk registers are reported to Cabinet Committees annually and contain strategic or cross-cutting risks that potentially affect several functions. These often have wider potential interdependencies with other services across the Council and external parties. The Public Health risk register is attached in appendix 1.
- 1.4 Corporate Directors also lead or coordinate mitigating actions in conjunction with other Directors across the organisation to manage risks featuring on the Corporate Risk Register. The Corporate Director for Adult Social Care and Health is the designated 'Risk Owner' in collaboration with the Council's Strategic Commissioner for the corporate risk relating to the Sustainability and Transformation Partnership. This risk is presented for comment in appendix 2.
- 1.5 A standard reporting format is used to facilitate the gathering of consistent risk information and a 5x5 matrix is used to rank the scale of risk in terms of likelihood of occurrence and impact. Firstly the current level of risk is assessed, taking into account any controls already in place to mitigate the risk. If the current level of risk is deemed unacceptable, a 'target' risk level is set and further mitigating actions introduced with the aim of reducing the risk to a tolerable and realistic level.
- 1.6 The numeric score in itself is less significant than its importance in enabling categorisation of risks and prioritisation of any management action. Further information on KCC risk management methodologies can be found in the risk management guide on the KNet intranet site.

#### 2. Financial Implications

2.1 Many of the strategic risks outlined have financial consequences, which highlight the importance of effective identification, assessment, evaluation and management of risk to ensure optimum value for money.

#### 3. Policy Framework

- 3.1 Risks highlighted in the risk registers relate to strategic priorities and outcomes featured in KCC's Strategic Statement 2015-2020, as well as the delivery of statutory responsibilities.
- 3.2 The presentation of risk registers to Cabinet Committees is a requirement of the County Council's Risk Management Policy.

#### 4. Risks relating to Public Health

4.1 There are currently eight risks featured on the Public Health risk register (appendix1), none of which are rated as 'High'. Many of the risks highlighted on the register are linked to risks on the Authority's Corporate Risk Register for example the risk of communicable disease outbreak is contained within the Corporate Risk Register, under risk number four, Civil Contingencies and are discussed as part of regular items to the Cabinet Committee.

- 4.2 Since December 2017 Public Health entered into a partnership agreement with Kent Community Health NHS Foundation Trust to deliver key public services. These include services for which KCC has a statutory responsibility such as Health Visiting, Sexual Health and NHS Health Checks Service. These developments have reduced the risks associated with the market for public health services therefore the following risks have been adjusted:
  - New control added to PH00003 PHD02 maintaining performance and Quality of Services throughout the transformative period.
  - New control added to PH0007 PHD07 managing and working the Market
- 4.3 The other changes made are:
  - Withdrawal of Risk PH0081 Marginalisation of Public Health Intelligence with Public health priorities not reflected within CCG's mobilisation plans for a new linked dataset because CCG's have agreed to contribute funding to support the Kent Integrated Dataset until 2019.
  - A new risk added PH0082 with one five supporting controls to ensure compliance with the General Data Protection Regulations which comes into effect from May 2018.
- 4.4 Risk and action owners review these actions regularly, and the Directorate Management Team monitors this as part of regular quarterly risk reviews.
- 4.5 Inclusion of risks on this register does not necessarily mean there is a problem. On the contrary, it can give reassurance that they have been properly identified and are being managed proactively.
- 4.6 Monitoring and review risk registers should be regarded as 'living' documents to reflect the dynamic nature of risk management. Directorate Management Teams formally review their risk registers, including progress against mitigating actions, on a quarterly basis as a minimum, although individual risks can be identified and added to the register at any time. Key questions to be asked when reviewing risks are:
  - Are the key risks still relevant?
  - Have some risks become issues?
  - Has anything occurred which could impact upon them?
  - Have the risk appetite or tolerance levels changed?
  - Are related performance / early warning indicators appropriate?
  - Are the controls in place effective?
  - Has the current risk level changed and if so is it decreasing or increasing?
  - Has the "target" level of risk been achieved?
  - If risk profiles are increasing what further actions might be needed?
  - If risk profiles are decreasing can controls be relaxed?
  - Are there risks that need to be discussed with or communicated to other functions across the Council or with other stakeholders?

#### 5. Recommendation

#### Recommendation:

The Cabinet Committee is asked to consider and comment on the risks presented in appendices 1 and 2.

#### 6. Background Documents

6.1 KCC Risk Management Policy on KNet intranet site.

#### 7. Contact details

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# Appendix 1 – Public Health Risk Register

Possible (3)



Risk Register - Public Health

Current Risk Level Summary Current Risk Level Changes

Green		3	Amber	5	Red	0	Total	8
1	-3	<b>S</b>					1	-3



									0 0	0 0 0	
Risk Ref	PH0001	Risk Title and Event				Owner	Last R	eview date	Next Review	Date	
PHD 08 - CI	BRNE incidents and comm	nunicable diseases				Andrew Scott-Cla	ırk 02/01	/2018	02/04/2018		
Failure to de	eliver suitable planning meas	sures, respond to and manage these events	when they occu	r.							
Cause		Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Days Overdue	Target Risk Level	
	il, along with other Category ers in the County, has a	Potential increased harm or loss of life if response is not effective.	Medium		KCC jointly with Medway Council Public Health department maintain an on-call rota	Andrew Scott-Clark	Control			Medium	ď
	o establish and deliver	Increased financial cost in terms of	12		on behalf and with Public Health England	GCOLL-Clark					1
containmen	nt actions and contingency	damage control and insurance costs.	Serious (4)		to ensure preparedness for implementing					12	

emergencies. 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.

plans to reduce the likelihood, and

impact, of high impact incidents and

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 public unrest and significant reputational damage. Legal actions and intervention for failure to fulfil KCC's obligations under the Civil Contingencies Act or other associated legislation.

the Scientific, Technical 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

continuity

 The Director of Public Health works through local resilience fora to ensure effective and tested plans are in place for the wider health sector to protect the local population from risks to public health.

preparedness and maintaining business

Control

Andrew

Scott-Clark

Andrew

Scott-Clark

Control

Strategic and Corporate Services					
Risk Register - Public Health					
	<ul> <li>Kent Resilience Forum has a Health sub-group to ensure co-ordinated health services and Public Health England planning and response is in place</li> </ul>	Andrew Scott-Clark	Control		

Risk Register - Public Health

Risk Ref PH0002 Risk Title and Event

PHD 01 - Implementation of new models

Andrew Scott-Clark 22/01/2018 22/04/2018

That the reduction in resource available to the new services will hamper the new services in their ability to deliver.

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Days Overdue	Target Risk Leve
Public Health is working to transform both children's and adult's services, to deliver services more aligned with the need of the people of Kent. Whilst also facing reducing budgets	objectives, including the reduction of	Medium  9 Significant (3) Possible (3)		<ul> <li>Develop a long-term resource allocation plan, taking account of likely financial resources over next four years</li> <li>Public Health commissioning function in place to ensure robust commissioning process is followed</li> <li>Opportunities for Joint Commissioning in partnership with key agencies and cross-directorate (health, social care) being explored.</li> <li>Regular meetings with provider and representative organisations (LMC, LPC). Regular meet the market events to support commissioning processes</li> <li>Working to a clear strategy, and to an advanced agenda allows for good communication with providers and potential providers</li> <li>Analyse long term financial situation, and developing services that will be sustainable</li> </ul>	Andrew Scott-Clark  Mark Gilbert  Mark Gilbert  Mark Gilbert  Mark Gilbert  Andrew Scott-Clark	A -Accepted  Control  Control  Control  Control	06/04/2018		Low 4

isk Ref PH0003	Risk Title and Event				Owner	Last Re	view date	Next Review	Date
<b>~</b> ·	nd quality of services throughout the transf mean that quality and performance of current	•	od		Mark Gilbert	14/09/	2017	14/03/2018	
ause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Days Overdue	Target Risk Leve
Public Health are working to develop better, more integrated services, and have been working towards procuring new services in the coming year.	more integrated services, and een working towards procuring ervices in the coming year.	6 Significant (3)		Ensure procurement timetable is clear, and where times need to change that the impact of changes are quickly communicated	Mark Gilbert	A -Accepted			Low 4
		Unlikely (2)		Regular quality meetings and robust quality process followed as routine     Robust contract management meetings are held on a regular basis with providers to review performance and delivery.	Andrew Scott-Clark Mark Gilbert	A -Accepted Control	06/04/2018		
				Ensure regular updates reported to committee on performance, and commissioning strategy	Mark Gilbert	Control	04/12/2017	85	
			KCC and KCHFT have entered a partnership arrangement for all KCHFT's existing contracts until 2020      Performance on key performance indicators is regularly reported to Cabinet on a quarterly basis, and to Cabinet Committees on a more regular basis      Mark Gilbert Control Mark Gilbert Control indicators is regularly reported to Cabinet Committees on a more regular basis	partnership arrangement for all KCHFT's	Mark Gilbert	Control			
				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	Mark Gilbert	Control			
				A robust quality assurance system is in place, and a quality dashboard regularly monitored	Penny Spence	Control			

Risk Ref PH0004	Risk Title and Event			Owner	Last R	eview date	Next Review	Date
PHD 05 - Information Governance The success of health and social care agencies	and the effective delivery of services in partner	ship, is depende	ent upon organisations being able to share information across	Gerrard Abi-Aad	22/01	/2018	22/04/2018	
Cause	Consequence	Current Risk	Previous Control / Action Current Risk		Control / Action	Target Date	Days Overdue	Target Risk Level
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 it's statutory responsibilities	This could lead to breaches of the Data Protection Act if protocols and procedures are not followed.	Medium  9 Significant (3) Possible (3)	<ul> <li>Information governance requirements at included as part of standard contracts we providers, where relevant. Annual Information Governance Statement completed by all contracted providers.</li> <li>Caldicott Guardian in place for PH and Caldicott Guardian Guidance and regist in place. The Caldicott Guardian officers have regular formal meetings.</li> <li>Authority wide group in place to provide strategic leadership on Information Governance.</li> <li>Information sharing agreements and protocols for specific projects are in place.</li> <li>E Learning training for staff to raise awareness. All staff to complete the e-learning training on Information Governance and Data Protection.</li> <li>Clause in employment contracts requiring compliance with data protection requirements.</li> </ul>	Gerrard Abi-Aad Gerrard Abi-Aad Gerrard Abi-Aad e. Andrew Scott-Clark	Control  Control  Control  Control			Eow 6

Risk Register - Public Health

Risk Ref PH0005 Risk Title and Event Owner Last Review date Next Review Date

PHD 03 Health Inequalities

Andrew Scott-Clark 02/01/2018 02/04/2018

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 risk is that whilst health is improving in general these communities' health would not improve at the same rate as less deprived communities

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Days Overdue	Target Risk Level
Analysis of health inequalities in Kent shows that health outcomes are much worse in the most deprived decile areas in Kent.	The average life expectancy in the most deprived decile areas in Kent is 76 years for men and 80 years in women, compared to 83 years and 86 years respectively in the most affluent areas. 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	Medium  9 Significant (3) Possible (3)		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	Andrew Scott-Clark	A -Accepted	03/04/2017	330	Low 6
				Ensure that commissioning takes account of health inequalities when developing service based responses. For example, Health trainers have a target to work with 25% of people from most deprived wards	Mark Gilbert	Control			
				Ensure that an analytical focus remains on G the issue of health inequality, providing partners and commissioners with the detail needed to focus support on this issue	errard Abi-Aad	Control			
				Refresh action plan for the Mind the Gap strategy, work with partners, such as District councils and CCGs to coordinate efforts to tackle health inequalities	Andrew Scott-Clark	Control			
				Where relevant use the Public Health England campaign and behaviour change tools, and expand this activity by targeting areas identified through Mind the Gap Analysis	Andrew Scott-Clark	Control			

Risk Ref PH0006	Risk Title and Event				Owner	Last R	Review date	Next Review	Date
PHD 06 - Business Disruption Impact of emergency or major busine obligations	ess disruption on the ability of the Division and its	contracted ser	vice providers to p	rovide essential services to meet its statutory	Andrew Scott-Cla	ark 14/09	9/2017	14/03/2018	
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Days Overdue	Target Risk Level
Possible disruption to services	Such an event would impact on the customers of our services and possibility the reputation of the service would suffer	6 Moderate (2) Possible (3)		<ul> <li>Business Continuity plans reviewed annually or in light of significant changes or events.</li> <li>Business continuity planning forms part of the contracting arrangements with private and voluntary sector providers</li> <li>Business Continuity Systems and</li> </ul>	Mark Gilbert  Mark Gilbert  Andrew	Control  Control			Low 6
				Procedures are in place	Scott-Clark				

Risk Ref PH0007	Risk Title and Event				Owner	Last R	eview date	Next Review	Date
PHD 07 - Managing and working with Public Health contracts out to the marke		appetite for Publi	opetite for Public health Services and limited market for these services		Mark Gilbert	03/01/2018		03/04/2018	
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Days Overdue	Target Risk Level
Managing and working with the market for PH services, many of which have not been market tested before.	Challenge in obtaining best value, or innovation required to improve and develop services	Low  6 Significant (3) Unlikely (2)	9	Opportunities for Joint Commissioning in partnership with key agencies and cross-directorate (health, social care) being explored.      KCC and KCHFT have entered into a partnership arrangement for all service provided by KCHFT until 2020      Public Health commissioning function in place to ensure robust commissioning process is followed      Commissioning strategies have been developed for the two major areas of change, and consulted on extensively with Cabinet committees, and partners.  Regular meetings with provider and representative organisations (LMC, LPC). Regular meet the market events to support commissioning processes	Mark Gilbert  Mark Gilbert  Mark Gilbert  Mark Gilbert	Control  Control  Control			Low 6

Risk Ref	PH0082	Risk Title and Event	Owner	Last Review date	Next Review Date
Implement	ation of General Data	Protection Regulations (GDPR)	Gerrard Abi-Aad		23/05/2018
Increased li	kelihood of breaching d	ata protection law and having a negative impact on the right to a private life for the citizens of Kent			

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Days Overdue	Target Risk Level
The General Data Protection Regulations (GDPR) increases obligations on data controllers such as KCC to document all data processing activity	A serious breach of GDPR might result in an inability to access key Public Health data sources by means of special conditions placed on access rights as a result of breach failures.  A breach might also result in KCC incurring significant financial penalties, damage to KCC's reputation and its ongoing ability to support new analytic requirements in respect of strategic commissioning.	Medium  12 Serious (4) Possible (3)		Commissioners to support the implementation of the GDPR programme     Update privacy notices to be GDPR compliant.     contract with Optum is awaiting sign off     Development of and maintaining a data processing register documenting data processing activity     KCC will want to satisfy itself through its contractual controls that these requirements and ICO's code of practice on Privacy Impact Assessments as well as the guidance from the Article 29 Working Party are complied with.	Mark Gilbert Gerrard Abi-Aad Gerrard Abi-Aad Gerrard Abi-Aad Mark Gilbert	A -Accepted A -Accepted A -Accepted A -Accepted Control	25/05/2018 25/05/2018		Low 4

# Appendix 2 - Kent and Medway Sustainability and Transformation Partnership



Risk Register - Corporate Risk Register

Current Risk Level Summary Current Risk Level Changes

Total 1 Green **Amber** Red



Owner Last Review date **Next Review Date** Risk Ref CRR0005 **Risk Title and Event** Anu Singh 20/12/2017 20/03/2018

Kent and Medway Sustainability and Transformation Partnership

Failure to maximise opportunities for appropriate health & social care integration and ensure changes achieve maximum benefit.

Pressures within the acute health sector result in repercussions for social care and threaten successful implementation of joint working arrangements.

Improved Better Care Fund monies earmarked for social care geared to addressing pre-determined NHS targets and priorities. Inappropriate level of Local Authority involvement. STPs have no formal role for local authorities, except by local agreement.

No changes to primary legislation. Current statutory responsibilities and duties remain and cannot be delegated, and are inconsistent with LA statutory responsibilities.

Failure to meet statutory duties around the sufficiency of the care market, care quality and safeguarding.

Opportunity cost from spending time and resources on STP and system design which is subject to change from NHS England.

Comprehensive plans to reform health services entail KCC Cabinet support for substantial variations of service in the NHS.

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.

nuse Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Days Overdue	Target Risk Level
Further deterioration in the financial and service sustainability of Health and Social Care system in Kent and Medway. Additional government policy for egration of health and social care as to for how to meet these challenges. IS national policy is for health mmissioners and providers to come gether and develop place based ins. KCC is part of the Kent and edway Sustainability and ansformation Partnership (STP). b-STP local planning and delivery angements are being developed ough Accountable Care Partnerships CP). velopment of NHS standard contract Accountable Care Partnerships that all include public.	Likely (4)		<ul> <li>Introduction of the Local Care Implementation Board</li> <li>Development of a joint KCC and Medway Health and Wellbeing Board for STP related matters/issues</li> <li>Engagement with the new NHS Strategic Commissioner for Kent and Medway and alignment of strategic commissioning intentions with KCC Strategic Commissioner</li> <li>Senior KCC level officer representation on the East Kent ACP, and emerging West, North and Medway ACP</li> <li>KCC STP Secretariat established to manage and monitor ongoing engagement and activity</li> <li>Senior KCC political and officer representation on the STP Programme Board</li> </ul>	Paul Carter David Whittle Vincent Godfrey Anu Singh Anu Singh Paul Carter	A -Accepted A -Accepted Control Control	30/04/2018		Medium 12

### Risk Register - Corporate Risk Register

health and social care. Major NHS policy announcements made every 12-18 months.	prevents more local and agile improvements/joint working being undertaken. Erosion of long-term working relationships between NHS and local government.		County Council agreed framework for KCC engagement within the STP – ongoing monitoring and control taking place through STP Secretariat	-	Control		
	Reputational damage to either KCC or NHS or both in Kent.		Senior KCC level officer representation across STP workstreams	Anu Singh	Control		
			Regular internal STP co-ordination meetings chaired by the Leader	Paul Carter	Control		
			<ul> <li>KCC has a designated Cabinet Member Portfolio for Health Reform and Cabinet Member for Strategic Commissioning</li> </ul>	Paul Carter	Control		
			Establishment of a Health Reform and Public Health Cabinet Committee to provide non-executive member oversight and input of KCC involvement in the STP	Benjamin Watts	Control		