

Risk Register - Corporate Risk Register

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

Risk Ref	CRR0005	Risk Title and Event	Owner	Last Review date	Next Review
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<b>Implementation of Local Care and Prevention with Health partners in Kent</b>	Penny Southern / Andrew Scott-Clark / Vincent Godfrey	02/11/2018	05/03/2019
<p>Risk Event</p> <p>Failure to maximise opportunities for appropriate health &amp; 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.</p> <p>Improved Better Care Fund monies earmarked for social care geared to addressing pre-determined NHS targets and priorities. Performance issues in the Health Sector have knock-on implications for KCC.</p> <p>Failure to meet statutory duties around the sufficiency of the care market, care quality and safeguarding.</p> <p>Opportunity cost from spending time and resources on STP and system design which is subject to change from NHS England.</p> <p>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.</p>			

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Progress Review Date	Target Risk	
Source / Cause of Risk The health & social care 'system' is under extreme pressure to cope with increasing levels of demand and financial constraints. National government policy for integration of health and social care as part of how to meet these challenges. NHS national policy is for health commissioners and providers to come together and develop place-based plans. KCC is part of the Kent and Medway Sustainability and Transformation	Consequence Further deterioration in the financial and service sustainability of Health and Social Care system 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 integrated decisions. Social care and public health service priorities determined by	Medium		<ul style="list-style-type: none"> <li>Assess NHS 10-year plan and impact on the STP</li> <li>Delivery of the Adult Social Care and Health Local Care Implementation Plan</li> <li>Public Health advice to new Service Commissioning Board as per KCC statutory requirement</li> <li>10-year plan and Kent JSNA/Case for Change</li> <li>Delivery of Kent and Medway STP Prevention Plan</li> <li>Regular internal STP co-ordination meetings chaired by the Leader</li> </ul>	<ul style="list-style-type: none"> <li>David Whittle</li> <li>Penny Southern</li> <li>Andrew Scott-Clark</li> <li>Andrew Scott-Clark</li> <li>Andrew Scott-Clark</li> <li>Paul Carter</li> </ul>	<ul style="list-style-type: none"> <li>A -Accepted</li> <li>A -Accepted</li> <li>A -Accepted</li> <li>A -Accepted</li> <li>A -Accepted</li> <li>Control</li> </ul>	<ul style="list-style-type: none"> <li>30/04/2019</li> <li>31/03/2019</li> <li>31/03/2019</li> <li>31/08/2019</li> <li>31/03/2019</li> </ul>	Medium
		12					8	
		Serious (4)					Serious (4)	
		Possible (3)					Unlikely (2)	

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<p>Partnership (STP) and this partnership will evolve to form an integrated care system (ICS). Integration can only happen at local level around GP clusters. It is important that KCC understands the opportunities and challenges of an ICS and also the upcoming NHS 10 year plan and social care Green Paper. Care Quality Commission now conducts reviews of health and social care 'systems' to find out how services are working together to care for people aged 65 and over.</p>	<p>NHS, not KCC. Capitated provider contracts dominated by NHS budgets and targets. Focus on STP and ICS workstreams prevents more local and agile improvements/joint working being undertaken. Erosion of long-term working relationships between NHS and local government. 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>• KCC has a designated Cabinet Member Portfolio for Health Reform and Cabinet Member for Strategic Commissioning</li> <li>• Local Care Implementation Board in place</li> <li>• KCC has appointed an elected Member to the STP non-executive oversight group</li> <li>• A joint KCC and Medway Health and Wellbeing Board for STP related matters/issues has been established.</li> <li>• Establishment of a Health Reform and Public Health Cabinet Committee to provide non-executive member oversight and input of KCC involvement in the STP</li> <li>• Senior KCC level officer representation on the East Kent ICS, and emerging West, North and Medway ICS</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> <li>• County Council agreed framework for KCC engagement within the STP – ongoing monitoring and control taking place through STP Secretariat</li> <li>• Senior KCC level officer representation across STP workstreams</li> <li>• Public Health leadership for the STP prevention workstream</li> </ul>	<p>Paul Carter</p> <p>Paul Carter</p> <p>Paul Carter</p> <p>David Whittle</p> <p>Benjamin Watts</p> <p>Penny Southern</p> <p>Penny Southern</p> <p>Penny Southern Board</p> <p>Penny Southern</p> <p>Penny Southern</p> <p>Andrew Scott-Clark</p>	<p>Control</p> <p>Control</p> <p>Control</p> <p>Control</p> <p>Control</p> <p>Control</p> <p>Control</p> <p>Control</p> <p>Control</p> <p>Control</p>		
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